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### NOTICE OF PRIVACY PRACTICES

As required by the Health Information Portability and Accountability Act (HIPAA)  
*Effective Date: June 19, 2019*

**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.**

If you have any questions about this notice, please contact:  
Julie Glasgow, RHIA, Chief Privacy Officer

*We understand the importance of privacy and are committed to maintaining the confidentiality of your protected health information (PHI). We make a record of the medical care we provide and we may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate Estes Park Health (EPH) properly. We are required by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, to follow the privacy practices described in this Notice of Privacy Practices (Notice), and to notify affected individuals following a breach of unsecured PHI. This Notice describes how we may use and disclose your PHI. This Notice also describes your rights and our legal obligations with respect to your PHI. If you have any questions about this Notice, please contact our Privacy Officer listed above.*

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## A. How EPH May Use or Disclose Your PHI

EPH collects PHI about you and stores it in a chart and in an electronic health record. This is your medical record. The medical record is the property of EPH, but the information in the medical record belongs to you. The law permits us to use or disclose your PHI for the following purposes:

1. Treatment. We use your PHI to provide your medical care. We disclose PHI to our employees and others who are involved in providing the care you need. For example, we may share your PHI with other physicians or other health care providers who will provide services that we do not provide. We may share your PHI with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose PHI to members of your family or others who are involved in your care when you are sick or injured, or after you die.
2. Payment. We use and disclose your PHI to obtain payment for the services we provide. For example, we give your health plan the PHI it requires before it will pay us. We may also disclose PHI to other health care providers to assist them in obtaining payment for services they have provided to you.
3. Health Care Operations. We may use and disclose your PHI to operate EPH. For example, we may use and disclose your PHI to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose your PHI to obtain approval from your health plan for services or referrals. We may also use and disclose your PHI as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your PHI with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your PHI. We may also share your PHI with other health care providers, health care clearinghouses or health plans that have a relationship with you, to help these entities with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
4. Appointment Reminders. We may use and disclose your PHI to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
5. Sign In Sheet. We may use and disclose your PHI by having you sign in when you arrive at EPH. We may also call out your name when we are ready to see you.
6. Notification and Communication with Individuals Involved with Your Care. We may disclose your PHI to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose your PHI to a relief organization so that they may coordinate these notification efforts. We may also disclose your PHI to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose

your PHI in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. We may use or disclose your PHI to send you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you, provided we do not receive payment from a third party for making such communications. We may similarly describe products or services provided by EPH and tell you which health plans EPH participates in. When we see you at EPH, we may also use your PHI to encourage you to maintain a healthy lifestyle and get recommended tests, recommend that you participate in a disease management program, provide you with promotional gifts of nominal value, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your PHI for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
8. Sale of PHI. We will not sell your PHI without your prior written authorization. The authorization will disclose that we will receive compensation for your PHI if you authorize us to sell it, and we will stop any future sales of your PHI to the extent that you revoke that authorization.
9. Required by Law. As required by law, we will use and disclose your PHI, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirements set forth below concerning those activities.
10. Public Health. We may and are sometimes required by law to disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
11. Health Oversight Activities. We may, and are sometimes required by law to, disclose your PHI to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your PHI in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose PHI in

response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

13. Law Enforcement. We may, and are sometimes required by law, to disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
14. Coroners. We may, and are often required by law, to disclose your PHI to coroners in connection with their investigations of deaths.
15. Organ or Tissue Donation. We may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.
16. Public Safety. We may, and are sometimes required by law, to disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.
18. Specialized Government Functions. We may disclose your PHI for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
19. Worker's Compensation. We may disclose your PHI as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.
20. Change of Ownership. In the event that EPH is sold or merged with another organization, your PHI/record will become the property of the new owner, although you will maintain the right to request that copies of your PHI be transferred to another physician or medical group.
21. Breach Notification. In the case of a breach of unsecured PHI, we will notify you as required by law. If you have provided us with a current email address and have agreed to the receipt of electronic notice, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.
22. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or

disclose your psychotherapy notes, we will stop using or disclosing these notes.

23. Research. We may disclose your PHI to researchers conducting research without your written authorization is not required so long as the disclosure is approved by an Institutional Review Board or privacy board, in compliance with governing law.
24. Fundraising. We may use or disclose your demographic information, the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status in order to contact you for our fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.
25. CORHIO Exchange. We endorse, support, and participate in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share your clinical information electronically with other physicians and health care providers that participate in the HIE network. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time by contacting the Privacy Officer listed at the top of this Notice of Privacy Practices.

## **B. When This Medical Practice May Not Use or Disclose Your PHI**

Except as described in this Notice, EPH will, consistent with its legal obligations, not use or disclose PHI which identifies you without your written authorization. If you do authorize EPH to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time.

## **C. Your Individual Rights**

1. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI by a written request specifying what information you want to limit, and what limitations on our use or disclosure of your PHI that you wish to have imposed. If you tell us not to disclose your PHI to your commercial health plan concerning health care items or services for which you have paid for in full out-of-pocket, we will abide by your request, unless we must disclose your PHI for treatment or legal reasons. We reserve the right to accept or reject any other request, and we will notify you of our decision.
2. Right to Request Confidential Communications. You have the right to request that you receive your PHI in a specific way or at a specific location. For example, you may ask that we send your PHI to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy. You have the right to inspect and copy your PHI, with limited exceptions. To access your PHI, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide your PHI in an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, we will provide your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal and Colorado state law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient; you will have a right to submit a written statement of disagreement with our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.
4. Right to Amend. You have a right to request that we amend your PHI that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe your PHI is inaccurate or incomplete. We are not required to change your PHI, and we will provide you with information about EPH's denial and how you can appeal the denial. We may deny your request if we do not have the PHI, if we did not create the PHI, if you would not be permitted to inspect or copy the PHI at issue, or if the PHI is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with our decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
5. Right to an Accounting of Disclosures. You have a right to receive an accounting of disclosures of your PHI made by EPH; however, EPH does not have to account for the disclosures provided to you or pursuant to your written authorization. In addition, EPH does not have to account for disclosures made for the purposes of: (i) treatment, (ii) payment, (iii) health care operations (unless the disclosure is made through an electronic health record), (iv) communication with those involved with your care, (v) specialized government functions, (vi) disclosures to the Secretary of HHS, and (vii) disclosures to correctional institutions. In addition, EPH does not have to account for disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent EPH has received notice from that agency or official that providing an accounting would be reasonably likely to impede their activities.
6. Right to a Paper Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your PHI, including a right to a paper copy of this Notice, even if you have previously requested its receipt by e-mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice.

## **D. Changes to this Notice of Privacy Practices**

We reserve the right to amend this Notice at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice will apply to all PHI that we maintain, regardless of when it was created or received and to new PHI we obtain after the Notice is revised.

We will post a copy of the current notice in EPH and on our website at [www.eph.org](http://www.eph.org). The Notice will contain the effective date on the first page. If you are a new patient, you will be provided a copy of the current Notice the first time you register at EPH for services. You may request a copy of the Notice at any time and copies of the Notice will be available at EPH.

## **E. Complaints**

Complaints about this Notice or how EPH handles your PHI should be directed to our Privacy Officer at:

Julie Glasgow, RHIA, Chief Privacy Officer  
Estes Park Health  
555 Prospect Avenue  
P.O. Box 2740  
Estes Park, CO 80517  
Phone: (970) 586-2317  
Fax: (970) 586-0109

If you are not satisfied with the manner in which EPH handles a complaint, you may submit a formal complaint to:

Colorado DHHS Office of Civil Rights at (303) 866-5700 or e-mail at:  
[cdhs.communications@state.co.us](mailto:cdhs.communications@state.co.us)

Department of Health and Human Services – Office of Civil Rights at:  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov)

The complaint form may be found at:  
[www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf).

You will not be penalized in any way for filing a complaint.