



**Lawsuits and Similar Proceedings** - We use or disclose medical information in response to a court or administrative order or if you are involved in a lawsuit or similar proceedings. We also may disclose medical information in response to a discovery request, subpoena or other lawful process by another party involved in a dispute, but only if we have made an effort to inform you of this request or to obtain an order protecting the information the party has requested.

**Law Enforcement** - We may disclose medical information if asked to do so by a law enforcement official:

- \* regarding a crime victim in certain situations, if we cannot obtain a consent
- \* concerning a death believed to result from criminal conduct
- \* regarding criminal conduct at our office
- \* in response to a warrant, summons, court order, subpoena or similar legal process
- \* to identify/locate a suspect, material witness, fugitive or missing person
- \* in an emergency or to report a crime

**Research** - We may use or disclose medical information for research purposes in limited circumstances. Prior to any use or disclosure we would seek and obtain written authorization as appropriate.

**Serious Threat to Health or Safety** - We may disclose medical information when necessary to reduce or prevent a serious threat to your child's health or safety or the health and safety of others. Such disclosures would be to persons or organizations able to help prevent the threat. We may also disclose medical information to federal officials for intelligence and national security activities authorized by law.

**Military** - We may disclose medical information

if your child is a member of U.S. or foreign military forces and if required by the appropriate authorities.

**Inmates** - We may disclose medical information to law enforcement or correctional institutions if your child is an inmate or under the custody of a law enforcement official. Reasons for disclosure include: a) for that institution to provide healthcare services to your child, b) for the safety and security of that institution and /or c) to protect the health and safety of your child or other persons.

#### **Your Rights Regarding Your Child's Medical Records**

You have the following rights regarding the medical records we maintain:

**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 particular location. For example, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer (specifics listed on page 2 of this document) specifying the requested method of contact or the location where you wish to be contacted. We will make appropriate efforts to accommodate reasonable requests. You do not have to give a reason for your request.

**Requesting Restrictions** - You may request a restriction in the use or disclosure of medical records for treatment, payment or healthcare operations. You also have the right to request that we restrict our disclosure of medical records to only certain individuals involved in the care of your child, such as family members or friends. We are not required to agree to your request. If we do agree, we are bound by our agreement except where otherwise required by law, in emergencies or when the information is necessary for treatment of your child. To request a restriction in the use and disclosure

of medical records you must make your request in writing to the Privacy Officer named in this document. Your request must describe in a clear and concise fashion the : a) information you wish restricted, b) whether you are requesting to limit or use, disclosure or both and c) whom you want the limits to apply.

**Inspection and Copies** - You have the right to inspect and obtain a copy of the medical records that may be used in making decisions about your child, including patient medical records and billing records. You must submit your request in writing to the Privacy Officer in order to inspect and /or obtain a copy of this medical record. We may charge a fee for the cost of copying, mailing labor and supplies associated with the request to inspect and /or copy in certain limited circumstances you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct this review.

**Accounting Disclosures** - All of our patients have the right to request an "accounting of disclosures." This would be a list of certain non-routine disclosures we made of medical records for non-treatment, non-payment or non-operation purposes. Use of medical records as part of routine patient care does not require documentation. In order to obtain an accounting of disclosures you must submit your request in writing to the Privacy Officer. All such request must state a time period, which may not include dates prior to April 14, 2003. The first list you request within a 12 month period will be free of charge, but we may charge for additional lists within the same 12 month period. We will notify you of the costs involved with additional requests and you may withdraw your request before any costs are incurred.

**Right to a Paper Copy of This Notice** - You are entitled to receive a paper copy of this Notice at any time. To obtain a paper copy please contact the Privacy Officer.