

Colorado Springs Family Practice

NOTICE OF HEALTH INFORMATION 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.

Colorado Springs Family Practice is required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. We will not use or disclose your health information except as described in this Notice. This Notice applies to all of the medical records generated by Colorado Springs Family Practice, as well as records we receive from other providers.

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION IN TREATMENT, PAYMENT & HEALTHCARE OPERATIONS

Treatment: Colorado Springs Family Practice may use and disclose your protected health information in the course of providing or managing your healthcare as well as any related services. For the purpose of treatment, we may coordinate your healthcare with a third party. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription for medication, to a radiology facility to order an X-ray, or to another physician who is assisting in your healthcare. In addition, we may disclose protected health information to other healthcare providers related to the treatment provided by those other providers.

Payment: When needed, Colorado Springs Family Practice will use or disclose your protected health information to obtain payment for its services. Such uses or disclosures may include disclosures to your health insurer to get approval for a recommended procedure or to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. When obtaining payment for your healthcare, we may also disclose your protected health information to your insurance company to demonstrate the medical necessity of the care or for utilization review when required to do so by your insurance company. Finally, we may also disclose your protected health information to another provider where that provider is involved in your care and requires the information to obtain payment.

Operations: Colorado Springs Family Practice may use or disclose your protected health information when needed for the practice's healthcare operations for the purposes of management or administration of the practice and for offering quality healthcare services. Healthcare operations may include: (1) quality evaluations and improvement activities; (2) employee review activities and training programs; (3) accreditation, certification, licensing, or credentialing activities; (4) reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance programs; and (5) business management and general administrative activities. For instance, we may use, as needed, protected health information of patients to review their treatment course when making quality assessments regarding ophthalmologic care or treatment. In addition, we may disclose your protected health information to another provider or health plan for their healthcare operations.

Other Uses and Disclosures: As part of treatment, payment, and healthcare operations, Colorado Springs Family Practice may also use or disclose your protected health information to: (1) remind you of an appointment; (2) inform you of potential treatment alternatives or options; or (3) inform you of health-related benefits or services that may be of interest to you.

USES & DISCLOSURES TO WHICH YOU MAY OBJECT

Family/Friends: Colorado Springs Family Practice may disclose your health information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you have any objection to the use and disclosure of your health information in this manner, please tell us.

USES & DISCLOSURES THAT ARE REQUIRED OR PERMITTED WITHOUT YOUR AUTHORIZATION

Research: Under certain circumstances, Colorado Springs Family Practice may use and disclose your health information to approved clinical research studies. While most clinical research studies require specific patient consent, there are some instances where a retrospective record review with no patient contact may be conducted by such researchers. For example, the research project may involve comparing the health and recovery of patients who received one medication for their medical condition to those who received a different medication for that same condition.

Regulatory Agencies: Colorado Springs Family Practice may disclose your health information to government and certain private health oversight agencies, e.g., the Department of Public Health and Environment or the Board of Medical Examiners, for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary to monitor compliance with the requirements of government programs.

Law Enforcement/Litigation: Colorado Springs Family Practice may disclose your health information for law enforcement purposes as required by law or in response to a court order or other process in litigation.

Public Health: As required by law, Colorado Springs Family Practice may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required to report the existence of a communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to the Department of Public Health and Environment to protect the health and well-being of the general public.

Worker's Compensation: Colorado Springs Family Practice may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Military/Veterans: Colorado Springs Family Practice may disclose your health information as required by military command authorities, if you are a member of the armed forces.

Organ Procurement Organizations: To the extent allowed by law, Colorado Springs Family Practice may disclose your health information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

As Otherwise Required or Permitted By Law: Colorado Springs Family Practice will disclose your health information in any situation in which such disclosure is required by law (e.g., child abuse, domestic abuse) or any other use permitted under HIPAA, its amendments or regulations.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION:

Other than the circumstances described above, Colorado Springs Family Practice will not disclose your PHI unless you provide written authorization. An authorization is specifically required in most situations involving uses or disclosures of patient health information for marketing purpose, for the sale of patient health information, or for psychotherapy purposes. You may revoke your authorization in writing at any time except to the extent that we have already taken action in reliance upon the authorization.

YOUR RIGHTS RELATED TO YOUR HEALTH INFORMATION: Although all records concerning your treatment obtained at Colorado Springs Family Practice are the property of Colorado Springs Family Practice, you have the following rights concerning your health information:

- **Right to Confidential Communications:** You have the right to receive confidential communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you at work or by mail.
- **Right to Inspect and Copy:** You generally have the right to inspect and copy your health information, except as restricted by your physician or by law. Further, if we maintain your health records on an electronic health records system, you have the right to request an electronic copy of your health records.
- **Right to Amend:** You have the right to request an amendment or correction to your health information. If we agree that an amendment or correction is appropriate, we will ensure that the amendment or correction is attached to your medical record.
- **Right to an Accounting:** You have the right to obtain a statement of the disclosures that have been made of your health information other than by your authorization, other than to you and other than for the purpose of treatment, payment or routine operational purposes.
- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. If we agree, we will abide by the restrictions. Additionally, if you (or anyone on your behalf besides a health plan) pay for the care or services at issue in full out of your own pocket, we are required to comply with your request not to disclose your health information to a health plan, unless required by law to do so.
- **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice, upon request, if this Notice has been provided to you electronically.
- **Right to Revoke Authorization:** You have the right to revoke your authorization to use or disclose your health information, except to the extent that action has already been taken in reliance on your authorization.
- **Right to Notice of Breach of Security:** You have the right to be notified in the event of a breach of unsecured patient health information occurs.
- **Right to Opt Out:** You may be contacted for certain fund-raising purposes and you have the right to opt out of receiving such communications.

FOR MORE INFORMATION REGARDING HOW TO EXERCISE THESE RIGHTS: If you have questions or would like more information regarding any of the rights listed above, please contact the Compliance Officer at 719-634-8891.

IF YOU BELIEVE THAT YOUR RIGHTS HAVE BEEN VIOLATED: You may file a complaint with Colorado Springs Family Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with Colorado Springs Family Practice, please contact the Compliance Officer at 719-634-8891. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

NOTICE EFFECTIVE DATE: This Notice is effective for all health information created on or after September 23, 2013.