

Stapleton Pediatrics, P.C.

NOTICE OF PRIVACY PRACTICES

This 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.

Our responsibility to you:

*We have a duty to maintain the privacy of your medical information and provide you with this notice of our legal duties and practices.

*We are responsible for abiding by the current terms of this notice.

*We are responsible for providing our patients with a notice of any changes to or revisions of this notice of privacy practices.

*We are responsible for maintaining documentation of privacy notices and written acknowledgements for a period of six years from the date of creation or the date last in effect, whichever is later.

How we may use and disclose health information about you:

We may use and disclose medical information about you for treatment (by sending medical information about your visit to another physician involved in your care as part of a referral): to obtain payment for your treatment and to support our health care operations.

We may disclose medical information about you to our business partners that provide us with administrative support in rendering your care. These business partners are required by contract and by law to comply with the provisions of federal privacy laws (under HIPAA) and give you the same protection we do.

We may also use or disclose your medical information for several other purposes. Subject to certain requirements we may give out medical information about you for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, workers compensation purposes and emergencies. We also will disclose medical information when required to by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We also may contact you for appointment reminders, or to tell you about or recommend possible treatment option, alternatives, health related benefits or services that may be of use to you.

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

Your rights regarding your medical information:

You have the right to review and obtain a copy of medical information that we use to document your care by submitting a written request. A charge may be assessed to offset the cost of making copies.

You have the right to request that we correct your records by submitting a request in writing that provides your reason for requesting the correction.

You have a right to a list of any instance where we have disclosed medical information about you, other than for treatment, payment, health care operations or per your written request. The request must state the time period desired and cannot precede the date of April 14, 2003 when the law became effective.

You have the right to request that medical information about you be communicated to you in a confidential fashion. This may include sending mail to an address other than your home. Your request must specify how or where you wish to be contacted. We will honor all reasonable requests.

You have the right to be provided with a paper copy of this notice for your own use if you so request.

Complaints:

If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made about access to your records, you may contact the Privacy Official at (303)399-7900.

You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights.

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

Signature

Date