

Notice of Privacy Policy

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.

We understand the confidential nature of the information you provide to Hatch Pediatrics. We want you to understand how Hatch Pediatrics may use and disclose certain information you provide us, and what rights you have concerning that information.

What Information is Protected?

Information protected by this privacy policy includes information Hatch Pediatrics receives or creates that identifies you and concerns:

- 1) Your past, present or future medical health or condition
- 2) Medical care that is provided to you
- 3) The past, present or future payment for medical care provided to you.

How May We Use Protected Information?

Hatch Pediatrics may use or disclose your protected information to provide you treatment, obtain payment for your treatment, or perform health care operations. Some examples are:

Treatment: We may communicate with other health care providers, including doctors, nurses or pharmacists, to provide health care to you and manage your health care.
Payment: We may use or disclose your protected information to determine the amount of your co-payment responsibility and to obtain payment for your treatment from your insurer.

Health Care Operations We may use or disclose your protected information to review the performance of our staff, to prevent fraud and to develop compliance programs in order to offer you more effective and comprehensive treatment.

We may hire third parties to help us with these matters. We may disclose your protected information to these third parties so they can perform the services we request. We require these third parties to agree that they will use your protected information only to provide the services we have requested.

Hatch Pediatrics may use or disclose your protected information for other reasons. Examples are listed below. The examples are for illustration only and are not intended to be all-inclusive.

Communications with You We may use your protected information to contact you (to provide appointment reminders, or treatment advice and instructions, or other health-related information that may be beneficial to you).

Health Oversight Agencies: We may disclose your protected information to agencies authorized by law to perform audits, investigations, inspections or other activities

for the oversight of the health care system, government benefit programs, government regulatory programs or civil rights laws.

Individuals Involved in Your Care We may disclose your protected information to family members that are involved in your health care. For example, if a family member or friend is present with you when we provide treatment to you or discuss your treatment with you, we may use our professional judgment in disclosing your protected information to that person.

Public Health Purposes We may disclose your protected information to authorities to prevent or control the spread of disease, to report abuse or neglect, to report adverse events or to enable product recalls.

As Required By Law We may disclose your protected information as may be required to report victims of abuse or neglect, in response to requests from law enforcement, or in response to court order, administrative order, subpoena, warrant, or other lawful process.

Special Circumstances We may use or disclose your protected information in certain special circumstances, including disclosure to agencies authorized by law to collect information for national security and intelligence activities, for specialized government functions in the event you are a veteran or in the military, for providing assistance in identifying you or locating you in the event of a disaster, for investigation of a death or identification of a deceased person, for research purposes, to avert a threat to health or safety of an individual or the public, to comply with requirements for worker's compensation programs, or to facilitate organ, eye or tissue donation or transplantation. Hatch Pediatrics never markets or sells personal information.

Hatch Pediatrics will obtain written authorization before using or disclosing your protected information for any reason other than those included in this notice. You may revoke your authorization in writing at any time. Upon receipt of your written revocation, we will stop using or disclosing your protected information, except to the extent that we have already taken action in reliance of the authorization.

Your Rights

You have certain rights concerning your protected information and this Notice, including:

Notice: You may request a copy of the Notice at any time. To request a paper copy, visit Hatch Pediatrics.

Inspection and Copies You have a right to inspect and receive a copy of the protected information we maintain about you. To do so, contact Hatch Pediatrics and request a copy.

We may charge you for the costs of copying and mailing your protected information.

Amendments If you feel that the protected information we maintain about you is incomplete or incorrect, you may request that we amend it. The request must include the reason you are requesting the amendment. In certain cases, we may deny your request for amendment. If we deny your request, you may send us a written statement disagreeing with our denial.

Accounting of Disclosures You have the right to receive an accounting of the disclosures we have made of your protected information. The accounting will not include disclosures made for treatment, payment, or health care operations, or disclosures made directly to you, your family or friend involved in your care, or disclosures authorized by you. The right to receive an accounting of disclosures is subject to certain other exceptions, restrictions and limitations. You may submit your request in writing to Hatch Pediatrics. The first accounting you request within a 12-month period will be free of charge, but you may be charged for the cost of additional accountings.

Alternative Communication You may request that we contact you about your protected information only in a certain manner (such as in writing or by phone) or only at a certain location (such as your home or place of work). We will accommodate reasonable requests submitted in writing.

For More Information or to Report a Problem If you have questions or would like additional information about the Hatch Pediatrics privacy policy, you may contact Hatch Pediatrics at (406) 587-5870. If you believe that your privacy rights have been violated, you may file a complaint with Hatch Pediatrics or the Department of Health and Human Services. To file a complaint with Hatch Pediatrics, send your complaint in writing to Hatch Pediatrics, 280 West Kagy Blvd, Suite G, Bozeman, MT 59715. There will be no retaliation against you for filing a complaint.

Revisions to Notice

Hatch Pediatrics may revise the terms of this Notice and make the new Notice effective for all of you protected information. If material changes are made to this Notice, a copy of this notice will be posted at Hatch Pediatrics, and will be available upon request.

Effective Date

This notice is effective as of January 9, 2017. Hatch Pediatrics is required by law to maintain the privacy of your protected information and to provide you with this Notice. Hatch Pediatrics is required to comply with the terms of this Notice for so long as it is in effect. Hatch Pediatrics is required to disclose any breaches promptly if it could compromise your information.