



MOUNTAINLAND PEDIATRICS

Notice of Privacy Rights

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

OUR PLEDGE REGARDING HEALTH INFORMATION We understand that health information about you and our healthcare is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of our care generated by all Mountainland Pediatrics practices whether made by your doctor or others working in this office. The notice will tell you about the ways in which we may use and disclose health information about you. We also describe our rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information.

For Treatment We may use health information about you to provide you with healthcare treatment or services. We may disclose health information about you to physical therapists, doctor, nurses, technicians, health students, or other personnel who are involved in taking care of you. They may work at our offices, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, or other healthcare provider to whom we may refer you for consultation, to take x-rays, or for other treatment purposes. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also disclose health information about you to an entity assisting in disaster relief effort so that your family can be notified about your condition, status, and location.

For Payment We may use and disclose health information about you so that treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your office visit information to your health plan so they will pay us or reimburse you for the visit. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations We may use and disclose health information about you for operations of our health care practice. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study healthcare delivery without learning who our specific patients are.

Research Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients, who received one treatment to those who received another, for the same condition. All research projects, however, are subject to a

special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information.

As Required By Law We will disclose health information about you when required to do so by federal, state, or local law. This includes immunization records to state and local health departments pursuant to 25-4-1705 (5) (e) (I), C.R.S.

To Avert a Serious Threat to Health or Safety We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Health Information Exchange Mountainland Pediatrics have entered into an agreement with CORHIO (Colorado Regional Health Information Organization) and its affiliate, Contexture, which is responsible for strategic, technical, and administrative support, for Colorado's Health Information Exchange (HIE). Patients are not required to participate in the HIE and may choose to opt out of having their information compiled and shared in CORHIO's provider Portal, PatientCare360. We encourage you to first talk to your doctor about this decision or to review the Contexture FAQs about health information exchange. By opting out of the Contexture HIE, emergency department doctors and other care providers may not have access to your complete medical information that could save your life in some situations.

FAQ - For Patients – Contexture: <https://contexture.org/faq-for-patients/>

Patients can request a copy of Contexture's Opt-Out Notification at the pediatrician's office. Completed forms are returned to the office staff, who will submit the form on your behalf to Contexture. You may also complete the opt out process directly with Contexture at <https://contexture.org/opt-in-opt-out-co/>

If you have previously opted out, you may opt back in at any time. If you visit a doctor's office, hospital or clinic that is participating in the HIE, tell the doctor or other healthcare provider and sign an "opt-in" form. Alternatively, can also "opt in" directly with Contexture at <https://contexture.org/opt-in-opt-out-co/>

Immunization Registry Notice- Your right to Opt Out

Under Colorado Revised Statutes 25-4-2403, this poster serves as notification that your/your child's vaccine information is being entered into the Colorado Immunization Information System (CIIS), a confidential, secure, statewide immunization registry. You may choose to remove your/your child's vaccine information from CIIS at any time. This is not to be confused with choosing to decline one or more school-required vaccines for yourself/your child in a process known as a vaccine exemption. Please see your healthcare provider for further information or by visiting <https://cdphe.colorado.gov/ciis-opt-out-procedures>

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you.

Right to Inspect and Copy You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this included health and billing records. To inspect and copy health information that may be used to make decisions about you, you must submit a request in writing. If you request a copy of information we may charge a fee for the cost of copying, mailing or other supplies and operations, as previously described. To request this list of disclosures, you must submit your request in writing. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; however this date will not exceed a total of 60 days from the date you made the request.

Right to Request Restrictions You have the right to request 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 or someone who is involved in your care or the payment of your care, such as a family member or a friend. ***We are not required to agree to your request for restriction if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing and notify us what information by a specified person cannot be disclosed.

Right to Request Confidential Communications You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or at home.

Right to a Paper Copy of this Notice You have the right to obtain a paper copy of this notice at any time.

Changes to this Notice We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The effective date of this notice will be on the first page, in the top right corner. In addition, each time you register for treatment or healthcare services we will offer you a copy of the current notice in effect.

Complaints If you believe your privacy rights have been violated, you may file a complaint with the pediatric offices' Practice Administrator(s), the Community Reach Center Consumer Representative at (303) 853-3547, and or the Secretary of The Department of Health and Human Services (Office of Civil Rights, 200 Independence Avenue, S.W., Washington DC 20202, 877-696-6775, toll free). All complaints must be submitted in writing. You **will not be penalized for filing a complaint.**

Other Uses of Health Information Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

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