



at UC Health Harmony Campus
2121 E. Harmony Rd., Suite 350A
Fort Collins, CO 80528
Phone # (970) 214-8175
Fax # (970) 788-7376

Children's Eye Care of Northern Colorado, P.C.

Notice of Privacy Practices for Protected Health Information (PHI)

THERE IS A LOT OF IMPORTANT INFORMATION HERE - PLEASE READ IT CAREFULLY. THIS NOTICE DESCRIBES HOW WE COLLECT AND USE INFORMATION ABOUT OUR PATIENTS AND HOW OUR PATIENTS CAN ACCESS THIS INFORMATION. IF YOU HAVE QUESTIONS ABOUT ANYTHING HERE PLEASE DON'T HESITATE TO ASK US.

Notice Effective Date: *October 1st, 2023*

Children's Eye Care of Northern Colorado, PC (Children's NoCo) is required by state and federal laws to maintain the privacy of your health information. Protected Health Information (PHI) is the critical information we collect and maintain in order to provide effective care to our patients. This information may include documentation of symptoms, exams, test results, diagnosis, treatment protocols and family history. Additionally patient information could include billing information for our patients and / or their families. Children's NoCo is allowed under HIPAA laws (the Health Insurance Portability and Accountability Act of 1996) to use and disclose your PHI without written authorization for purposes of treatment, payment and our general operations.

Some examples of using PHI for treatment include:

- 1) Our physician or technician obtains and records treatment information about our patients and documents that information in our system
- 2) Our physician shares treatment information about our patients with their primary care provider or other specialists to obtain input
- 3) We may contact our patients or their parent / guardian by phone to discuss a medical condition and / or treatment or to remind them of upcoming appointments

An example of using PHI for payment / billing:

- 1) We may submit our patients' information to their health insurance company to obtain a reimbursement either on behalf of Children's NoCo or our patients themselves. Through this process we may be required to submit specific information about the treatment protocols for the patient or other patient specific information

An example of using PHI for our operations:

- 1) During the course of operating and improving Children's NoCo, we may use patient information for quality assessments, employee reviews, and / or student training. We may retain third parties to help us in this process, and our patient information could be disclosed to those parties as a result

PATIENTS RIGHTS

While Children's NoCo owns the patients records themselves, the patient owns the information within them. As a result, patients have the rights to:

- 1) Obtain a physical or digital copy of our current Notice of Privacy Practices at any time
- 2) Receive a notification if there is ever a breach of their information
- 3) Request a restriction on the use of their information. In many cases we will still be required to share some information required for effective care; however, we will always grant a request to refrain from sending patient information to a health insurance provider. Patients should understand this will require full out-of-pocket payment at the time of service
- 4) Request access to their maintained records in physical form. This request must be delivered in writing to our office, and the request may take up to 30 days to fulfill

- 5) Appeal a denial of access to their PHI
- 6) Request that their maintained records be updated and / or amended to correct incomplete or incorrect information. This request must be delivered in writing to our office, and the request may take up to 30 days to fulfill. We may deny the request for various reasons including:
 - a. The information was not created by us (unless the party that created the information is no longer available to make the change)
 - b. Is not part of the information kept in our records
 - c. Is not part of the information a patient would be allowed to access and inspect
 - d. Is accurate or complete
- 7) Should a patient's request to update or amend their information be denied, Children's NoCo will notify the patient of the decision with our reasoning. The patient will then have the opportunity to submit a statement of disagreement in writing, which we will place in their record
- 8) Request alternative methods of communication for the patient's information (other than phone). All requests must be made in writing
- 9) Request information be released to other health care providers or other parties as they deem necessary. All requests must be made in writing
- 10) Opt-out of any communication from our practice that is not medically necessary
- 11) Obtain a list of instances where a patient's information was shared with outside parties as required by HIPAA
- 12) Revoke or change any prior authorizations to disclose information to third parties. Such revocations must be made in writing and delivered to the office

OUR COMMITMENTS

- 1) We will maintain the privacy of our patient's information as required by law
- 2) We will notify our patients following any breach of their information
- 3) We will provide our Notice of Privacy Practices and abide its terms
- 4) We will accommodate every patient request that we are reasonably able to
- 5) We will notify our patients if we cannot accommodate a request
- 6) We will not disclose patient information to their health insurance provided they provide written notification of the request (which we can provide) AND pay out of pocket at the time of service

- 7) We reserve the right to change the terms of this Notice at any time. If we do make a change to the Notice, our patients will receive the most updated notice upon request

OTHER USES AND DISCLOSURES OF PATIENT PHI

We may use PHI in communication with members of the patient's family or guardians. We will of course use our best judgment in any communication with family or guardians (or any other party designated by the patient). If the patient objects to disclosure of their information to any family member or listed guardian, we will honor those wishes unless it becomes medically necessary to do so.

Unless a patient objects, we may use their information to notify a family member or guardian who is responsible for the patient's care of their location or general condition.

We may disclose patient information (in whole or in part) for medical research if an institutional review board has reviewed the research and established protocols privacy of patients PHI.

We may disclose patient information to assist in disaster relief efforts.

We may disclose to the FDA a patient's PHI relating to adverse events related to food, supplements, or products to enable product recalls, repairs or replacements.

If a patient is seeking compensation from Worker's Compensation, we may disclose their PHI to the extent necessary to comply with applicable Worker's Compensation laws.

We may disclose a patient's PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; or to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

We may disclose patient PHI as required by law or to appropriate public authorities as allowed by law to report abuse or neglect.

In the event we are providing patient care at the request of a patient's employer, we may release patient information to the employer at their request to facilitate an evaluation of their workplace safety or to evaluate whether the patient has a workplace related injury. Any

disclosure to a patient's employer will require a specific written release of the information by the patient.

We may disclose patient PHI to law enforcement officials in response to a court order / subpoena, warrant or similar judicial process. Additionally, we may disclose patient PHI to help locate a suspect, fugitive, material witness or missing person. We may disclose patient PHI if the patient was a victim of a crime, and we are unable to gather a written release from the patient directly. We may disclose patient PHI if there is criminal conduct on our premises or in limited emergencies where the disclosure is important in reporting a crime.

We may release patient PHI to appropriate health oversight agencies such as state and federal auditors.

We may disclose patient PHI in the course of any judicial or administrative proceeding as required by law, with a court order, or at the written consent of the patient.

For patients that are in the care of a facility, we may disclose patient PHI to the administrators of the facility necessary for the treatment of the patient or for the patient's safety.

We may release patient PHI to medical examiners, coroners, or funeral directors in the unfortunate situation where it may be necessary to determine identity or cause of death.

Other uses or disclosures of patient PHI than described in this document will not be made without patient authorization, unless otherwise required by law. Any disclosure of patient PHI to a third party for marketing purposes or that constitute a sale of patient information WILL require patient authorization. A patient or their parent or guardian may revoke any authorization at any time by submitting a written request to our office.



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To request information, exercise a right, or file a complaint, patients or their parents or guardians may contact us directly at (970) 214-8175, or in writing to us at:

Michael Mitchell
Children's Eye Care of Northern Colorado, P.C.
2121 E. Harmony Rd., Suite 350A
Fort Collins, CO 80528

Please note that all complaints, revocations, and requests for information must be submitted in writing to the address above. They may also file a complaint with the Secretary of Health and Human Services (HHS), Office for Civil Rights (OCR). The complaint must be filed in writing, either on paper or electronically, by mail, fax, or e-mail. The address for the Colorado regional office is: Office for Civil Rights, U.S. Department of Health and Human Services, 999 18th St., Suite 417, Denver, CO 80202; or call (800) 368-1019. More information regarding the steps to file a complaint can be found at: www.hhs.gov/ocr/privacy/hipaa/complaints.

WE CANNOT AND WILL NOT REQUIRE PATIENTS TO WAIVE THE RIGHT TO FILE A COMPLAINT WITH THE SECRETARY OF HHS AS A CONDITION OF RECEIVING TREATMENT.

WE CANNOT AND WILL NOT RETALIATE AGAINST PATIENTS FOR FILING A COMPLAINT WITH THE SECRETARY OF HHS.

Please affirm that you have read and understand the Notice of Privacy Practices:

I acknowledge that I have received and read the Notice of Privacy Practices from Children's Eye Care of Northern Colorado, P.C. and understand the content and terms.

Patient Name

Patient Signature

Guardian Name

Guardian Signature

Date: _____