



# Notice of Privacy Practices

## FRONTIER PEDIATRIC PARTNERS

### Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Privacy Promise

At **FRONTIER PEDIATRIC PARTNERS (FPP)**, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information (PHI). This Notice has been updated effective June 18, 2021, and applies to all protected health information as defined by federal regulations.

### Understanding Your Health Record/Information

Each time you visit **FPP**, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment, scheduling appointments, describing or recommending treatment alternatives.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A source of data for our planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

**FPP** participates in the Carequality framework, Surescripts National Record Locator Service ("NRLS"), and the Idaho Health Data Exchange (IHDE), all of which assist FPP in reaching the above aims. Your medical information may be shared via NRLS and IHDE. You have the right to opt out of NRLS and/or IHDE. Further information regarding NRLS and opting out is available via Surescripts homepage at [www.Surescripts.com](http://www.Surescripts.com), and

information about IHDE and opting out can be obtained by contacting IHDE at [www.idahohde.org](http://www.idahohde.org). A request can also be made directly to FPP to opt out of any of the above programs.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make better informed decisions when authorizing disclosure to others.

## Your Health Information Rights

Although your health record is the physical property of **FPP** the information also belongs to you. You have the right to:

- Obtain a paper copy of this notice of privacy practices upon request.
- Inspect and copy your health record as provided for in HIPAA privacy rule 45 CFR 164.524. Fees may apply. Under limited circumstances, we may deny access to a portion of your health information and you may submit a written request for a review of the denial.
- Amend your health record as provided for in rule 45 CFR 164.528 (please request a form from your pediatrician's office).
- Obtain an accounting of disclosures of your health information as provided for in rule 45 CFR 164.528. Your written request must state the period of time desired for the accounting, which must be within the six years prior to your request and excludes dates prior to October 3, 2019 (date our business opened). The first accounting is free but a fee will apply if more than one request is made in a 12-month period.
- Request that we use a specific telephone number or address to communicate with you other than the one listed on your patient information record.
- Request an electronic copy of your health information. We will make every effort to provide access to your health information in the form or format you request.
- Receive notification in the event of a breach of your health information.
- Request a restriction on certain uses and disclosures of your information as provided for in rule 45 CFR 164.522. We will carefully consider all requests for restrictions but are not required to agree to any restriction.
- Revoke your authorization to use or disclose health information with a written statement, except to the extent that action has already been taken based on previous authorization.
- Request we not disclose health information to your health plan (request that we not bill your health insurance) if you pay for the service in full. This request must be made at the time of service for each visit you choose not to disclose to your health plan.
- Request we communicate with you only in certain ways in order to preserve your privacy.

## Our Responsibilities

**FRONTIER PEDIATRIC PARTNERS** is required to:

- Maintain the privacy of your health information.

- Provide you with access to this notice regarding our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will post a notice on our patient portal and/or website.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the Notice of Privacy Practices.

## Examples of Disclosures for Treatment, Payment and Health Operations

*We will use your health information for treatment.*

*For example:* Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

*We will use your health information for payment.*

*For example:* A bill may be sent to you or a third-party payer. The information included on or accompanying the bill may identify you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

*For example:* Health professionals of FPP may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

## Other Permitted Uses or Disclosures

*Business associates:* There are some services provided in our organization through contracts with business associates. Examples include our medical scribe company that electronically records and transcribes patient encounters, and outside collection agencies. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* We may use or disclose information about your location or general condition to notify or assist in notifying a family member, personal representative, or other person(s) responsible for your care.

*Communication with family:* We may communicate with you via telephone, patient portal, email, and/or text in the conduction of business and routine medical care. Some of this communication may include the transmission of screening forms, treatment plans, prescription information, and/or other health information.

We will choose the method that seems most appropriate at the time, taking into consideration any preferences that you have shared with us and also standard PHI measures. We may disclose the health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. Using our best judgment, we may disclose to a family member, other relative, close personal friend or to any other person you have given written permission to act on your behalf, health information relevant to that person's involvement in your care or payment related to your care.

*Appointment reminders:* As part of our normal business operations, we may provide appointment reminders by telephone, text, and/or email. If you do not answer by telephone, we may leave the reminder on voice-mail, an answering machine, or with a family member. Please be assured that if we leave a message, we will only disclose the minimum information needed for an appointment reminder. If leaving appointment reminders using any of the above-mentioned methods is unacceptable to you, please notify us in writing.

*Lab results:* We will make every effort to contact you with lab results by telephone, patient portal, or other method as specifically arranged by your provider. There may be times when we cannot make contact with you by telephone or patient portal. If we have vital information that you need for treatment, we may leave a message on voice-mail, an answering machine, with a family member, and/or we may send an email and/or text. Please be assured that if we do have to leave a message or text, we will be careful to only disclose the minimum information necessary. If leaving lab results using any of the above-mentioned methods is unacceptable to you, please notify us in writing.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Abuse, neglect or domestic violence:* We may disclose health information as required by law to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

*Funeral directors, coroners, and medical examiners:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*As required by law:* We will disclose health information when required to do so by international, federal, state and local law. This may include inquiries by the FDA, Workers Compensation, Public Health agencies or other legal authorities involved in preventing or controlling disease, injury or disability, or Law Enforcement in response to a valid subpoena.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Marketing:* We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Correctional institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

*Data breach notification:* We may use or disclose health information to provide legally required notices of unauthorized access to or disclosure of your health information.

*Eligibility inquiries:* FPP may release the minimum necessary protected health information to a payer (including Medicaid or CHIP) in order to verify eligibility before providing services and/or submitting claims for payment.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

## Uses and Disclosures that Require Us to Give you an Opportunity to Object or Opt Out

*Individuals Involved in Your Care or Payment for Your Care:* Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

*Disaster Relief:* We may disclose your Health Information to disaster relief organizations that seek your Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

*Fundraising Activities:* We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

## Your Written Authorization is Required for Other Uses and Disclosures

We will obtain your written permission before we use or disclose your Health Information in our marketing efforts that involve third party remuneration, third party products and services or the sale of your health information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. Disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

## Contact Us

If you have questions and would like additional information or if you disagree with a decision that we made about access to your health information, you may contact Frontier Pediatric Partners' Privacy Officer at the number below. If you believe your privacy rights have been violated, you can file a written complaint with the Frontier Pediatric Partners' Privacy Officer at the address below. We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office for Civil Rights, U.S. Department of Health and Human Services.

Frontier Pediatric Partners' Privacy Officer  
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