



## NOTICE OF 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.*

### **How we may use and disclose health information about you:**

We may use and disclose medical information about you for **treatment** (by sending information about your procedure to another physician involved in your care as part of a referral): **to obtain payment for your treatment** (such as sending information to your insurance company or Medicare) and to **support our health care operations** (such as comparing patient data to improve our quality of care).

We may disclose medical information about you to our business associates that provide us with administrative support in rendering your care. Business associates are required by contract and by law to comply with the provisions of federal privacy laws (HIPAA) and give you the same protection we do.

We may also use or disclose your medical information for several other purposes. Subject to certain requirements, we may give out medical information about you for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, workers compensation purposes and emergencies. We also will disclose medical information when required to by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

We also may contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health related benefits or services that may be of use to you.

We will request your written authorization before using or disclosing medical information about you for marketing purposes, for uses and disclosures that constitute the sale of health information and for other uses and disclosures that are not described in this notice. If you authorize certain uses or disclosures of your health information, you can later revoke that authorization by notifying us in writing of your decision.

### **Your rights regarding your medical information:**

You have the right to review and obtain a copy of your medical record. Charges may be assessed to offset the cost of providing the copy.

You have the right to restrict disclosures of your protected health information to health plans, relative to specific services, if you have paid for that service out of pocket, in full, unless the disclosure is required by law.

You have the right to request that we amend your medical record by submitting a request in writing that provides your reason for requesting the amendment.

You have a right to a list of any instance since April 14, 2003, where we have disclosed your medical information, other than for treatment, payment, health care operations or per your written request.

You have the right to request how your medical information is communicated to you. Your request must specify how or where you wish to be contacted; all reasonable requests will be honored.

You have the right to be provided with a paper copy of this notice for your own use if you so request.

### **Our responsibility to you:**

- We have a duty to maintain the privacy of your medical information and provide you with the notice of our legal duties and practices.
- We are required by law to notify you following a breach of your unsecured protected health information.
- We are responsible for abiding by the terms of the privacy notice currently in effect.
- We are responsible for providing our patients with revisions to this privacy notice by ensuring the most current notice is always posted on our web site. We reserve the right to change the terms of this notice without advance notice, making it effective for all protected health information we maintain. We are responsible for maintaining documentation of privacy notices and written acknowledgements for a period of six years from the date of creation or the date last in effect, whichever is later.

### **Complaints:**

If you are concerned that your privacy rights may have been violated, or if you disagree with a decision we made about access to your records, you may contact us at 303 954-9889.

You may also file a complaint directly with the Department of Health and Human Services Office of Civil Rights.

Under no circumstance will you be penalized or retaliated against for filing a complaint.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_