STAPLETON PEDIATRICS

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Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Each time you visit, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by our facility, whether made by facility personnel, agents of the facility, or referral physicians.

PLEASE REVIEW CAREFULLY

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

Uses and Disclosures

The following categories describe examples of the way we use and disclose health information:

For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, or other facility personnel who are involved in taking care of you at the facility. We may also provide subsequent healthcare provider with copies of various reports that should assist him or her in treating you as a referral for continued care.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff may use information in your health record to assess the care and outcomes in your treatment as well as other records similar to your treatment. We may disclose information to referring physicians or healthcare staff for treatment purposes. We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

We may also use and disclose health information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health–related benefits or services;
- To inform Funeral Directors consistent with applicable law;

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

Business Associates: There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can

perform the services we've requested and bill you or your third-party payer for services rendered. To protect your health information, business associates are required by federal law to appropriately safeguard your information.

Research: We may disclose information to researchers who are required to have established protocols to ensure the privacy of your information.

As required by law, we may also use and disclose health information to Law Enforcement for purposes as required by law or in response to a valid subpoena or for Legal Proceedings.

Your Health Information Rights

Although your health record is the physical property of our facility, you have the right to:

Inspect and Copy: Inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, we may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. Any request for an amendment must be sent in writing to the Privacy Official.

Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Any request for a restriction must be sent in writing to the Privacy Official.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters for certain purposes or to certain locations. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address.

To exercise any of your rights, please contact the Privacy Official and submit your request in writing, note the request must state the time period desired and cannot precede the date of April 14, 2003.

Changes to this notice

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The effective date of this notice is May 01, 2013.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing with the facility by contacting the Privacy Official at, telephone Number: (303) 399-7900. You may also file a complaint with the Secretary of the Department of Health and Human Services.

Under no circumstance will you be penalized or retaliated against for filing a complaint

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Signature **Date**