



DR. MANDI'S INTEGRATIVE PEDIATRICS, LLC

4950 NE Belknap Ct #202 Hillsboro, Oregon 97124

HIPAA PRIVACY FROM

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

YOUR/YOUR CHILD'S PROTECTED HEALTH INFORMATION (PHI)

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from Dr. Mandi's Integrative Pediatrics. Your PHI may include information created and received by Dr. Mandi's Integrative Pediatrics, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose your PHI and describe your rights and our obligations regarding the use and disclosure of that information.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose PHI for the following purposes, subject to all legal requirements and limitations:

- **For Treatment.** We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you and your health. The provider may use your PHI to decide what treatment is best for you. Different personnel in our organization may share information about you and disclose information to people who do not work for Dr. Mandi's Integrative Pediatrics in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays.
- **For Payment.** We may use and disclose your PHI so that the treatment and services you receive at Dr. Mandi's Integrative Pediatrics may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to help you obtain prior authorization or to determine whether your plan will pay for the treatment.
- **For Health Care Operations.** We may use and disclose your PHI in order to facilitate Dr. Mandi's Integrative Pediatrics and make sure that you and our other patients receive effective quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also disclose your PHI to health plans

that provide you insurance coverage and other health care providers that care for you. Our disclosures of your PHI to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

SPECIAL SITUATIONS

- **Disclosures of Childhood Immunizations to Schools.** We may disclose your childhood immunization records to schools with verbal permission. Disclosure of other information still requires your written authorization.
- **Disclosures to Parents as Personal Representatives of Minors.** In most cases we may disclose your minor child's PHI to you. In some situations, however, we are permitted or even required by law to deny you access to your minor child's PHI. For example, we must deny your access if your minor child (14 years or older in Oregon) receives treatment for alcohol and drug addiction.
- **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 health and safety or the health and safety of the public or another person.
- **Required By Law.** We will disclose your PHI when required to do so by federal, state or local law.
- **Organ and Tissue Donation.** If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
- **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release your PHI.
- **Workers' Compensation.** We may release your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose your PHI for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose your PHI in response to a subpoena.
- **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner.
- **Information Not Personally Identifiable.** We may use or disclose your PHI in a way that does not personally identify you or reveal who you are.

- **Family and Friends.** We may share your PHI with your family members or friends if you tell us we may or, if we ask you, you do not say no. We may also share PHI with your family or friends if circumstances indicate you would not object. For example, we may assume you agree to our disclosure of your PHI to your family member or friend when you bring them with you into the exam room while treatment is discussed. This applies even after the patient is deceased. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only PHI relevant to the person's involvement in your care. We may also determine it is in your best interest to allow a family member or friend to act on your behalf (for example, make an appointment, to pick up some prescriptions, etc.).

OTHER USES AND DISCLOSURES OF PHI

We will not use or disclose your PHI for any purpose other than those identified in the previous sections (including research, marketing, fundraising, or sale of PHI for any reason) without your specific, written authorization. If you authorize us to use or disclose your PHI, you may revoke it, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back anything we have already done with your permission.

YOUR RIGHTS REGARDING YOUR PHI

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

- **Right to Inspect.** You have the right to view your PHI. If you want us to give you a copy you must submit a written request, and we will charge a fee for the costs associated (formatting, copying, mailing or other supplies). We will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred. A modified request may include requesting a summary of your medical record. We will send your copy within 30 days of your request. In certain limited circumstances, we may deny your request to inspect and/or copy your record or parts of your record. If you are denied copies of or access to your PHI, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend. If you believe your PHI is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as we have the information. To request an amendment, complete request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that:

1. We did not create;
2. Is not part of the PHI that we keep;

3. You would not be permitted to inspect and copy; or
4. Is accurate and complete.

If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. Your rebuttal needs to be two pages or fewer in length, and we have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

- **Right to an Accounting of Disclosures.** You have the right to request a list of the disclosures we made of your PHI for purposes other than treatment, payment, health care operations, as permitted by law. To obtain this list, you must submit your request in writing and state a time period, which may not be longer than six years. Your request should indicate how you want to receive the list. The first list you request within a 12-month period will be free.

YOUR RIGHTS REGARDING YOUR PHI (continued)

For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone who is involved in your care or the payment for it, like a family member or friend. To request restrictions, you may complete and submit a REQUEST FOR LIMITATIONS ON USE/DISCLOSURE OF PHI.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information.

We are required to agree to your request only if you pay in full “out of pocket” by the time of service for treatment, services, supplies and prescriptions—and you request the information not be communicated to your health plan for payment or health care operations purposes. There may be instances where we are required to release this information if required by law.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail. To make this request, include your desired contact method on the Patient Registration Form. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice even if you have agreed to receive it electronically. If you do not see a copy in the waiting room, ask one of our receptionists. You may also find a copy of this Notice on our website.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice at our locations with its effective date. You are entitled to a copy of the notice currently in effect.

We will inform you of any significant changes to this Notice. This may be through a sign prominently posted at our location(s), a notice posted on our web site, or other means of communication.

BREACH OF HEALTH INFORMATION

We will inform you if there is a breach of your PHI.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services at: Office for Civil Rights Region X U.S. Department of Health & Human Services 2201 Sixth Avenue - M/S: RX-11 Seattle, WA 98121-1831 Voice Phone (800) 368-1019 | FAX (206) 615-2297 TDD (800) 537-7697

You will not be penalized for filing a complaint.



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4950 NE Belknap Ct #202

Hillsboro, Oregon 97124

503-521-7171 Phone

drmandipediatrics.com

Acknowledgment of Receipt of Privacy Policy

The following signature acknowledges that I have received a written notification of my privacy rights concerning the use and disclosure of my protected health information as defined by the Health Insurance Portability and Accountability Act of 1996.

Patients Name: _____ Date of Birth:

Patients Name: _____ Date of Birth:

Patients Name: _____ Date of Birth:

Signature of Patient or Guardian: _____ Date: _____

Printed Name: _____

