



CHILD'S NAME:

DATE OF BIRTH:

APPOINTMENT REMINDERS DATA PRIVACY POLICY

I, _____ (Print), hereby authorize "Summit Center" to send messages via email or text message for the purpose described below. No personal/mobile information (such as name, phone number, address, or birthdate) will be shared with third parties/affiliates for any purposes per HIPAA guidelines. All the below options exclude text messaging originator opt-in data and consent.

I agree to receive the following types of messages: (check all that apply)

- Appointment reminders
- Child specific information from my provider
- Cancellation notices
- Clinic wide messages regarding upcoming events and community offerings

I prefer to receive messages via: (check all that apply)

- Text - Cell phone number _____
 - By checking this box I consent to receiving SMS messages from Summit Center for Child Development, Reply STOP to Opt out. Reply HELP for Customer Care Contact Information. Message frequency varies. Message and data rates may apply. Carriers are not liable for delayed or undelivered messages. Visit pages 2 and 3 of this document for privacy policy and terms of service.
- Email - Email address _____

I have read and acknowledged the above Privacy Policy.

Parent/Guardian (Print): _____

Signature: _____

Date: _____

Note to Office Managers:

Confirm that the E-mail and Cell Phone provided above match the information on the patient information screen.



Notice of Patient Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how Protected Health Information (PHI) about your child may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Our Responsibilities: It is a top priority of ours to serve you and your family well, while protecting the privacy and security of your Protected Health Information. We will:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about your child.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

We typically use or share your health information in the following ways

- **Payment:** We can use and share your health information to bill and get payment from health plans or other entities. For example, we may give information about you to your health insurance plan so it will pay for your services.
- **Healthcare Operations:** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we may review your personal health information to determine if there are ways to improve the quality of care that we provide.
- **Required by Law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. We can share health information about you for certain situations such as:
 - Preventing disease
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
 - For workers' compensation claims
 - For law enforcement purposes
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
 - In response to a court or administrative order, or in response to a subpoena.
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.



When it comes to your health information, you also have certain rights

- You can ask to see or get an electronic or paper copy of medical records and other health information we have about your child.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information that you think is incorrect or incomplete. We may not be able to honor your request, but we'll tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- We never market or sell personal information.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this legal authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting our HIPAA Privacy Officer at 1336 SW McFadden Ave., Chehalis, WA 98532
- You also can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Changes to the Terms of this Notice Summit Center for Child Development reserves the right to modify the terms of this notice. A revised notice will be available upon request, in our office, and on our website.

Other Instructions for Notice

- Originally effective September 1, 2016
- Summit Center for Child Development's Privacy Officer is Megan Bunker. She can be reached at 360-736-0086 or megan@sccdkids.org



SMS Terms of Service

By opting into SMS from a web form or other medium, you are agreeing to receive SMS messages from Summit Center for Child Development. This includes SMS messages for appointment scheduling, appointment reminders, post-visit instructions, and billing notifications. Message frequency varies. Message and data rates may apply.

See **Privacy Policy** on pages 2 and 3 of this document.

Message **HELP** for help. Reply **STOP** to any message to opt out.