

## Notice of Privacy Practices

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review carefully.

This notice takes effect on and remains in effect until we replace it.

### **1. OUR PLEDGE REGARDING MEDICAL INFORMATION**

The privacy of your child's medical information is important to us. We understand that this medical information is personal and we are committed to protecting it. We create a record of the care and services your child receives at our office. We need this record to provide your child with quality care and to comply with certain legal requirements. This notice will explain the ways we may use and share medical information about your child. We also describe the rights and certain duties we have regarding the use and disclosure of medical information.

### **2. OUR LEGAL DUTY**

Law Requires Us to:

- a. Keep your child's medical information private.
- b. Give this notice describing our legal duties, privacy practices, your child's rights regarding medical information.
- c. Follow the terms of the current notice.

We have the Right to:

- a. Change our privacy practices and the terms of this notice at any time, provided the changes are permitted by law.
- b. Make changes in our privacy practices and the new terms of our notices effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- a. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### **3. USE AND DISCLOSURE OF MEDICAL INFORMATION**

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your child's medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing us at the address provided at the end of this notice.

**FOR TREATMENT:** We may use medical information about your child in order to provide medical treatment or services. We may disclose medical information about your child to doctors, nurses, technicians, medical students, or other people who are taking care of your child. We may also share medical information about your child to other health care providers to assist them in treating your child.

**FOR PAYMENT:** We may use and disclose your child's medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your child's medical information.

**ADDITIONAL USES AND DISCLOSURES:** In addition to using and disclosing your child's medical information for treatment, payment, and healthcare operations, we may use and disclose medical information for the following purposes.

**Notification:** We may use and disclose medical information to notify or help notify: a family member, your personal representative or another person responsible for your child's care. We will share information about your child's location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our personal judgment.

**Public Health Activities:** As required by law, we may disclose your child's medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also, when we are authorized to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

**Victim of Abuse, Neglect, or Domestic Violence:** We may use and disclose medical information to appropriate authorities if we reasonably believe that your child is a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your child's medical information if it is necessary to prevent a serious threat to your child's health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

**Workers Compensation:** We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

**Health Oversight Activities:** We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

**Law Enforcement:** Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and locations at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

#### **4. YOUR INDIVIDUAL RIGHTS**

You have the right to:

- a. Look at or get copies of your child's medical information. You may request that we provide photocopies of your child's medical information. You must make your request in writing. Please allow five (5) business days for your request to be completed. If you request copies, we will charge you \$.50 for each page, and postage if you want the copies mailed to you.
- b. Receive a list of all the times our business shares your child's medical information for purposes other than treatment, payment, and health care operations.

#### **5. QUESTIONS AND COMPLAINTS**

If you have questions about this notice or think that we may have violated your child's privacy rights, please contact our office. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of your child's rights in Section 4 of this notice by writing to the following address:

Lauren's Institute for Education  
1305 S. Gilbert Rd  
Gilbert, Arizona 85296

We will provide you with the address to file your complaint with the U.S. Department Health and Human Services. We will not retaliate in any way if you choose to file a complaint.