

ALPINE PEDIATRICS NOTICE OF PRIVACY PRACTICES

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

About this Notice

Alpine Pediatrics is required to maintain the privacy of your Protected Health Information and to give you this Notice explaining our privacy practices concerning that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

If you are a parent or legal guardian receiving this Notice because your child receives care at Alpine Pediatrics, please understand that when we say “you” in this Notice, we are referring to your child. We are speaking about the privacy of their medical information.

“Protected Health Information” (PHI) is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to:

1. Your past, present, or future physical or mental health conditions.
2. The provision of health care to you.
3. The past, present, or future payment for your healthcare.

How We May Use and Disclose Your Protected Health Information

After making a reasonable effort to provide you with this Notice, we may use your Protected Health Information to provide you with treatment, obtain payment for treatment, and for internal healthcare operations. We may use and disclose your Protected Health Information in the following circumstances:

Treatment: We may use and disclose your Protected Health Information to provide, manage, and coordinate your medical care. This includes coordinating or managing your health care with a third party. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.

Payment: We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services recommended, such as determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to provide your health plan information about your treatment for your health plan to agree to pay for that treatment.

Healthcare Operations: We may use or disclose your Protected Health Information to help manage our healthcare services and operations. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical assistants, medical students, and other authorized personnel for education and learning purposes.

Uses and Disclosures with Authorization: For uses and disclosures of your Protected Health Information not involving treatment, payment, or health care operations, we will receive your written authorization prior to using or disclosing any Protected Health Information (unless we are required or permitted by law to use or disclose your information as set forth below).

Uses and Disclosures without Authorization: We may use or disclose your Protected Health Information without obtaining your consent or authorization in the following situations:

- 1. Required by Law:** We may use or disclose your Protected Health Information to the extent we are required by law to do so. The use or disclosure will be made in full compliance with the applicable law governing the disclosure.
- 2. Business Associates:** We provide some services through contracts with our business associates. In such situations, we may disclose your Protected Health Information to our business associates so they can perform the job we asked them to do. We require all business associates to appropriately safeguard your information in accordance with applicable law.
- 3. Notification of Family or Close Friends:** Unless you object, we may use or disclose your Protected Health Information to notify a family member, personal representative, or another person responsible for your care, provided you have the opportunity to agree or object to the disclosure. If you are unable to agree or object, we may disclose this information as necessary if we determine that it is in your best interest based upon our professional judgment. In all cases, we will only disclose the health information that is directly relevant to that person’s or persons’ involvement with your healthcare.
- 4. Public Health Activities:** We may disclose your Protected Health Information for public health activities to a public health authority authorized by law to collect or receive information for the purpose of controlling disease, injury, or disability. We may also disclose your health information to a public authority authorized to receive reports of child abuse or neglect or to report information about products or services under the jurisdiction of the United States Food and Drug Administration. Additionally, we may disclose your health information to a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease and to your employer for certain work-related illnesses or injuries as required by regulatory agencies.
- 5. Health Oversight Activities:** We may make disclosures of your Protected Health Information to a health oversight agency charged with overseeing the healthcare industry. Disclosures will be made only for activities authorized by law.
- 6. Judicial and Administrative Proceedings:** We may disclose your Protected Health Information in the course of any judicial or administrative hearing in response to an order of a court or administrative tribunal or in response to a subpoena, discovery request, or other lawful processes where we receive satisfactory assurance that appropriate precautions have been taken. In all cases, we will take reasonable steps to protect the confidentiality of your health information.
- 7. Law Enforcement:** We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.
- 8. Abuse, Neglect, or Domestic Violence:** We may disclose your Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees, or we are required or authorized by law to make that disclosure.
- 9. Coroners, Medical Examiners, and Funeral Directors:** We may disclose your Protected Health Information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or for other duties as authorized by law. We may also disclose your Protected Health Information to funeral directors in accordance with applicable laws.
- 10. Organ Procurement:** As allowed by law, we may disclose your Protected Health Information to organ procurement organizations for organ, eye, or tissue donation purposes.
- 11. Research:** We may disclose your Protected Health Information for research purposes but will only do so if an authorized Institutional Review Board (IRB) has specially

approved the study or a privacy board has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information or as otherwise allowed by law.

12. Workers' Compensation: We may use or disclose your Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

13. Health and Safety: We may disclose your Protected Health Information to prevent or lessen a serious threat to a person(s') or the public's health and safety. In all cases, disclosures will only be made in accordance with applicable laws and standards of ethical conduct.

Your Rights

The following are statements of your rights with respect to your protected health information:

- 1. Right to Receive a Copy of this Notice:** Upon request, you have the right to receive a paper copy of this Notice. A copy may be obtained by asking a receptionist at one of our clinic locations.
- 2. Right to Insect and Copy Your Health Information:** You have the right to obtain a copy of your Protected Health Information but does not include Psychotherapy notes. We have up to 30 days to make your Protected Health Information available to you. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- 3. Right to Amend Your Health Information:** You have the right to request in writing that we amend the health information maintained in your health record. We will comply with the request in the event that we determine the information that would be amended is false, inaccurate, or misleading. Requests must be made in writing to the Medical Records Department at 1912 W. 930 N. Pleasant Grove, Utah 84062.
- 4. Right to Restrict Disclosure to Health Plan:** You have the right to request in writing that we restrict the disclosure of certain Protected Health Information to a health plan if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which you have paid out of pocket in full.
- 5. Right to Request Additional Restrictions of Protected Health Information:** You have the right to request in writing that we place an additional restriction on how we use or disclose your Protected Health Information. While we will consider any request for additional restrictions, we are not required to agree to your request.
- 6. Right to Request Confidential Communications:** You have the right to request confidential communication from us by alternative means or at an alternative location. We will accommodate any reasonable written request(s) made on your behalf. Requests must be written in writing and specify how or where we are to contact you. We will not ask you the reason for your request.
- 7. Right to an Accounting of Disclosures:** You have the right to request an "account of disclosures," which is a list of the disclosures we made of your Protected Health Information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice. For each disclosure, the accounting will include the date the information was disclosed, to whom, the address of the person or entity that received the disclosure (if known), and a brief statement of the reason for the disclosure. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Requests can be made in writing to the Medical Records Department at the address above.
- 8. Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Changes to Notice

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted on our website.

Complaints

You may file a written complaint with the Secretary of the United States Department of Health and Human Services or Alpine Pediatrics if you believe your privacy rights have been violated. To file a complaint with us, contact our Privacy Officer. All complaints must be made in writing and should be submitted within 180 days of when you know or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

Privacy Officer

To contact our Privacy Officer, please address all requests to: Privacy Officer, Attn: Administration 1912 W. 930 N. Pleasant Grove, Utah 84062. You may also call the Privacy Officer at (801) 492-1999
