



## Privacy Notice

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

We understand that the privacy of your personal information is important to you. As your physician, we believe your right to privacy is a fundamental part of your treatment; as such, we want you to understand our privacy practices and procedures. Should you have any questions regarding this notice please do not hesitate to ask.

### **Understanding Your Health Record/Information**

Each time you visit a physician, hospital, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your "health record" or "medical record," serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

### **Information We Collect About You**

We collect personal information about you and your family as part of our registration process, during the course of your care, and from other health care entities you utilize such as hospitals, laboratories, other physicians, imaging facilities and your insurance company. This personal information includes items such as your name, address, phone number, birth date, social security number, employer, health history, insurance policy, coverage information and any information you provide in person or via our website. During the course of your treatment we will collect health information regarding diagnosis, treatment plans, progress and any test results or films.

### **How Your Information Is Used**

The personal and health information gathered may be used and disclosed with your consent for purposes of treatment, payment, or routine healthcare operations. This means we may send your information to other physicians or facilities involved in your treatment as well as to your insurance company or a collection agency to obtain payment. Any other use of your information requires a signed authorization by you, the patient or guardian and can be revoked at any time with a written request. Rocky Mountain Health Centers Pediatrics does not sell patient information to marketing or pharmaceutical companies. In certain cases of public health

interest, we may be required to disclose certain information to local, state or national health organizations or government agencies.

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.

**Health Information Exchange: CORHIO**

Rocky Mountain Health Centers Pediatrics endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time.

**Safeguarding Your Personal and Health Information**

We are required by law to (1) make sure that medical information that identifies you is kept private (2) provide you with our privacy policy (3) follow the terms laid out in the privacy policy. As a means of protecting your privacy, we restrict access to your personal and health information to only those employees who require the information to complete their jobs and provide quality service to you.

Rocky Mountain Health Centers Pediatrics, PC maintains physical, electronic and procedural safeguards to comply with state and federal regulations that guard your personal and health information. If you feel your privacy has been violated, you have the right to file a complaint with the Department of Health and Human Services. The complaint in no way influences your course of treatment with Rocky Mountain Health Centers Pediatrics, PC.

**Changes to Our Privacy Policy**

All new patients will receive a copy of our privacy policy. Rocky Mountain Health Centers Pediatrics occasionally reviews its privacy policy and reserves the right to amend it. Updated copy will be available at the front office upon request.

**Your Right to Restrict Use of Information**

You have the right to request restrictions to our uses or disclosures of your personal or health information, although we are not required to agree to those restrictions. Once your request has been processed it will remain in effect until you request a change.

**Phone calls & Messages**

I authorize Rocky Mountain Health Centers Pediatrics, PC to leave a message on the phone numbers provided regarding: Appointment reminders with time & date  Lab Results  Itemized Billing  Other:  \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**Signature of Parent or Legal Representative:**

I \_\_\_\_\_ have received or been given the opportunity to receive a copy of Rocky Mountain Health Centers Pediatrics HIPAA Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by legal representative, relationship to patient: \_\_\_\_\_