



Notice of Privacy Practices (HIPAA)

Effective Date: _____

Purpose

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Our Responsibilities

We are required by law to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this notice of our legal duties and privacy practices
- Abide by the terms of this notice

How We May Use and Disclose Your Information

We may use or disclose your PHI for the following purposes:

- **Treatment:** To provide, coordinate, or manage your healthcare.
- **Payment:** To obtain reimbursement for services provided.
- **Healthcare Operations:** For administrative, educational, and quality improvement activities.
- **As Required by Law:** To comply with legal obligations.
- **Public Health and Safety:** For reporting diseases, abuse, or threats to public safety.
- **Business Associates:** To third-party vendors who perform services on our behalf.

Your Rights

You have the right to:

- **Access:** Request to view or obtain a copy of your medical records.
- **Amend:** Request corrections to your health information.
- **Restrict:** Ask us to limit certain uses or disclosures

- **Confidential Communications:** Request that we contact you in a specific way.
- **Accounting of Disclosures:** Receive a list of disclosures we've made.
- **Paper Copy:** Request a paper copy of this notice at any time.

Patient name: _____ Date of Birth: _____

Parent name: _____ Date of Birth: _____

Parent signature: _____

Contact Information

If you have questions or wish to exercise your rights, please contact:

The Children's Clinic of Klamath
2580 Daggett Ave Klamath Falls, OR 97601
Phone: 541-884-1224 or Fax: 541-884-8030
Email: nurses@cckonline.com or reception@cckonline.com
