

Wasatch Pediatric Neuropsychology, Inc  
**NOTICE OF PRIVACY PRACTICES**

*Effective January 1, 2009*

**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.**

A federal regulation, known as the "HIPAA Rule" requires that we provide detailed notice in writing of our privacy practices.

**I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

In this notice, we describe the ways that we may use and disclose health information about you. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies an individual or where there is a reasonable basis to believe the information can be used to identify an individual. This information is called "Protected Health Information" (PHI). This notice describes your rights and our obligations regarding the use and disclosure of PHI.

We are required by law to: Maintain the privacy of PHI about you; Give you this notice of our legal duties and privacy practices with respect to PHI; and Comply with the terms of our notice of privacy practices that is currently in effect.

**We reserve the right to make changes to this notice and to make such changes effective for all PHI we may already have about you. If and when this notice is changed, we will post this information on our website and provide you with a copy of the revised notice upon your request.**

**II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

**A. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

**Treatment:** Treatment is provided only by licensed psychologists or trainees who are supervised by licensed psychologists. We may release PHI if your designated health benefit carrier may request information related to treatment notes, treatment plans, diagnoses and medical history in order to determine benefits and payment.

**Payment:** We may use and disclose PHI so that we can bill, collect and remit premiums and eligibility information to your designated health benefit carrier. We may use and disclose PHI when you apply for any insurance coverage that requires you to provide a medical history. We may use and disclose PHI when you apply for disability retirement or disability benefits that require you to provide your detailed medical records. We may use and disclose your PHI to an insurance carrier that provides you with, or has previously provided you with, additional health coverage. We may use and disclose your PHI to the members of a health plan grievance review panel convened at your request to consider the denial of a claim by our third-party administrator.

**B. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION**

**Uses and Disclosures for Which You Have the Opportunity to Agree or Object:** We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, then we may use and disclose these types of PHI.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object (or if you are available in advance), then we may use or disclose PHI only if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are unable to communicate normally with us for some reason, we may find it is in your best interest to give your benefit eligibility and premium payment information to the friend or relative who is with you. We may also use and disclose PHI to notify such persons of your location, general condition or death. We also may coordinate with disaster relief agencies to make this type of notification. We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interest in allowing a person to act on your behalf to pay premiums or communicate information about your benefits that contains PHI about you.

### C. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

**Required By Law:** We may use and disclose PHI as required by federal, state or local law. Any disclosure must comply with the law and is limited to the requirements of the law.

**Public Health Activities:** We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following:

To prevent or control disease, injury or disability;

To report disease, injury, birth or death;

To report child abuse or neglect;

To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease

**Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect or has demonstrated a risk of harm to others.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities including, for example, claims audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

**Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal processes when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

**Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is: About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency; Required by law; In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process; to report a crime, including the nature of the crime, the locations of the crime or the victim, and the identity of the person who committed the crime.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to

the public. This disclosure can be made to a person who is able to help prevent the threat as well as the intended victim.

### **III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under federal law, you have the following rights regarding PHI about you:

**Right to Request Restrictions:** You have the right to request additional restrictions on the PHI that we may use for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care or benefit coverage that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you or verify coverage.

To request restrictions, you must make your request in writing. In your request, please include (1) the information that you want to restrict, (2) how you want to restrict the information (for example, restricting use to this office, restricting disclosure only to persons outside this office, or restricting both), and (3) to whom you want those restrictions to apply.

**Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate *reasonable* requests.

**Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your insurance and billing records but does not include information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used to meet your request.

**Right to Amend:** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

**Right to Receive an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures that we made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years *except for disclosures made:*

For treatment, payment, and health care operations;

To family members or friends involved in your care;

To you directly;

Pursuant to an authorization of you and your personal representative;

For certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); or Before January 1, 2009.

If you wish to make such a request, please contact our Office Manager, who is identified below.

**Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically. To obtain a paper copy of this notice, contact a WASATCH PEDIATRIC NEUROPSYCHOLOGY staff member.

### **IV. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or the Office for Civil Rights: U.S. Department of Education 1244 Speer Boulevard, Cesar E. Chavez Memorial Building, Suite 310, Denver, CO 80204, Tel.: (303) 844-5695, Fax: (303) 844-4303.

To file a complaint with us, please contact our Office Manager at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

**V. QUESTIONS**

If you have any questions about this notice, please contact any WASATCH PEDIATRIC NEUROPSYCHOLOGY staff member at the address and telephone number listed below.

**VI. CONTACT INFORMATION**

You may contact any WASATCH PEDIATRIC NEUROPSYCHOLOGY staff member at the following address and telephone number:

Wasatch Pediatric Neuropsychology, Inc.  
231 East 400 South, Ste 335  
Salt Lake City, UT 84111  
(801) 363-1189