

**Pediatrics of Bartlesville**  
**3400 SE Frank Phillips Blvd., Suite 302**  
**Bartlesville, OK 74006**  
**Phone 918-331-2468 Fax 918-331-2469**

**Notice of Privacy Practices**

This notice is to inform you that the personal health information of the patients of Pediatrics of Bartlesville will only be used for purposes of treatment in our facility and will not be misused or disclosed by or to anyone outside of our practice in any way other than those described below. You may gain access to this information if you desire.

**Our Legal Duty:** We are required by applicable federal and state law to maintain the privacy of protected health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice became effective April 14, 2003. We reserve the right to change our privacy practices and the terms of this notice at any time provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact our office.

**Uses and Disclosures of Protected Health Information:**

We may use and disclose protected health information concerning your children as well as any children over whom you are appointed legal guardian, henceforth referred to as "your children". Information may be used or disclosed for treatment, payment, and other healthcare operations. Some examples of these disclosures:

- Treatment:** We may use or disclose your children's health information to a physician or other healthcare provider who is currently providing treatment to your children.
- Payment:** We may use or disclose your children's health information to obtain payment for services we provide. (i.e. insurance companies).
- Healthcare Operations:** We may use or disclose your children's health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance. Conducting training programs, accreditation and certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your children's health information for treatment, payment or other healthcare operations, you may give us written authorization to use your children's health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect. Unless you give a written authorization, we cannot use or disclose your children's health information for any reason except those described in this notice.

**Your Family and Friends:** We must disclose your children's health information to you, as described in the Patient Rights section of this notice. We may disclose your children's health information to a family member, friend or other person to the extent necessary to help with your children's healthcare or with payment for your children's healthcare only if you specifically authorize us in writing to do so.

**Persons Involved in Care:** We may use or disclose health information to notify, or assist in the notification of (included identifying or locating) a family member, your personal representative or another person responsible for your children's care, your location, your general condition, or death. If you are present, then prior to use or disclosure of your children's health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to that person's involvement in your children's healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your children's best interest in allowing a person to pick up prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Relation Services:** Our office does not use patient information for any marketing purposes. We will not use your children's health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your children's health information when it is required by law to do so (i.e. missing person, etc.).

**Abuse or Neglect:** We may use or disclose your children's health information to appropriate authorities if we reasonably believe that the children are possible victims of abuse, neglect, or domestic violence or the possible victims of other crimes. We may disclose your children's health information to the extent necessary to avert a serious threat to their health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to lawfully authorized federal officials health information required by lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your children's health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

**Patient Rights:**

**Access:** You have the right to look at or get copies of your children's health information, with limited exceptions. You must make a request in writing to obtain access to your children's health information. You may obtain a form to request access by contacting our office. We may charge you a reasonable cost-based fee for expenses such as copies and staff time.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your children's health information for any purpose, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your children's health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

**Alternative Communication:** You have the right to request that we communicate with you about your children's health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or locations, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your children's health information. Your request must be in writing. It must explain why the information should be amended. We may deny your request under certain circumstances.

**Questions and Complaints:** If you desire further information about our privacy practices or if you have questions, please contact us. If you are concerned that we may have violated your children's privacy rights, or you disagree with a decision we made about access to your children's health information or in response to a request you made to amend or restrict the use or disclosure of your children's health information or to have us communicate with you by alternative means or locations, you may complain to us using the contact information listed at the top of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request. We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the Department of Health and Human Services.

I have read, understand and agree to the above statement of policy regarding my children's protected health information and that of any children over whom I have legal guardianship.

Signature \_\_\_\_\_ Date \_\_\_\_\_