

NOTICE OF PRIVACY PRACTICES

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.

As a patient of Colorado Cardiovascular Surgical Associates, P.C., you are entitled to receive notice about our privacy practices and how we may use and disclose your personal information, the choices and rights you have about how your personal health information may be used/disclosed, and our obligations to protect the privacy of your personal health information.

When you become a patient of our practice, you provide us with information about your health. Each time you visit us, another record is made of your visit and what was done. Your health record is the information that we use to plan your care, provide treatment and receive payments for our services. It is important for you to understand that your health record contains personal health information that is protected by federal and state laws.

It is our duty, required by law, to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to comply with the terms of this notice which is currently in effect, but we reserve the right to change our privacy practices and to make such changes that apply to all the protected health information we maintain. In the event that our notice changes, we will provide you with the revised notice the first time you visit us after the change or upon your request.

How we use and disclose your protected health information:

◆ ***Uses and disclosures for treatment, payment and health care operations.*** Upon making a good faith effort to provide you with this notice, we may use your personal health information for:

1. ***Treatment.*** We will use and disclose your personal health information to plan, provide and coordinate your health care services. For example, we may report your personal health information to your primary care physician or another specialist treating you.
2. ***Payment.*** We will use and disclose your personal health information to obtain payment for health care services we have provided to you. For example, we may report your personal health information to your insurance company to secure payment or to comply with your insurance company's Quality Assurance Programs.
3. ***Health care operations.*** We may use or disclose your protected health information for our health care operations. For example, we may use or disclose your personal health

information to hospital case management, peer review or Medicare/Medicaid compliance efforts.

◊ **Notification in the Case of a Breach:** We are required by law to notify you in the case of a breach of your unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

◊ **Uses and disclosures of your personal health information with your authorization.** For purposes other than the above, we will obtain your written authorization prior to using or disclosing your personal health information (unless we are required or permitted by law to use your information as stated below). You have the right to revoke any authorization you have given us at any time. If you have any questions about written authorizations, please contact our Practice Administrator @ (303)778-6527.

◊ **Uses and disclosures we may make unless you object or express restrictions.** We may contact you by telephone, voicemail, electronic reminder or other means to provide appointment reminders or information about treatment or other health related benefits and services that may be of interest to you. We may also use or disclose your personal health information to notify a family member, close friend or another person responsible for your care. If you are unable to agree or object, we may disclose this information as necessary if we determine that it is in your best interest based upon our professional judgment.

◊ **Uses and disclosures we are permitted or required to make without your authorization.**

1. *Business associates.* There are some services that we provide through contracts with our business associates who work on our behalf. In such situations, we may disclose your personal health information to our business associates so that they can perform the jobs we have asked them to do. We require all business associates to safeguard your information in accordance with applicable law.
2. *Uses and disclosures required by law.* We may use or disclose your personal health information to the extent that we are required by law to do so. This will be done in full compliance with the applicable law governing the disclosure.
3. *Public health activities.* We may use and disclose your personal health information for public health activities and purposes in compliance with applicable laws for the purpose of controlling disease, injury or disability. We may also disclose your health to report information about products or services under the jurisdiction of the U.S. Food and Drug Administration, or to alert authorities of persons who may have been exposed to communicable disease or who may otherwise be at risk of contracting or spreading a disease or condition, and to your employer for certain work related illness or injury.

4. *Victims of abuse, neglect or domestic violence.* We may disclose your personal health information about an individual whom we reasonable believe to be a victim of abuse, neglect, exploitation or domestic violence to a government authority, including a social service or protective service agency authorized by law to receive such reports. Any disclosure will be made in full accordance with and limited to the requirements of the law.
5. *Health oversight activities.* We may make disclosures of your personal health information to a health oversight agency charged with overseeing the health care system. Disclosures will be made only for activities authorized by law.
6. *Judicial and administrative proceedings.* We may disclose your personal health information in the course of any judicial or administrative hearing in response to an order of court or administrative tribunal, or in response to subpoena, discover request or other lawful process where we receive satisfactory assurance that you have been notified of the request and have been given time to object and other appropriate precautions have been taken. In all cases we will take reasonable steps to protect the confidentiality of your health information.
7. *Law enforcement.* We may disclose your personal health information for a law enforcement purpose to the proper officials in compliance with the applicable law.
8. *Coroners, medical examiners and funeral directors.* We may disclose personal health information to a coroner or medical examiner to identify a deceased person, determine a cause of death or for other duties as authorized by law. We may also disclose information to funeral directors in accordance with the applicable law.
9. *Organ donation.* As allowed by law, we may disclose personal health information to organ procurement organizations for organ, eye or tissue donation purposes.
10. *Research.* We may use or disclose your personal health information without your authorization for research purposes when such research has been approved by an institutional review board that has reviewed the research to ensure the privacy of your information, or as otherwise allowed by law.
11. *Limited government functions.* We may disclose your personal health information to certain government agencies charged with special government functions, as limited by applicable law. For example, we may disclose your information to authorized federal officials for the conduct of national security activities, as required by law.
12. *Health and safety.* We may disclose your personal health information to prevent or lessen a serious threat to any person's or the public's health or safety. In all cases, disclosures will only be made in accordance with the applicable law.
13. *Workers compensation.* We may disclose your personal health information to judicial or administrative proceeding in response to orders subpoenas and other valid legal processes.

◇ Your rights in regard to your personal health information:

1. *To receive a copy of this notice.* Upon request you have the right to receive a copy of this notice.
2. *To inspect and copy your health information.* Upon written request, you have the right to obtain a copy of your information maintained by us. Information held electronically will be provided in electronic form if you request it in that form.
3. *To amend your health information.* You have the right to request in writing that we amend your health information that we maintain. You must give us your reason for the requested amendment. We will comply with your request in the event that we determine that the information that you are requesting amendment upon is not false, inaccurate or misleading.
4. *To request additional restrictions on uses and disclosures of your health information.* You can request in writing that we place additional restrictions on how we use or disclose your personal health information. While we will consider any such request, we are not required to agree to your request.
5. *To request restriction to health plan.* You have the right to a restriction to disclosure of PHI to a health plan for payment if you have already paid in full for the services and items provided in that visit.
6. *To request an accounting of disclosures.* You have a right to request an accounting of the disclosures we make of your personal health information. For each disclosure, the accounting will include the date it was made, to whom it was disclosed (and address if known), and a brief statement of the reason for the disclosure.
7. *To request confidentiality in certain communications.* You have the right to ask that we communicate with you by alternative means or at alternative locations. For example, asking that we call your cell phone or asking us not to leave messages at your place of employment.
8. *To receive further information.* You have the right to receive further information about our privacy practices your privacy rights, or if you disagree with a decision we make about your personal health information, or if you believe that your privacy rights have been violated.
9. *To file complaint.* If you believe your privacy rights have been violated, you have the right to file a formal complaint with our Practice Administrator. You also have the right to file a written complaint with Office of Civil Rights of the United States Department of Health and Human Services. Upon request, the Practice Administrator will provide you with the address to file your complaint.

Effective date: August 1, 2008

Updated: September 1, 2013