

Name: _____ Date: _____

Cranial Kids

Effective January 1, 2018

Statement of Privacy Notice

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

Please review the information carefully.

- Your protected health information may be released to your insurance provider for the purpose of Cranial Kids receiving payment for providing you with needed orthotic and prosthetic services. Cranial Kids might share your health information with your physician for payment activities related to the care you received.
- Your protected health information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your protected health information may be released to other healthcare providers in the event you need emergency care.
- Information regarding your appointment time, presence at our facility, or other general details of your scheduled appointments may be provided over the phone to caller's who request so by providing your name.
- Your protected health information may be released only after receiving written authorization from you with the exception of those listed above or for treatment, payment, or healthcare operations. You may revoke your permission to release protected health information at any time. It must be in writing with effective date and be specific to the health information being protected. Cranial Kids is not required to agree to your request.
- You may be contacted by Cranial Kids by phone or mail or leave a message on an automated answering device) to remind you of appointments, verify insurance/demographic information, etc. You have the right to request a more confidential way of providing your protected health information or alternative communication method at the time you are seen at Cranial Kids will honor all reasonable requests.
- You have the right to restrict the use of your protected health information. However, Cranial Kids may choose to refuse your restriction if it is in conflict with providing you with quality healthcare or in the event of an emergency situation.
- You have the right to review and photocopy any/all portions of your health information. Cranial Kids has the right to assess a fee for the photocopying of the health information.
- You have the right to request an amendment to your health information. It must be in writing and explain why the information should be amended. Cranial Kids can deny the amendment and if so, a written explanation will be provided.
- You have the right to possess a copy of this Statement of Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- Cranial Kids is required by law to protect the privacy of its patients. It will keep protected any and all patient health information and will provide patients with a list of practices that protect health information upon written request.
- Cranial Kids will abide by the terms of this notice. Cranial Kids reserves the right to make changes to this notice and will continue to maintain the confidentiality of all health information. Changes to this notice will be redistributed at your next visit to Cranial Kids
- You have the right to complain to Cranial Kids if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your written complaint to:
Cranial Kids
ATTN: Patient Information Privacy Officer
406 E Grace Avenue Suite B
Woodland Park, CO 80863
- All complaints will be investigated. No personal issue will be raised for filing a complaint with Cranial Kids
- You may also file a complaint to:
Region IV, Office of Civil Rights
US Dept. of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street SW
Atlanta GA 30303-8909
- If you would like more information regarding this Privacy Notice, please contact our Privacy Officer at (719) 684-4008