

communication please contact the APA Administrator for the necessary form. We will accommodate reasonable requests.

REQUESTING RESTRICTIONS

You have the right to request a restriction on certain uses or disclosure of your PHI. To request any restrictions on the use or disclosure of PHI, please contact the APA Administrator for the necessary form.

You have the right to request that we restrict disclosures of PHI to a health plan when you pay in full, out-of-pocket for the health care service. Please request this specific form at our reception desk at the time of visit in order for us to be able to comply with this request.

INSPECTION AND COPIES OF PHI

You have the right to inspect and obtain a copy of your medical record and billing records, and the right to receive the information in paper or electronic form. A written authorization is required and there is a charge for the copying or preparation of these records. Please note that if a patient is 18 years of age or over, he or she must sign the authorization form.

AMENDMENT OR CORRECTION OF PHI

You may ask us to amend health information if you believe it is incorrect or incomplete. To request an amendment, please contact the APA Administrator for the necessary form. We may deny your request if you ask us to amend information that is in our opinion (1) accurate and complete, (2) not part of PHI kept by or for the practice, (3) not part of PHI which you would be permitted to inspect or copy, or (4) not created by our practice.

ACCOUNTING OF DISCLOSURES

You may request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of PHI for non-treatment, non-payment, or non-operations purposes. To request an accounting, please contact the APA Administrator for the necessary form

NOTIFICATION REGARDING ANY BREACH OF PHI

You have a right to receive notifications of any breach of unsecured PHI.

RIGHT TO AUTHORIZE OTHER USES AND DISCLOSURES

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. We will not use your PHI for marketing purposes unless we have written authorization from you.

RIGHT TO A COPY OF PRIVACY PRACTICES

You are entitled to receive a paper copy of our Notice of Privacy Practices. You may request a copy of this notice at any time.

RIGHT TO FILE A COMPLAINT

You are entitled to file a complaint if you believe your privacy rights have been violated.

To file a complaint you may contact the APA Administrator or file a written complaint with the Secretary of the Department of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA 02203 or OCRComplaint@hhs.gov.

To request additional information or to exercise a patient right please contact the APA Administrator at the following address:

Administrator
Advanced Pediatric Associates
3300 South Parker Road
Suite 404
Aurora, CO 80014

Notice of Privacy Practices (HIPAA)

December 2019



ADVANCED
PEDIATRIC
ASSOCIATES

Hand in Hand for Healthy Kids

This notice describes how health information about your child (as a patient of the practice) or you (as a patient of the practice) may be used and disclosed, and how you have access to this information. Please review this notice carefully.

OUR COMMITMENT TO PRIVACY

Advanced Pediatric Associates is dedicated to maintaining the privacy of its patients' *protected health information* (PHI). We are required by law to maintain the confidentiality of this health information. We are also required by law to provide you with this notice of our legal duties and your rights. We reserve the right to amend, change or eliminate provisions in our privacy practices and to enact new provisions regarding the PHI we maintain. If our privacy practices change, we will amend our Notice. By federal and state law we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

USES AND DISCLOSURES OF PHI

Our practice may use and disclose PHI for the purposes of *treatment, payment and business operations*. Our staff will not use or disclose your PHI unless it is necessary to do their jobs and will only disclose the minimum necessary. The following information describes the different ways in which we may use and disclose PHI for these purposes without your specific authorization.

TREATMENT

Our practice may use PHI for *treatment purposes*. Our staff may use or disclose PHI in order to treat your child or to assist others in the treatment of your child. This includes disclosing PHI to others who may assist in your child's care or to other health care providers outside of our office for purposes related to medical care and treatment.

PAYMENT

Our practice may use and disclose PHI in order to *bill and collect payment* for the services you receive from us. For example, we may contact

your health insurer to certify that you or your child are eligible for benefits and we may provide your insurer with details regarding the medical care we have provided to determine if your insurer will cover, or pay for the care received. We also may use and disclose PHI to obtain payment from third parties that may be responsible for such costs.

HEALTH CARE OPERATIONS

Our practice may use and disclose PHI to *operate our business*. For example, we may share PHI with an insurance company for quality review purposes. We may use PHI when contacting you to remind you of an appointment or to send you a practice newsletter. Also, we share PHI in the form of immunization data with the state immunization registry and with schools.

DISCLOSURE OF SHARED INFORMATION WITH CHILDREN'S HOSPITAL COLORADO

Advanced Pediatrics is a member of the PedsConnect network of Children's Hospital Colorado and utilizes a shared medical record with the hospital and other pediatric practices. All PedsConnect practices are required to follow HIPAA guidelines and protect the PHI of all data they may have access to through Children's Hospital.

OTHER INFORMATION ABOUT USE AND DISCLOSURES OF PHI

Patients 18 Years of Age or Older. Patients 18 years of age and older have the right to use and control their PHI. Any request for release of medical information for patients 18 years of age and older must be signed by the patient.

The Rights of Minors and Personal Representatives. The State of Colorado identifies a minor as anyone under the age of 18, except in certain circumstances such as an emancipated minor or a minor who is married. For patients under the age of 18, a parent or legal guardian is normally recognized as the minor's personal representative with the right to use and control

the minor's PHI. In some instances, however, the minor is the personal representative of PHI and we may not share that PHI with parents or guardians unless authorized by the minor.

Disclosure to Relatives and Other Caregivers. Our practice may release PHI to others that may be involved in the care of your child. For example, a parent or guardian may ask that a grandparent make an appointment and accompany their child to our office for medical care. We normally will share PHI with parents, legal guardians, step-parents, grandparents, and day care providers. Except for cases of emergency, we will require a signed authorization to share PHI with any additional parties.

Disclosure of Information to Business Associates.

We may use and disclose PHI to third party business associates that provide various services for us. Examples of these services include an answering service or a medical records storage firm. These business associates are required to sign a contract that protects the privacy of PHI.

Disclosure of Information Required by Law. We may use and disclose PHI when we are required to do so by federal, state or local law. For example, we may disclose PHI to public health authorities, law enforcement officials, or in response to subpoenas or court orders.

Disclosure of Information for Research Purposes. We may use and disclose PHI for research purposes when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure privacy of PHI.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding the PHI that we maintain about your child or you.

CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your child's health and related issues in a particular manner or at a certain location. In order to request a type of confidential