

## **NOTICE OF FRONT RANGE FLU SHOTS LLC'S PRIVACY PRACTICES**

*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.*

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the privacy practices of Front Range Flu Shots, LLC ("FRFS") and that of:

- Any health care professional authorized to enter information on your consent form.
- All clinic sites and locations of FRFS.
- Any member of a volunteer group we allow to help you while you are being served by FRFS.
- All FRFS employees and contract personnel.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that the medical information that you submitted on your consent form about you and your health is personal. We are committed to protecting that medical information.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

#### **We are required by law to:**

- make sure that medical information that identifies you is kept private;
- make sure that you are aware of this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that are currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following are categories describing different ways that we use and disclose medical information.

**For Treatment.** If it becomes necessary for follow-up treatment, we may use the medical information on your consent form to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you.

We may also disclose information about you to people outside the FRFS system who may be involved in your care, such as friends, family members, or others used to provide part of your care.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive through FRFS may be billed to and payment may be collected from you, an insurance company or a third party.

**For Internal Operations.** We may use and disclose health information about you for internal FRFS 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.** We will disclose medical information about you when required to do so by federal, state or local law.

## **SPECIAL SITUATIONS**

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Reporting Incidents or Severe Reactions.** We may report any unusual incident, condition, or a severe reaction to the health department, manufacturer, and/or by filing a Vaccine Adverse Event Reporting System (VAERS) form. The VAERS report may be filed via website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding your consent form and billing information we maintain about you.

**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.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you or others with treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your immunization record or payment in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

**Accounting of Disclosures.** You have the right to request an accounting of disclosures. To request an accounting of disclosures, you must submit your request in writing to FRFS. Your request must be made in a time period that may not be longer than one year from the date of service.

**Right to Inspect and Copy.** You have the right to inspect and copy your consent form and billing information. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and/or other supplies associated with your request.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, [www.frontrangeflu.com](http://www.frontrangeflu.com).

To obtain a paper copy of this notice, call FRFS at 303-797-3396.

### **CHANGES TO THIS NOTICE**

We reserve the right to revise or change this notice. We will post a current copy of our privacy practices on our website listed above.

### **Policy Enforcement**

If you believe your privacy rights have been violated, you may file a written complaint with FRFS or with the Department of Health and Human Services, Offices of Civil Rights.

Eileen Nickel, RN, B.S.N., owner of FRFS may be contacted for all issues regarding FRFS Privacy practices. You may write her regarding any issues with respect to these policies at:

Front Range Flu Shots, LLC  
P.O Box 1093  
Littleton, CO 80160-1093

For more information about HIPAA, or to file a complaint with the Department of Health and Human Services write to:

The U.S. Dept. of Health & Human Services  
Office of Civil Rights  
200 Independence Ave, S.W.  
Washington, D.C. 20201

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**If you have any questions about this notice, please contact:  
Eileen Nickel, RN, B.S.N., owner of FRFS at 303-797-3396**