

The Health Insurance Portability and Accountability Act (HIPAA) requires us to give you notice of our privacy practices and requires you to

acknowledge your receipt of this notice. This document explains our Privacy Practices, with regard to your protected health information, and our legal responsibilities.

## Your Rights

When it comes to your medical record, you have certain rights. Get a paper copy of your medical record: You can ask to see or receive a paper copy of your medical record. Ask us how to do this. We will provide a copy of your medical record within 30 days of your written request.

## Limitations

Ask us to correct your medical record: You can ask us to correct health information about you that you think is incorrect or incomplete. Your provider will decide whether the requested change is appropriate, and we will let you know within 60 days if the change has been made.

Request confidential communications: You can ask us to contact you in a specific way (for example, at home, office or cell phone) or to send mail to a different address.

Ask us to limit what we use or share: You can ask us not to use or share certain information for treatment, payment, or for our operations. Our office will be unable to honor your request if your medical provider determines it would negatively affect your care. Our office will honor this request unless a law requires us to share the information. 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.

Get a list of those with whom we have shared information: You can ask for a list of the times we have shared your health information ,who we have shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations.

Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time.

Choose someone to act for you: 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 authority and can act for you before we take any action.

File a complaint if you feel your rights have not been respected: If you feel your right to privacy has not been respected, you may contact us. You may also file an official complaint with the U.S. Department of Health and Human Service Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington D.C., 20201: by calling 1-877-696-8775; or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaint.html](http://www.hhs.gov/ocr/privacy/hipaa/complaint.html)

## Your Choice

For certain health information, you can tell us what your choices are 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 the right and choice to tell us to: Share information with your family, close friend or other involved in your care, or 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 share information if we believe it is in your best interest. We may also share information when needed to lessen a serious or imminent threat to your health or safety.

In these cases, we never share your information unless you give us written permission: Marketing or sales purposes.

## Uses and Disclosures

This section describes how we typically share and use your health information. In some cases we may be allowed or required to share your information for more information, please visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

Treat you: We can use your information in our office and share it with other professionals who are treating you.

Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities.

Comply with the law: We will share information about you if Colorado or federal law requires it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy laws.

Address law enforcement, and other government requests: We can use or share your health information for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or for special government function such as military, national security, and presidential protective services.

In response to lawsuits and legal actions: We can share your health information in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

We are required by law to maintain the privacy and security of our protected health information. 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 in ways other than as describe here unless you tell us we can. If you tell us we can, you may change your mind at any time. For more information see

[www.hhs.gov/privacy/hipaa/understanding/c](http://www.hhs.gov/privacy/hipaa/understanding/c)Acknowledgement of Receipt of Notice of

The Health Insurance Portability and Accountability Act (HIPAA) requires us to give you a notice of our privacy practices and requires you to acknowledge your receipt of this notice.

I have been provided with a copy of the Notice of Privacy Practices.  
[consumers/noticeapp.html](#)