



# Colorado Surgical Affiliates

## **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.**

This Notice of Privacy Practices describes how Colorado Surgical Affiliates may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights in accessing and controlling your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you. It relates to your past, present or future physical or mental health or condition, and related health care services. Privacy protections also extend to information concerning deceased individuals.

We are required to abide by the terms of this Notice of Privacy Practices; however, we may change the terms at any time. The new notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notices of Privacy Practices. You may call the office to request that a revised copy be sent to you in the mail or given to you at the time of your next appointment. You are responsible for knowing and understanding the terms of both our Privacy Policy.

---

### **Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by the doctor, our office staff and others outside of our office that are involved in your care and treatment. Your protected health information may also be used to pay your health care bills and as part of the business operations of Colorado Surgical Affiliates. Following are examples of the types of disclosures our office is permitted to make:

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a

specialist, radiology department or laboratory) who, at the request of the doctor, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to your health plan.

**Out - of -Pocket - Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to the item or service not be disclosed to health plan for purposes of payment or health care operations. That request will be honored.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of Colorado Surgical Affiliates. These activities include, but are not limited to, quality assessment, employee reviews, training of medical students, licensing, and testing software upgrades. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when the doctor is ready to see you. We may disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., collection agency, accountant) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that obligates them to protect your privacy.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternative or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

### **Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object**

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

**Other Uses and Disclosures:** of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that the Colorado Surgical Affiliates has taken an action in reliance of the use or disclosure indicated in the authorization. Uses and disclosures of Protected Health Information for marketing purposes; and disclosures that constitute a sale of your Protected Health Information.

**Permitted and Required Uses and Disclosure That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required by Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights divisions.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent

such disclosure is expressly authorized) and, in certain conditions, in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes or to determine cause of death.

We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duty. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel

1. for activities deemed necessary by appropriate military command authorities
2. for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or
3. to a foreign military authority if you are a member of that foreign military service.

We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

**Worker's Compensation:** Your protected health information may be disclosed by us as authorized to comply with worker's compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and the doctor created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of your protected health information for as long as we maintain the protected health information. Your "designated record set" contains medical and billing records and any other records that Colorado Surgical Affiliates uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; or proceeding, and protected health information that is subject to law that prohibits access to protected health information

Access will also be granted to personal representatives except in cases of abuse where granting access might endanger you or someone else. State law applies when disclosing information about minors to parents.

**Right to an Electronic Copy of your Electronic Medical Record.** If your Protected Health Information is maintained in an electronic format (known as an Electronic medical record or electronic health record) You have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or a readable hard copy format.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Colorado Surgical Affiliates is not required to agree to a restriction. If the doctor believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the doctor does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the doctor or our staff. You may request a restriction in writing, addressed to the Compliance Officer, Sara Bailey.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**You have the right to request confidential communication; from us; by alternative means; or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for an alternative address, phone number or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Compliance Officer.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated records set for as long as we maintain this information. In certain cases, we may deny you request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Compliance Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures; we may have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in the Notice of Privacy Practices. It excludes disclosure we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding disclosure that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitation.

#### **Complaint; Regarding Compliance**

If you would like to submit a comment or complaint about our privacy practices, or if you believe your privacy rights have been violated, you can do so by sending us a letter outlining your concerns. Filing of a comment or complaint will in no way affect your care by our office.

#### **Contact Us**

Please contact our Compliance Officer regarding any comments, complaints or requests for any information about our Privacy Practices:

**Sara Fletcher, Compliance Officer**

**Colorado Surgical Affiliates**

**2440 North 11<sup>th</sup> Street**

**Grand Junction, CO 81501**

**970-257-4755**

All the members of our workforce have been trained by the compliance date on the policies and procedure governing protected health information. Integral to this training is the understanding that

all disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the disclosure or to accommodate any request for disclosure. It is the policy of Colorado Surgical Affiliates that sanctions will be in effect for any member of the workforce who intentionally or unintentionally violates any of these policies or procedures.