

# Cradle Thru College Care Pediatrics

## Notice of Privacy Practices

Updated December 1<sup>st</sup>, 2017

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

Cradle Thru College Care is required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices (“NPP”) describes how we may use and disclose PHI to carry out treatment, payment, or health care operations and for other specified purposes that are permitted or required by law. The NPP also describes your rights with respect to your PHI. We are required to provide this notice to you by the Health Insurance Portability and Accountability Act (“HIPAA”).

Cradle Thru College Care is required to follow the terms of this NPP. We will not use or disclose your PHI without your written authorization, except as described or otherwise permitted by this NPP. We reserve the right to change our practices and this NPP and to make the new NPP effective for all PHI we maintain. Upon request, we will provide any revised NPP to you.

### **Use and Disclosure of Protected Health Information About You.**

We are permitted to use or disclose your PHI for the following purposes without a specific authorization from you.

**Treatment.** We may use your PHI to provide and coordinate treatment, medications, and services you receive. For example, we may disclose medical information about you to physicians, nurses, and other health care personnel who provide you with health care services or are involved in your care.

**Payment.** We may use your PHI in order to bill and collect payment for services provided to you. (i.e. We

may contact your insurer or other health care payer to determine whether it will pay for services or co-pays. We may also provide medical information about you to our business associates, such as billing companies, claims processing companies, and others that process health care claims. We require these business associates to appropriately safeguard the privacy of your information.

**Health Care Operations.** We may use your PHI for certain operational and administrative quality assurance activities, such as monitoring the quality of our facility in order to provide exceptional care for you and your family.

We may also provide medical information about you to our business associates or insurers in order to make sure we are complying with the law. We require these business associates to appropriately safeguard the privacy of your information.

**Appointments, Reminders, and Services.** We may use and disclose medical information to make appointments, provide reminders or test results.

**Health Related Products and Services.** We may use and disclose your PHI to tell you about health-related products or services necessary for your treatment, to advise you of new products and services, and to provide general health and wellness information

**To Communicate with Individuals Involved in Your Care or Payment for Your Care.** We may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI directly relevant to that person’s involvement in your care or payment related to your care.

**Worker’s Compensation.** We may disclose your PHI to the extent authorized and necessary to comply with laws relating to worker’s compensation or other similar established programs.

**Public Health.** As required by law, we may discuss your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement.** We may disclose your PHI for law enforcement purposes as required by law or in response to a subpoena or court order.

**As Required by Law.** We may disclose your PHI when required to do so by federal, state, or local law. (i.e. when law requires we report information to

government agencies and law enforcement about victims of abuse, neglect, or domestic violence; gunshot wounds; reactions to medications or products; or to notify of product recalls.

**Victims of Abuse or Neglect.** We may disclose your PHI to a gov’t authority if we reasonably believe that you are a victim of abuse or neglect. We will only disclose this type of PHI to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it necessary to prevent serious harm to you or someone else.

**Health Oversight Activities.** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the gov’t to monitor the health care system, gov’t programs, and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

**Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

**Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

**Public Health Activities.** We may disclose your PHI for public health activities such as information about births, deaths, and various diseases to gov’t officials in charge of collecting that information.

**Organ or Tissue Procurement Organizations.** Consistent with applicable law, we may disclose your PHI to organ or tissue procurement organizations or other entities engaged in the procurement, banking, or

transplantation of organs for the purpose of tissue donation and transplant.

**Notification.** We may disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

**Correctional Institution.** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your safety or the health and safety of the public or another person.

**Military and Veterans.** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**National Security, Intelligence Activities, and Protective Service for the President and Others.** We may release your PHI to federal officials for intelligence, counterintelligence, protection to the president, and other national security activities authorized by law.

**Other Uses and Disclosure of PHI.** We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided above (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

#### **Uses and Disclosures Requiring Authorization.**

The following categories describe ways we are permitted to use or disclose your PHI only with a specific authorization from you.

**Request a Restriction on Certain Uses and Disclosures of PHI.** You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Office. We are not required to agree to those restrictions. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business.

**Request non-disclosure of medical information to your health insurer.** You may request that information about a particular office visit not be shared with your health insurer. We will fulfill your request if you pay for the service or health care item out-of-pocket in full unless a law requires us to share that information.

**Marketing Activities.** We may not use any medical information about you to contact you to encourage you to buy a product or service, which is unrelated to your current care management except with your specific authorization.

**Alcohol and Drug Abuse Patient Records.** Use and disclosure of any medical information about you relative to alcohol or drug abuse programs is protected by federal law. Generally, we may not say to a person outside of the program that you are or have attended the program, or disclose any information identifying you as an alcohol or drug abuser unless: (1) you have consented in writing; (2) we receive a court order requiring the disclosure; or (3) the disclosure is made to medical personnel in a medical emergency.

**HIV/ AIDS Information.** Use and disclosure of any medical information about you relative to HIV testing, HIV status or AIDS is protected by federal and state law. The state may allow for disclosure of such information for public health purposes.

**Your Health Information Rights.** You have the following rights with respect to your medical information.

**Obtain a Paper Copy of the NPP upon Request.** You may request a copy of our current NPP at any time. Even if you have agreed to receive the notice electronically, you are still entitled to a paper copy.

**Inspect and Obtain a Copy of PHI.** In most cases, you have the right to access and copy the PHI that we maintain about you. To inspect or copy your PHI, you must send a written request to this office. We may charge you a fee for the costs of copying, mailing, and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances.

**Request and Amendment of PHI.** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to this office. You must

include a reason that supports your request. In certain cases, we may deny your request.

**Receive an Accounting of Disclosure of PHI.** You have the right to receive an accounting of the disclosures we have made of your PHI after January 01, 2017 for most purposes other than treatment, payment, or health care operations. The right to receive an accounting is subject to certain exceptions, restrictions, and limitations. To request an accounting, you must send a written request to this office. Your request must specify the time period. The time period may not be longer than six years and may not include dates before January 01, 2017.

**Request Communications of PHI by Alternative Means or at Alternative Locations.** For instance, you may request that we contact you at a different residence or post office box. To request confidential communication of your PHI, you must send a written request to this office. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests.

**Incidental Disclosures.** Cradle Thru College Care will make all reasonable efforts to avoid incidental disclosures of PHI. (i.e. conversations that might be overheard between the medical staff and a patient.)  
**Minors.** If you are a minor who has lawfully provided consent for treatment and you wish for Cradle Thru College Care to treat you as an adult for purposes of access to and disclosure of records related to such treatment, please notify this office.

#### **For More Information or to Report a Problem.**

If you have questions or would like additional information about this NPP or wish to make a complaint about our privacy practices, please contact the *Office Manager at 816-942-5437*. Written requests should be sent to this person at ***Cradle Thru College Care, 1004 Carondelet Drive, Ste. 310, Kansas City, MO 64114.*** If you believe your privacy rights have been violated, you may send a written complaint with the **U.S.**

**Department of Health and Human Services Office for Civil Rights** by sending a letter to **200 Independence Ave, S.W., Washington, D.C. 20201**, calling **1-877-696-6775**, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)