



## **Notice of Front Range Flu Shots, LLC's Privacy Practices Summary\***

This notice describes how medical information about you may be disclosed and how you can get access to this information. It describes the privacy practices of Front Range Flu Shots, LLC ("FRFS") and all employees, contractors and other personnel. A complete copy of FRFS's Notice of Privacy Practices is available to review upon request.

Your signed consent form(s) for the immunization(s) to be administered is the only medical information that we have with regard to you. FRFS has a policy to guard against unnecessary disclosure of this information as defined by the privacy rules of the "Health Insurance Portability and Accountability Act" of 1996 (HIPAA)

### **FRFS May Disclose Medical Information About You**

#### **For Treatment**

If it becomes necessary for you to receive follow up treatment related to the immunization(s) that we administered, then we may disclose the medical information provided by you to doctors, nurses, pharmacists, emergency medical responders and other personnel or outside agency involved in your care.

#### **For Payment**

FRFS may use and disclose medical information about you so that the care and services that you have received may be billed to you, an insurance company, or to a third party.

#### **For Internal Operations**

FRFS may use and disclose health information about you for its own internal operations. These uses and disclosures are necessary to operate FRFS and to make sure that all of our patients receive quality care. For example, we may use the information to review our treatment and services and to evaluate the performance of our staff. We may also combine medical information about many patients to decide what additional services we may offer, or what services are not needed. We may also disclose information for training, certification, and other accrediting activities.

#### **As Required by Law**

FRFS will disclose medical information about you when required by Federal, State, or Local laws.

#### **Authorization to Disclose Health Information**

FRFS will not disclose your health information other than as described above without your written authorization. If you, or your representative, authorize FRFS to disclose your information you may revoke this privilege, in writing, at any time. You may request a copy of your written authorization for one year from the date on which it was signed.

#### **Policy Enforcement**

Eileen Nickel, RN, B.S.N., owner of FRFS may be contacted for all issues regarding FRFS Privacy Practices. You may contact her regarding any issues with respect to these policies at (303) 797-3396.

\*You may request or find on our website FRFS's complete Privacy Policy. Visit [WWW.Fronrangeflu.com](http://WWW.Fronrangeflu.com).