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COLORADO  
HEALTH  
NETWORK  
INC.

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6260 E. Colfax Avenue, Denver, CO 80220  
Phone 303.962.5317 • Fax 720.372.7848

## NOTICE OF PRIVACY PRACTICES

(Please keep for your files)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are, also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on the first date you fill out paper work for the Colorado Health Network Medical Clinic (CHNMC) and will remain in effect until we replace it.

### USES AND DISCLOSURES OF HEALTH INFORMATION

#### How we may use and give out your health information:

- We may use and share your health information to provide you with medical care for example; we may share your health information with other doctors, nurses, or hospitals and staff who provide care for you.

#### Treatment:

- We may use or disclose your health information to a physician or other health care provider providing treatment to you.
- We may also disclose health information for the purposes of referral to oral health care specialists, nutrition counseling, tobacco cessation or emergency care.

#### Payment:

- We may use and disclose your health information to obtain payment for services we provide, including city and state agencies.
- We may use and share your health information to get reimbursed for the services we provide to you. For example, we may send a bill to your health insurance plan, Medicaid, case managers, social workers, third party funders or you.

#### Healthcare Operations:

- We may use and disclose your health information in connection with our health care operations. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, and certification, licensing or credentialing activities.

#### Other disclosures:

- We do not disclose your healthcare for any other purpose.

### **Your authorization:**

- In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written or verbal authorization to use your health information or to disclose it to anyone for any purpose.
- If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.
- Unless you give us a written or verbal authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

### **To Your Family and Friends:**

- We may contact your family and friends only with your written or verbal authorization.

### **Persons Involved in Care:**

- We may disclose health information to persons involved in your care only with your written or verbal authorization.

### **Marketing Health-Related Services:**

- We will not use your health information for marketing communications without your written or verbal authorization.

### **Fundraising Purposes:**

- We will not use your health information for fundraising purposes without your written authorization.

### **Required by Law:**

- We may use or disclose your health information, when we are required to do so by law (e.g. subpoenaed).

### **National Security:**

- We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized, federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

### **Appointment reminders:**

- We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, e-mails, postcards, or letters) with your written or verbal authorization.

## **Patient Rights**

### **Access:**

You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable cost-based fee for extensive copies.

### **Disclosure Accounting:**

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years but not before October 19, 2018. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

## Restriction:

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

## Alternative Communication:

You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. If you opt to communicate with Colorado Health Network Medical Clinic via Internet, you need to be advised that our site is not "secure".

## QUESTIONS AND COMPLAINTS

- If you want more information about our privacy practices, or if you have questions or concerns, please contact us.
- If you are concerned that we may have violated your privacy or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the **Colorado Department of Health and Human Services** (CDHS), or the **Department of Regulatory Agencies** (DORA).

Contact: Lili Carrillo  
Clinical Services Officer  
Telephone: 303.945-2381  
Fax: 303.832-7823  
E-mail: [Lili.Carrillo@coloradohealthnetwork.org](mailto:Lili.Carrillo@coloradohealthnetwork.org)

Contact: Colorado Department of Health and Human Services (CDHS)  
Address: 1575 Sherman St. 8<sup>th</sup> Floor, Denver, CO 80203  
E-mail: [cdhscommunications@state.co.us](mailto:cdhscommunications@state.co.us)

Contact: Department of Regulatory Agencies (DORA)  
Address: 1560 Broadway Suite #110, Denver, CO 80202