

Bear Paw Pediatrics

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. We have the following duties regarding the maintenance, use and disclosure of your health records:

(1) We are required by law to maintain the privacy of the protected health information (“PHI”) in your records and to provide you with this notice of our legal duties and privacy practices with respect to that information.

(2) We are required to abide by the terms of this notice.

(3) We reserve the right to change this Notice of Privacy Practices and to make any new Notice of Privacy Practices effective for all protected health information that we maintain. Any new Notice of Privacy Practices adopted will be posted in the lobby, posted on our website (www.bearpawpediatrics.com) and made available at your next appointment.

There are a number of **situations in which we may use or disclose** your confidential health information to other persons or entities. These include treatment, payment, and health care operations. Any use or disclosure of your protected health information required for anything other than treatment, payment or health care operations requires you to sign a medical release authorization. Certain disclosures that are required by law, or under emergency circumstances may be made without your Acknowledgement or Authorization. Under any circumstances we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.

We will attempt, in good faith, to obtain your signed Acknowledgement that you received this notice to use and disclose your PHI for the following purposes (these examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office):

Treatment: We will use your health information to make decisions about the provision and coordination or management of your healthcare, including analyzing or diagnosing your condition and determining the appropriate treatment for that condition.

Payment: We may need to use or disclose information in your health record to obtain reimbursement from you, your health insurance carrier, or from another insurer for services rendered to you. This may include determination of eligibility and coverage under the appropriate health plan, pre-certification or pre-authorization of services, or review of services for the purpose of reimbursement. This information may also be used for billing, claims management, and collection purposes, and related data processing through our system.

Operations: Your health records may be used in our business planning and development operations, including improvements in our methods of operation, and general administrative functions. We may also use the information in our overall compliance planning, healthcare review activities, and arranging for legal and auditing functions.

There are certain circumstances under which we may use or disclose your health information **without first obtaining your acknowledgement or authorization**. Those circumstances generally involve public health and oversight activities, law-enforcement activities, judicial and administrative proceedings, and in the event of death. We may be required to report to certain

agencies information concerning certain communicable diseases, sexually transmitted diseases and/or HIV/AIDS status. WE may also be required to report instances of suspected or documented abuse, neglect or domestic violence. We are required to report to the appropriate agencies any known information that your or another person is in immediate threat or danger to your health or safety as a result of violent activity. We must also provide health information when ordered by a court of law to do so.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. You should be aware that we have an “open reception room” in which several people may be waiting at the same time and in close proximity. We will try to speak quietly to you in a manner reasonably calculated to avoid disclosing your health information to others, however complete privacy may not be possible in this setting. If you would prefer to speak in a private room, please let us know and we will do our best to accommodate your wishes.

Others involved in your healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person’s involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

Communication barriers and emergencies: We may use and disclose your PHI if we attempt to obtain consent from you but are unable to do so because of substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances. We may use or disclose your PHI in an emergency treatment situation. If this happens we will try to obtain your consent as soon as reasonably possible after the delivery of treatment. If we are required by law or as a matter of necessity to treat you, and we have attempted to obtain your consent but have been unable to do so, we may still use or disclose your PHI to treat you.

Except as indicated above, your PHI will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of your PHI, information will not be further disclosed to any other person or entity with respect to information concerning mental health treatment, drug and alcohol abuse, HIV/AIDS, or sexually transmitted diseases that may be contained in your PHI. We will not disclose your PHI to an employer for purposes of making employment decisions, to a liability insurer, or an attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written authorization.

You have **certain rights regarding your PHI**, as follows:

(1) You may request that we restrict the uses and disclosures of your PHI for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with regard to emergencies, disclosure of information to you, or if we are required by law to make a full disclosure without restriction.

(2) You have the right to inspect, copy and request amendments to your PHI. Access to your health records will not include psychotherapy notes contained in them, or information compiled

in anticipation of or for use in a civil, criminal, or administrative action or proceeding to which your access is restricted by law. We will charge a reasonable fee for providing a copy of your PHI, or a summary of those records, at your request, which includes the cost of copying, postage, and preparation of those records.

(3) All requests for inspection, copying and/or amending information in your health records, and all requests related to your rights under this notice, **must be made in writing** and addressed to the Privacy Officer at our address (711 E 13th Street, Whitefish, MT, 59937). We will respond to your request in a timely fashion.

(4) You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your PHI except for disclosures required for treatment, payment and healthcare operations, disclosures that require an authorization, or as allowed by law. We will not charge for the first disclosure in any twelve month period; however, we will charge you a reasonable fee for each subsequent request within the same twelve month period.

(5) If this notice was initially provided to you electronically, you have the right to obtain a paper copy of this notice and to take one home with you if you wish.

You may file a written complaint to us or to the Secretary of Health and Human Services if you believe that your privacy rights with respect to confidential information in your health records have been violated. All complaints must be in writing and must be addressed to the Privacy Officer (in the case of complaints to us) or to the person designated by the US Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints at the government's web site, <http://www.hhs.gov/ocr/hipaa>.

All questions concerning this notice or requests made pursuant to it should be addressed to:
DR KRISTIN VENEMAN, 711 E 13TH ST, WHITEFISH, MT 59937