

Premier Pediatrics



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Brighton, Colorado 80601

303. 655. 1685
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Embracing the Whole Child From Infancy Through Adolescence

Premier Pediatrics, Inc. and many physicians on staff at The Platte Valley Medical Center have formed an Organized Health Care Arrangement (OHCA) to ensure your privacy. As of April 14, 2003, federal law requires that you receive a notice of your privacy rights prior to treatment in any health care facility. The Platte Valley Medical Center OHCA has developed policies and procedures, which have been adopted by Premier Pediatrics, Inc. Wherever the term "Platte Valley Medical Center" ("PVMC") appears in the Joint Notice of Privacy Practices document, you may substitute "Premier Pediatrics, Inc." Federal law mandates that custodial parents and legal guardians sign a separate form for each of their children that indicated they have received this notice.

Complaints and concerns may be directed to the privacy officer of Premier Pediatrics, Inc., Joseph M. Smith, M.D., at the above address.

BRIGHTON COMMUNITY HOSPITAL
d/b/a
PLATTE VALLEY MEDICAL CENTER
Brighton, Colorado

JOINT NOTICE OF PRIVACY PRACTICES
(Attachment A to Policy and Procedures for Notice of Privacy Practices)

Effective Date: 04/14/2003

THIS JOINT NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions, please contact our Privacy Office at the address or phone number at the bottom of this notice.

A. *Who will follow this joint notice?*

Platte Valley Medical Center provides health care to our patients and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by: members of the medical staff at PVMC, their physician colleagues and other health care practitioners who participate in the team of caregivers (either in or outside the Hospital) provide medical and medical related services to you, and cooperate in sharing medical information about you as necessary to carry out treatment, payment and health care operations at PVMC. In addition, all partners, employed associates, staff, volunteers or business associates of PVMC will have access to this information.

Rather than have you read and sign different forms for Notice of Privacy Practices for various caregiver members of your treatment team, this Joint Notice of Privacy Practices will serve as authority for all participants on the team to have access to, and to share, your medical information as outlined by the terms of this Notice. If you have any concerns as to the sharing of your medical information by members of the team, you should contact the Privacy Office or the Patient Representative at PVMC or your physician.

B. *Our pledge to you.*

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This joint notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. [See the -Note- in Section A, above.]

We are required by law to:

1. Keep medical information about you private.
2. Give you this joint notice of our legal duties and privacy practices with respect to medical information about you.
3. Follow the terms of the joint notice that is

currently in effect.

C. *Changes to this Joint Notice.*

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Web site at <http://www.PVMC.org>. You can receive a copy of the current joint notice at any time. The effective date is listed just below the title. You will be offered a copy of the current joint notice each time you register at our facility for treatment. You will also be asked to acknowledge in writing your receipt of this joint notice.

D. *How we may use and disclose medical information about you.*

1. We may use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods).
2. We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
3. We may disclose medical information about you to a friend or family member who is involved in your medical care, or to disaster relief authorities so that your family can be notified of your location and condition.

4. We also may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you, or to support fundraising efforts.

5. If admitted as a patient, unless you tell us otherwise, we will list in the patient directory your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member, and even if they do not ask for you by name.

E. *Other uses of medical information.*

In any other situation not covered by this joint notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

F. *Your rights regarding medical information about you.*

1. In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

2. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.

3. You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

4. If this joint notice was sent to you electronically, you have the right to a paper copy of this notice.

5. You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

6. You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this joint notice.

G. *Complaints.*

1. If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed below). You may also contact our Privacy/Security Officer at 303-659-1531, ext. 1119 or the Patient Representative at 303-659-1531, ext. 1173.

2. Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you the address.

3. Under no circumstance will you be penalized or retaliated against for filing a complaint.

H. *Privacy Office.*

1850 Egbert St.
Brighton, CO 80601
303-659-1531 ext.1119
Attn: Mark Albright