



NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you can get access to this information. If you have any questions regarding this Notice please contact us at 206-957-1881.

PLEASE REVIEW IT CAREFULLY

The Kids Clinic (TKC) respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. A federal law commonly known as HIPAA and other state laws protect the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment plans, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your Protected Health Information (PHI) for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

TKC is a pediatric office, therefore, this Notice is between TKC and the legal guardian on behalf of a child until such time that the patient is of legal age to enter into this agreement them self.

Examples of Use and Disclosures of PHI for Treatment, Payment, and Health Operations

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

• For Treatment.

- Information obtained by TKC staff or provider will be recorded in your medical record and used to help decide what care may be correct for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

• For Payment.

- We may request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care. NOTE – You may request that we not share information with your health plan provided that: (i) the disclosure is for purposes of payment or health care operations and is not otherwise required by law, and (ii) the health information pertains solely to health care items or services for which you, or another person on your behalf (other than a health plan) has paid in full.

• For Health Care Operations.

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review and qualifications and performance of our providers and to train our staff.
- We may contact you to inform you about TKC policy updates or remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you during negotiations with your health insurance carrier or to inform you of changes with our relationship to your health insurance carrier.
- We may use or disclose your health information to meet any legally required disclosures.
- We may use and disclose your information to conduct or arrange for services, including, but not limited to: medical quality review by your health plan; accounting, legal, risk management, or insurance services; audit functions, including fraud and abuse detection and compliance programs.

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- **As Required By Law.** We will disclose health information about you when required to do so by federal, state, or local law.
- **Public Health Risks.** We may disclose health information about you for public health purposes.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we create and store are the property of TKC. The PHI information in it, however, generally belongs to you. You have the right to:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and receive a copy your health information. For copies, you must submit signed release of information and prepayment administrative fees may apply.
- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have the right for as long as the information is kept by TKC. You must submit your request in writing and you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by TKC unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for TKC;
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of certain disclosures TKC made of your health information, other than those made for purposes such as treatment, payment, or health care operations.
You must submit your request in writing to TKC. Your request must state a time period which may not be longer than six years from the date of the request is submitted. The first list you request within a twelve month period will be free, for additional lists, TKC may charge you for the costs of providing the list. If there is a cost, it must be paid in advance before the request will be processed.
 - **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you could ask that we not use or disclose information about a treatment you had to a family member or friend.

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 is required by law, for example, your legal guardian.

You must submit your request in writing to TKC. In your request, you must identify: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply; and (4) for what length of time you want the limits to apply.

- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location.
You must submit your request in writing to TKC. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. 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 the Notice electronically. You may ask us to give you a copy of this Notice any time.
You may obtain a copy of this Notice at our website: www.thekidsclinic.us. You may obtain a paper copy any time you visit our office.

CHANGES TO THIS NOTICE

TKC reserves the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a current copy in our office and on our website. The Notice will specify effective date on the last page, in the lower left-hand corner.