



Notice of Privacy Practices

Effective: September 23, 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.

This Notice applies to University of Colorado Health* (UCHealth) member organizations and their respective personnel, volunteers, students and trainees. A list of UCHealth organizations/facilities may be found in Attachment A.

The confidentiality of records for patients treated in a drug and alcohol abuse program is specifically protected by Federal law and regulations. UCHealth facilities that treat these patients are required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside the program that you were treated. If you suspect a violation you may file a report with the appropriate authorities in accordance with Federal regulations. A summary notice will be provided to you at the time you are admitted to one of these programs.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Contact the Health Information Management department of the specific facility for information on how to do this. Electronic copies will only be provided if the information is maintained electronically.
- We will provide a copy of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We may deny your request for some of your health information. If we deny your request, we will inform you in writing of the basis for the denial, how you may have our denial reviewed, and how you may file a complaint regarding our decision.

Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete. Contact the Health Information Management department of the specific facility for information on how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days and provide you with information on your rights regarding our denial.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Contact the manager of the department where you are receiving care or the Privacy Officer for information on how to do this.
- We will attempt to accommodate to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for your treatment, our payment, or our operations. This may include disclosures to someone such as a family member or friend that is involved in your care. The Privacy Officer for the specific facility can tell you how to make these requests.
- We are not required to agree to your request and will notify you in writing of our decision within 60 days. Even if we agree to your request we may not follow it in an emergency situation and may change our decision in the future.
- 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. The request must be in writing, and we will approve your request unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You should send your request to the Privacy Officer for the facility. We will usually act on your request within 60 days.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. A copy of the Notice is also available on our website, universityofcoloradohealth.org.

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 are violated

- You can complain if you feel we have violated your rights by contacting the Privacy Officer.
 - UCHHealth Central Region – all UCHHealth facilities in Denver Metropolitan Area including University of Colorado Hospital and its facilities
12401 E. 17th Avenue – F481, Aurora, CO 80045 or by phone at (720) 848-6215
 - UCHHealth South Region – all UCHHealth facilities in Colorado Springs and Sothern Colorado including Memorial Hospital both Central and North
1400 E. Boulder Street, Colorado Springs, CO 80909 or by phone at (719) 365-5090
 - UCHHealth Northern Region – all UCHHealth facilities in Northern Colorado and Southern Wyoming including Poudre Valley Hospital and Medical Center of the Rockies
2315 E Harmony Rd., Suite 200, Fort Collins, CO 80528 or by phone at (970) 237-7022
 - Colorado Health Medical Group
2315 E Harmony Rd., Suite 200, Fort Collins, CO 80528 or by phone at (970) 237-7022
- Complaints may also be sent to the Integrity Hotline at 1-855-82-imatr or 1-855-824-6267 or online at <http://www.mycompliancereport.com/report.asp?fid=11&cid=uoch&rpt=1>
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights in Colorado by sending a letter to 999 18th Street, South Terrace, Suite 417, Denver, Colorado 80202 or by calling 303-844-7915.
- Complaints to the U.S. Department of Health and Human Services must be filed within 180 days of when you learn of or should have known about the violation.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices 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 both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Provide your religious affiliation to an outside member of the clergy, such as a priest, rabbi or pastor

If you are not listed in the Directory no information will be provided to anyone asking about you. This may prevent visitors, mail, flowers or other gifts from reaching you.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes, which are private notes maintained by your psychiatrist or psychologist

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. Information on how to notify us of your request will be provided when you are contacted.
- This University of Colorado Denver may also contact you if you were treated at a University of Colorado Hospital facility.

Our Uses and Disclosures

How do we typically use or share your health information?

We are permitted to use or share your health information in the following ways.

To treat you

We can use your health information and share it with other professionals to provide, coordinate or manage your health care and related services. This may be accomplished electronically or through secure health information exchanges.

Example: Information about your visit may be provided to your primary care or referring physician.

For our operations

We can use and share your health information to run our organization, improve your care, and contact you when necessary. This includes disclosing information to students being trained in the organization.

Example: We may use your information to review your treatment and to evaluate the performance of the staff caring for you.

To bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. If you are being treated for drug or alcohol abuse we will require an authorization from you or your personal representative.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you 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 your 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 other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.

Attachment A

Colorado Health Medical Group
Medical Center of the Rockies
Memorial Hospital – Central
Memorial Hospital – North
Poudre Valley Hospital
University of Colorado Hospital Authority**

And other affiliated entities as may be found at universityofcoloradohealth.org

**University of Colorado Hospital Authority is the sole employer of staff at UCHealth

uchealth

uchealth.org

University of Colorado Health neither provides nor controls the provision of health care. All health care is provided by its member organizations or independent health care providers affiliated with University of Colorado Health member organizations.

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UNIVERSITY
of COLORADO HEALTH

This acknowledgement applies to Poudre Valley Hospital, Medical Center of the Rockies, Longs Peak Surgery Center, Colorado Health Medical Group clinics, UCHHealth Partners emergency rooms, University of Colorado Hospital and Memorial Hospital (hereinafter referred to as "Facility"), including all health care providers at those facilities, some of whom are providers with University of Colorado School of Medicine.

By signing this document, I acknowledge that I have received a copy of the Notice of Privacy Practices for UCHHealth.

Patient's Name/Firma Del Paciente: .	Date/Fecha: /Current Time/Hora: Witness/Firma Del Testigo:
Patient/Paciente MRN:	
Sign Your Name/Firme Su Nombre: <div style="border: 1px solid black; height: 40px; width: 250px;"></div>	Printed Name of Person signing for patient: <div style="border: 1px solid black; height: 40px; width: 250px;"></div> <input type="checkbox"/> Person signing for patient other than self. <input type="checkbox"/> Second Witness, signed in signature box when unable to obtain a patient signature
This form was orally translated for the Patient/Legal Representative. Language: English <input type="checkbox"/> Operator # or Interpreter Name: <div style="border: 1px solid black; height: 40px; width: 250px;"></div>	(Signature)Directed by Patient/Legal Representative to sign on his/her behalf, after reading document to him/her. Reason for directed signature: <input type="checkbox"/> Parent or Guardian <input type="checkbox"/> Family Member <input type="checkbox"/> Caregiver Reason Patient is unable to Sign/Razon por la que el paciente es incapaz firmar: <input type="checkbox"/> Patient Unconscious <input type="checkbox"/> Patient Underage <input type="checkbox"/> Patient Mentally or Physically Impaired

Este consentimiento se aplica a Poudre Valley Hospital, Medical Center of the Rockies, Longs Peak Surgery Center, las clínicas de Colorado Health Medical Group, las salas de emergencia de socios de, a University of Colorado Hospital y a Memorial Hospital (de aquí en adelante denominados "Instalación"), incluyendo todo el personal de cuidados de salud en esas instalaciones, donde algunos brindan cuidados de salud en University of Colorado School of Medicine.

Con mi firma hago constar que recibí una copia del Aviso de las Prácticas de Privacidad de UCHHealth.