

PATIENT NOTIFICATION OF PRIVACY PRACTICES

Effective April 14, 2003

Revised 7/15/2013

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.

Uses and Disclosures

Treatment: Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. We are allowed to disclose health information if emergency treatment is needed, even if a restriction is in place. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from attorneys whom you have hired to settle a dispute regarding an injury. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.

Healthcare Operations: Your health information may be used as necessary to support the day-to-day activities and management of Colorado Hand Center. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. Or we may use and disclose this information to get your health plan to authorize services, as necessary for medical reviews, legal services and audits, including fraud and abuse detection and for compliance programs. We have written contracts with any “business associate” such as our IT vendor that contains terms requiring them to protect the confidentiality and security of your medical information.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to the public health agencies as required by law. For example, we are required to report certain communicable diseases to the state’s public health department.

Additional uses of information

Appointment reminders: Minimal health information may be used by our staff to send you appointment reminder.

Information about treatments: Your health information may be used to send you information that you may find interesting or informative on the treatment and management of your medical condition. We may also send you information describing other health related products and services that we believe may interest you.

Other uses and disclosures require your authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use and disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

The amount of health information used or disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules.

Fund Raising: Colorado Hand Center will not use your name and/or address to support any fund raising efforts.

Rights

Right to restrict: You have a right to ask to restrict the use and disclosure of your health information for Treatment, Payment, or Health Care Operations except for uses or disclosures required by law. You have the right to ask us to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask us to restrict use and disclosure of health information, to notify those persons of your location, general condition or death, or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request must be in writing. We are not required to agree to a requested restriction.

Right to receive confidential communication: If you think that disclosure of your health information by the usual means could endanger you in some way, we will accommodate reasonable requests to receive communications of health information by alternative means or alternative locations. If you want to exercise this right, your request must be in writing and must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy: With certain exceptions, you have the right to inspect or obtain a copy of your health information. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal or administrative proceedings. This request must be in writing. Your request for right to access may be denied.

Right to amend: With certain exceptions, you have a right to request, in writing, an amendment to your health information; however, that request may be denied. For example, it may be denied if the provider deems that the health information in the record is accurate and complete.

Right to receive an accounting of disclosures: You may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in situations listed under "Other uses..." You do not have a right to receive an accounting of disclosures made for treatment, payment or operations, to you about your own health information, where authorization was required, to family members involved in your care (where disclosure is permitted without authorization), or for national security or intelligence purposes.

Changes to the information in this notice

We reserve the right to change the terms of the privacy policies as described in this notice at any time. If changes are made to this privacy policy, you will be provided with a revised privacy notice.

Complaints

If you believe your privacy rights have been violated, you may complain to the administrator and to the Secretary of health and Human Services.