



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

PEAK VISTA COMMUNITY HEALTH CENTERS DUTIES REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION:

We are committed to preserving the confidentiality of your health information created and maintained at Peak Vista Community Health Centers (PVCHC). Our privacy policies apply to all of your health information. This notice describes the ways in which we may use or disclose your health information. We are required by law to maintain the privacy of your confidential health information and to provide you with notice of our duties and privacy practices regarding your health information. We will not use or disclose your health information without your prior written authorization, except as described in this notice. We are required by law to abide by the terms of our notice currently in effect. Peak Vista reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. Revised notices will be posted in our office, on the web site, and made available upon request.

USES AND DISCLOSURE OF HEALTH INFORMATION:

Treatment: PVCHC may use your medical information to provide you with medical treatment or services. PVCHC may disclose all or any portion of your medical information to nurses, physicians, and other members of our staff involved in your care. For example, sharing test results with other health care providers for confirmation of a diagnosis. We will also disclose your medical information to health care professionals not on our staff, such as specialist caregivers, hospitals, and diagnostic laboratories, to assist them as they provide health care to you.

Payment: PVCHC will use your health information to obtain payment for our services. For example, we may send a bill to you or your health insurance plan. The information on or accompanying the bill may include information that identifies you, your diagnoses, and medical procedures performed by us. We also may tell your health insurance plan about a treatment you are going to receive in order to obtain its prior approval for the services or to determine whether your health insurance plan will cover the treatment.

Health Care Operations: We will use your health information for regular PVCHC operations. For example, we may review your information as part of our quality improvement program. We also may combine your health information with information from other Community Health Centers or other health care providers to assess our performance and make improvements in the care provided to our patients.

OTHER USES AND DISCLOSURES:

PVCHC may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following:

- **Appointments, Scheduling Reminders, and Treatment.** Contacting you regarding appointments, information about treatment alternatives, or other health related services;
- **Incidental Uses or Disclosures.** We have applied reasonable safeguards to ensure that we do not incidentally disclose your information. However, an incidental disclosure may occur when we use or disclose your information in a permitted way as described in this notice. For example, listing your name on a sign-in sheet, another caregiver overhearing a discussion between your doctor and a nurse, etc.
- **Law Enforcement.** We may use or disclose your health information in response to a valid request received from a law enforcement official: (A) if we are required by law to do so; (B) pursuant to a court order, court-ordered warrant, subpoena, or summons; (C) for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; (D) regarding a victim of a crime; (E) to report a death that we believe may be caused by criminal conduct; (F) to report criminal conduct at PVCHC; and (G) in emergency situations, to report a crime.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary: (A) for the correctional institution to provide you with health care; (B) to protect the health or safety of you or another person; and (C) for the safety and security of the correctional institution.

- Coroner, Medical Examiner, Funeral Director. We may use or disclose your health information to: (A) coroners or medical examiners for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law; and (B) to funeral directors, consistent with applicable law, as necessary to carry out their duties.
- Organ and Tissue Donation. We may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating donation and transplantation consistent with applicable laws and your status as an organ donor.
- Public Health Authorities. We may use or disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling diseases, injuries, and disabilities. This would include reports of suspected abuse, neglect or violence.
- Health Oversight Agencies. We may use or disclose your health information to a health oversight agency for activities authorized by law. Such oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
- Lawsuits and Disputes. Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful process.
- Research activities. Under certain circumstances, we may use and disclose medical information about you for approved clinical research.
- Workers Compensation. We may use or disclose your health information to workers' compensation programs when your health condition arises out of a work-related illness or injury.
- To Avert a Serious Threat to Health or Safety. Consistent with applicable law and standards of ethical conduct, we may use or disclose your health information if necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety the public.
- Military and Veterans. We may release medical information as required by military command authorities, if you are a member of the armed forces.
- National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counter intelligence and other national security activities authorized by law.
- Family and Friends. Informing a family member, other relative, or close personal friend when: (A) Information is relevant to the individual's involvement with your care; (B) Notification of your location, general condition or death; (C) To assist in your health care (e.g., pick-up prescriptions or other documents, note follow-up care instructions, etc.) (D) Providing information regarding your location, general condition or death to public or private disaster relief agencies.

AUTHORIZATION FOR OTHER USES:

PVCHC will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing.

YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION:

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- Request restrictions on certain uses and disclosures. However, PVCHC is not obligated to agree to requested restrictions.
- Request confidential communications of your health information by alternative means or location. i.e. at work or by mail.
- Inspect and copy your protected health information with some limited exceptions. This usually includes medical and billing records, but does not include psychotherapy notes or certain types of information. To inspect and copy your health information, you must submit your request in writing to the Medical Records Manager c/o Peak Vista Community Health Centers, 340 Printers Parkway, Colorado Springs, CO 80910.
- Amend your health information if PVCHC agrees the correction is appropriate.
- Receive an accounting of disclosures of your health information. Please note that certain disclosures made for treatment, payment, or health care operations need not be included in the accounting we provide to you.
- Obtain a copy of this notice on request.

COMPLAINTS:

If you believe your privacy rights have been violated, you may make a complaint to the Secretary of the Department of Health and Human Services or by contacting the Corporate Responsibility Manager/Privacy Officer at Peak Vista

Community Health Centers, 340 Printers Parkway, Colorado Springs, CO 80910 or by calling (719) 632-5700. **You will not be retaliated against for filing a complaint.**

NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT:

Memorial and Penrose Hospital systems, the independent contractor members of its Medical Staff, your physician, and other health care providers affiliated with the Hospitals have agreed, as permitted by law, to share your health information among themselves for purpose of treatment, payment, and healthcare operations. This enables us to better address your health care.



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a complete copy of the Notice of Privacy Practices of Peak Vista Community Health Centers. I further acknowledge that, as of today' s date, I have no questions regarding the Notice of Privacy Practices.

Signature of Patient or Personal Representative

Date

Printed Name of Patient

Date of Birth

Witness

Date

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