

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Green Mountain Pediatrics
255 Union Blvd. #120
Lakewood, CO 80228
Effective Date: 4/14/2002

Patient Name: _____ Health Record Number: _____
Date of Birth: _____

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

Address _____

3. The type and amount of information to be used or disclosed is as follows:

- Entire record
- Problem list
- Medication list
- List of allergies
- Immunization record
- Most recent history and physical
- Most recent discharge summary
- Laboratory results
- X-ray and imaging reports
- Consultation reports
- Other _____

4. I understand that the information in my dependent's health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrom (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Address: _____
for the purpose of: _____

6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.
6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact Green Mountain Pediatrics's Office Manager, Bev Haynes.

Signature of Patient or Legal Representative

Date

If Signed by Legal Representative, Relationship to Patient

Signature of Witness

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Introduction

Green Mountain Pediatrics is committed to treating and using personal health information about all our patients responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes patient rights as they relate to personal health information. This applies to all personal health information as defined by federal regulations.

Understanding Health Records/Information

Each time a patient visits or calls Green Mountain Pediatrics a record of the visit/call is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as the health or medical record, can possibly serve as a:

- *Basis for planning care and treatment,
- *Means of communication among the many health professionals who contribute to the care,
- *Legal document describing the care received,
- *Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical records,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

* Most likely uses of personal health information at Green Mountain Pediatrics.

Understanding what is in your dependent's record and how your dependent's health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your dependent's health information, and make more informed decisions when authorizing disclosure to others. For questions or complaints, please notify Green Mountain Pediatrics contact person, Bev Haynes at 303-936-7415.

Your Health Information Rights

Although your dependent's health record is the physical property of Green Mountain Pediatrics the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy the health record (a reasonable fee may be required),
- Request an amendment of the health record,
- Obtain a list of the disclosures of the health information,
- Request a restriction on certain uses and disclosures of your information, and
- Revoke your authorizations to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Green Mountain Pediatrics is required to:

- Maintain the privacy of the health information,
- Provide patients with this notice as to our legal duties and privacy practices with respect to information that we collect and maintain,
- Abide by the terms of this notice, and

- Notify the patients if we are unable to agree to a requested restriction.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide the updated policy at the time of a future visit.

We will not use or disclose health information without authorization. We will cease to use or disclose health information, when applicable, after we have received a written revocation of the authorization.

We will provide health information without authorization when necessary for treatment, payment, or healthcare operations.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Appointment Notification: We may contact you to provide appointment reminders and suggest follow-up/additional treatment in our office. Appointment reminders may be provided by postcard, telephone calls, or voice mail.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or past marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Correctional Institutions: Should a patient eventually become an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for health care and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena (e.g. child protection, etc.).

Federal law makes provision for health information to be released to an appropriate health oversight agency, public health authority or attorney. Provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

For More Information or to Report a Problem

If you want additional information or if you believe your privacy rights have been violated, you can contact Green Mountain Pediatrics, Bev Haynes, at 303-936-7415 or the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights.

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Policy Manual

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Privacy and Security Rules for Green Mountain Pediatrics

- Our sign in sheet for office visits will not specify type of illness and will only require the patients' first initial and last name for identification purposes.
- Those patients coming in for an office visit will have their medical charts in holders, which will be turned so the name cannot be read by other patients.
- Daily schedules will not be placed in a way that patients can view them.
- Confidential conversations are to be done in a way that third parties cannot hear patients' personal information.
- Computer screens will be in an office area, away from the waiting rooms, so patients will not be able to read them.
- Confidential information (i.e. medical records, lab reports, immunization records, et all) will only be accessible to authorized staff. Any business related companies or individuals, who will have access for reasons of carrying out daily functions will have an agreement of confidentiality signed.
- When an employee leaves or is terminated from the practice, all keys, codes, passwords, and locks will be returned to Green Mountain Pediatrics.
- All personnel will have information/training given to them in regards to security, termination policies and procedures, confidentiality rules and regulations. Confidentiality forms will be completed and on file in the office.
- Permission will be obtained from the security officer, Bev Haynes, before files are removed from the premises for any reason.
- Discarded medical information will be shredded before disposed of.
- Agreements of confidentiality will be obtained from all pertinent business contacts and all employees. The confidentiality pledge will be posted for patients to view.
- There will be specific guidelines regarding the handling of paper files, orders, images, and specimens.
 - Only appropriate information is transferred with proper permission to release from responsible party.
 - Couriers must keep information confidential and deliver it only to authorized individuals.
 - All efforts should be made to ensure that faxed material is delivered to the correct location and person. There will be a cover sheet stating that if the fax is delivered to the incorrect place, someone must contact Green Mountain Pediatrics to inform them of the error.
- All patient information from outside our office, including mail, faxes, electronic mail delivery, will be kept confidential.
- Formal privacy and security policies are available to all employees and ongoing training will be completed and documented. Any mishap in regards to the incorrect handling of confidential information will be reported to the security officer, Bev Haynes; moreover, appropriate documentation, training, and other disciplinary actions will be completed.
- Laptops, or other portable equipment, which holds confidential information will be secured and accessed only by authorized personnel.

- The office will be secured when closed. Patients will not have access to any medical records other than their own.
- Upon the request of confidential material, a consent form must be signed giving permission for us to do so.
- A confidentiality statement must be included on all faxes or electronic mail, which contains patients' confidential information, sent by staff.
- Currently, Green Mountain Pediatrics does not de-identify data.
- The office will occasionally make telephone calls to give appointment reminders. Personnel will not leave any confidential medical information on any answering machine or other voice messaging system.
- Parents and legal guardians have the right to inspect and copy medical information that may be used to make decisions about their dependents, they must submit their request in writing to Beverly Haynes. If they request a copy of the information, the office may charge a fee for the costs of copying, mailing or other supplies associated with the request.
- This practice may deny parent and legal guardian's request to inspect and copy in certain very limited circumstances. If they are denied access to medical information, they may request that the denial be reviewed. Another licensed health care professional will review the request and the denial. The person conducting the review will not be the person who denied the original request. The office will comply with the outcome of the review.
- If a parent or legal guardian feels that medical information this office has about their dependent is incorrect or incomplete they may ask us to amend the information. They have the right to request an amendment as long as the information is kept by this office. To request an amendment, the request must be made in writing and submitted to Bev Haynes. In addition, they must provide a reason that supports the request.
- The office may deny a parent or legal guardian's request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the office may deny the request if they ask us to amend information that:
 - Was not created by this practice, unless the person or entity that created the information is no longer available to make the amendment,
 - Is not part of the medical information kept by or for this office,
 - Is not part of the information which the parents and legal guardian would be permitted to inspect and copy; or
 - Is accurate and complete.
- Parents and legal guardians have the right to request an "accounting of disclosures." This is a list of the disclosures the office made of medical information about your dependent. To request this list or account of disclosures, the parents or legal guardian must submit their request in writing to Bev Haynes. The request must state a time period, which may not be longer than six years, and may not include dates before February 26, 2003. The request should indicate in what form the list is wanted (for example, on paper or electronically). The first list requested within a 12 month period will be free. For additional lists, the office may charge for the costs of providing the list. The office will notify of the cost involved and the parent or legal guardian may choose to withdraw or modify their request at that time before any costs are incurred.
- Parents and legal guardians have the right to request restrictions or limitations on the medical information the office uses or discloses about their dependents for treatment, payment, or health care operations. They also have the right to request a limit on the medical information the office discloses about their dependent to someone who is involved in their dependent's care or the payment for their

dependent's care, like a family member or friend. Please see the consent and authorization forms included in this manual.

- Parents and legal guardians have the right to request that the office communicate with them about medical matters in a certain way or at a certain location. For example, they can ask that the office only contact them at work or by mail. To request confidential communications, they must make a request in writing to Bev Haynes. The office will not ask the reason for the request. The office will accommodate all reasonable requests. The request must specify how or where they wish to be contacted.
- Parents and legal guardians have the right to a paper copy of this notice. They may ask the office to give them a copy of this notice at any time. They may obtain a copy of this notice by contacting Bev Haynes.
- Green Mountain Pediatrics reserves the right to change this policy. The practice reserves the right to make the revised or changed notice effective for medical information already on file as well as any information obtained in the future.

Revocation Form

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I, _____, revoke my consent for the use and disclosure of my dependent's personal health information for the purposes of treatment, payment, and healthcare operations.

Name(s) of dependent(s): _____

I do understand that this revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on the Consent Form previously signed and in my dependent's records.

Print

Signature