

Understanding the Terms in This Document

- **Notice of Privacy Practices (Notice).** This is a form that describes how your information can be used and disclosed. It also talks about how you can get access to your information.¹
- **Peak Vista Community Health Centers (PVCHC).** This is where you are receiving care.
- **Protected Health Information (PHI).** This is information that can be linked to a specific person. It includes things your birth date, any diagnoses you may have, and more.
- **Health Insurance Portability and Accountability Act (HIPAA).** This act created federal standards that protect your health information.
- **Health Information Exchange (HIE):** This is an electronic network. It allows places like PVCHC to securely share patients' information with other health care providers.
- **Psychotherapy Notes.** These notes are from your mental health provider. They are kept separate from your medical record.
- **Part 2 Records.** These records include information that shows you asked for, received, or were referred to get help for a substance use disorder from a program that gets federal assistance.

It is our job to protect your PHI. Here's how:

- **We will protect your PHI.** We will keep any PHI created or kept at PVCHC confidential. There are a few exceptions to this in the next section.
- **We follow HIPAA (and more).** We are required to follow HIPAA and other laws. We must also provide you this document, which discusses our duties and practices around PHI.
- **We follow this Notice.** We will only use or disclose your PHI in the ways we describe here, or however you authorize in writing.
- **We can change this Notice.**
 - The new Notice can apply to health information we already have. It will also apply to information we receive in the future.
 - We will change this Notice before we make a change to our privacy practices.
 - We will post the new Notice at our locations. It will be on our website. You can also ask for it.

¹ 45 CFR 164.520 Notice of Privacy Practices

Sometimes, PVCHC may use or disclose your PHI without your written consent.²

To help us care for you.

→ **To provide treatment or services.** We may disclose your PHI to:

- PVCHC staff. We share PHI with our staff who help with your care. This can be all your information or just part of it.

For Example: Your doctor may share your test results with other providers to confirm your diagnosis.

- Outside providers. We share PHI with health care providers outside of PVCHC when it helps you. Think of specialist caregivers, hospitals, and getting labs done.

→ **To participate in an electronic HIE.** You may choose to opt-out of the HIE. You can opt back in at any time. Contact Compliance at 3205 N. Academy Blvd., Suite 130, Colorado Springs, CO 80917 or (719) 344-6600. The HIE:

- Helps your health care providers share information. This leads to better care.
- Gives emergency medical personnel (and other providers treating you) immediate access to your PHI. This may be critical for your care.
- Reduces your costs. The HIE keeps you from having to take the same tests and procedures over and over again.

→ **To participate in an Organized Health Care Arrangement.**³ This is an arrangement with other health care providers. These providers offer integrated health care like PVCHC. We have agreed to share your PHI with them for treatment, payment, and health care operations, as permitted by law. This lets us better address your care.

→ **For payment.** We may:

- Submit a claim to your insurance which you are currently showing coverage. This claim includes protected health information (PHI), such as your diagnoses and the medical procedures we have performed.
- Inform your insurance of any potential additional treatment to obtain authorization for payment.
- Share your PHI with other treatment providers as needed for payment purposes.

→ **For PVCHC operations.** We may:

- Review your PHI. This is for our quality improvement program.
- Combine your PHI. We will sometimes combine your PHI with information from other health care agencies and providers. This is so we can see how we are doing and improve our patient care.

² 45 CFR 164.502 Uses and disclosures of PHI

³ 45 Implementation Specifics: Joint notice by separate covered entities.

- Share your PHI with other treatment providers.
- **To business partners that help us.** We require our partners to protect your PHI. This can be companies for billing, collections, and claims processing. It can also be accountants, attorneys, and other similar jobs.

For public health and safety, research, and more.

These instances are special. We must meet certain conditions established by law before we can share PHI. More information here: [hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

- **For Appointments, Scheduling Reminders, and Treatment.** We may contact you outside of the office. This could be about your upcoming appointment or your health in general. We may leave a message with the person who answers the phone. We may also leave a voicemail.
- **For Organ and Tissue Donation.** We may disclose your PHI to organ procurement organizations. We may also disclose it to those involved in gathering, banking, or transplantation. It is consistent with applicable laws. It is also dependent on your status as an organ donor.
- **For Legal Proceedings.** We may disclose your PHI for court/administrative tribunal orders, subpoenas, or other lawful processes.
- **For Public Health or Safety.** We may disclose your PHI to stop or lessen a serious/imminent threat. This threat can either be to your health and safety or the health and safety of the public. This is consistent with applicable law and standards of ethical conduct.
- **For Research.** We may disclose your PHI for approved clinical research. We may also disclose it in preparation for research.
- **For Workers' Compensation.** We may disclose your PHI to workers' compensation programs. This is only when your condition is linked to a work-related illness or injury.
- **For National Security.** We may release PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities. This is as authorized by law.
- **For Fundraising.** We may use your PHI for fundraising. PVCHC or its Foundation will contact you first. You can opt out of fundraising communications and requests.
- **For Reports Required by Law.** Laws may require that we report PHI to government agencies and/or law enforcement personnel. *For Example:*
 - Victims of suspected abuse, neglect, or domestic violence.
 - Gunshot and related wounds.
 - Reactions to medications or problems with products.
 - Product recalls.
- **To Law Enforcement.** Law enforcement may request your PHI. We must disclose it:
 - If we are required by law.
 - If stated by a court order, court-ordered warrant, subpoena, administrative requests, or summons.

- To identify or locate a suspect, fugitive, material witness, or missing person.
 - In connection to a victim of a crime.
 - To report a death that we believe may be caused by criminal conduct.
 - To report criminal conduct at PVCHC.
 - In emergency situations, to report a crime.
- **To Correctional Institutions.** We may disclose your PHI to your correctional institution or to law enforcement. This is if you are an inmate at a correctional institution or under the custody of a law enforcement official. This is:
- For the correctional institution to provide you with health care.
 - To protect the health or safety of you and others.
 - For the safety and security of the correctional institution.
- **To Family and Friends.** We may disclose PHI to a family member or close friend if we determine it is in your best interest. We may let you know before we do, and you can either agree or object when circumstances allow. We disclose PHI to your family and friends:
- When they are involved with your care.
 - To let them know about your location, condition, or death.
 - To help with your care (For Example: to pick up prescriptions, note follow-up care instructions, payment, etc.).
 - To provide information to public or private disaster relief agencies. This is to coordinate notifications to family members or those responsible for your care.
- **To Coroners and Medical Examiners.** Coroners or medical examiners may need PHI to:
- Identify a person who has died.
 - Determine a cause of death.
 - Perform other lawful duties.
- **To Funeral Directors.** Funeral directors may need PHI to carry out their duties, as authorized by law.
- **To Public Health Authorities.** These health authorities are authorized by law to receive and collect PHI to:
- Prevent or control disease, injury, or disability.
 - Report suspected child, elder, or dependent adult abuse or neglect.
 - Report domestic violence.
 - Report problems with products and reactions to medicine to the Food and Drug Administration (FDA).
 - Report disease or infection exposure.
- **To Health Oversight Agencies.** We may disclose your PHI to a health oversight agency. These agencies may need PHI for audits, investigations, inspections, or licensure and certification surveys. We only release PHI when authorized by law.
- Why?* These help the government monitor health care providers. They ensure compliance with laws and regulations.

- **To Military Command.** Military command authorities may request your PHI. We may release it as required if you are a member of the armed forces.
- **Incidental Disclosures.** Sometimes, your PHI may be shared unintentionally. We cannot reasonably prevent these disclosures. But, our goal is to limit them as much as possible. We have systems to help with this. *For Example:* Someone overhears your doctor and nurse talking in the hall.

For our electronic health record and patient portal.

Effective 3/31/2026 – PVCHC partners with OCHIN. OCHIN hosts our electronic health record and patient portal. This means that they host the platform that keeps your PHI. OCHIN may use and disclose your PHI for:

- **Clinical review.** OCHIN looks at information across many different organizations to develop best practices for places like PVCHC. This leads to better patient care.
- **Medical treatment.** We may share your PHI with other OCHIN participants or a HIE when needed for medical treatment.
- **Operations.** We may geocode where you live to better improve your care.

You can withdraw this consent at any time.

Effective 3/31/2026 - OCHIN Master Service Agreement

PVCHC is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of PVCHC, OCHIN supplies information technology and related services to PVCHC and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by PVCHC with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

Sometimes, we need your written authorization to disclose PHI.

This would be for things like:

- Marketing.
- Psychotherapy notes.
- Sales of PHI.
- Any uses and disclosures not described in the other sections of this Notice.

You may revoke your written consent at any time. You must notify PVCHC in writing. Submit your request to the Medical Records department at PVCHC (3205 N. Academy Blvd., Suite 130, Colorado Springs, CO 80917). We will no longer use or disclose PHI as noted in your previous consent. We cannot take back any disclosures we have already made.

Some PHI has special confidentiality rules.

- **Mental Health Records.** Our laws protect PHI collected through mental health services. We may share PHI with qualified professionals for treatment, payment, or if we receive a court order. Otherwise, we will not disclose your mental health PHI without your permission.
- **Psychotherapy Notes.** We must get your permission to disclose these notes. There may be limited circumstances where we are required to share these without your permission.
- **Minors.** We disclose PHI to the parents or patient representatives of minors. There may be instances where state law allows minors to consent to their own treatment. An example is HIV testing. We need the minor's permission to disclose that PHI to their parents or patient representatives.
- **Substance Use Records.** Some of your health information may also be protected by federal confidentiality rules for substance use disorder (SUD) records under 42 CFR Part 2. These rules provide additional privacy protections beyond those required by HIPAA. Federal law protects your PHI related to this. We usually cannot share your SUD records unless you give written consent or as the law allows in special situations. Examples of when sharing may be allowed:
 - Treatment, payment, and health care operations.
 - Medical emergencies.
 - Audits or program evaluations.

You can take back your permission in writing at any time, unless we already used it.

Protection From Legal Use

Your SUD records cannot be used against you in:

- Criminal cases.
- Civil lawsuits.
- Administrative actions.
- Legislative proceedings.

This is true unless:

- You give written permission, or
- A court issues a special order that meets federal law.

Sharing After Disclosure (Redisclosure)

If your health information is shared under HIPAA, it may be shared again and may no longer be protected. But SUD records are different. People who receive your SUD records cannot share them again unless the law clearly allows it.

You have rights related to the use and disclosure of your PHI.

Subject to limitations outlined by law, you have the right to:

- **Request restrictions.** You can request to restrict certain uses and disclosures of your PHI. This must be through a written request. We reserve the right to accept or reject any other request. We will notify you of our decision.
For Example: You may ask us not to share PHI with your health insurance after paying out-of-pocket. We will abide by this request unless we need to release this information for a treatment or legal reason.
- **Request alternate PHI communication.** We can send your PHI through different means or to different locations.
For Example: You could request that we only contact you at work.
- **Request a copy of your PHI.** You can request a paper or electronic copy of your PHI. This includes health and billing records. It does not include psychotherapy notes or certain types of information. To request a copy of your PHI, contact the Medical Records department. We may charge a fee for copying.
- **Amend your PHI.** You may be able to change your PHI if PVCHC agrees the requested correction is appropriate. The request must be in writing. It must include the reasons you believe the information is inaccurate or incomplete.
- **Receive a list of PHI disclosures.** We may not include certain disclosures in this list. These excluded disclosures could be ones for treatment, payment, health care operations, and others listed in this Notice.
- **Be notified of a breach of your PHI.** We are required by law to notify you of any breaches to your PHI. The notification may not always come from us. It may come from a business partner.

Form continues on next page.

- **Receive a paper copy of this Notice.** You can request a paper copy of this at our locations. You can also access it on our website: PeakVista.org.
- **Have someone else act on your behalf.** You can have a patient representative or person with medical power of attorney act on your behalf regarding your care.
- **File a complaint.** You can file a complaint if you believe your privacy rights have been violated.

Complaints

You will not be penalized or retaliated against for filing a complaint. You may make a privacy complaint to:

→ **PVCHC's Compliance Department**

Address: 3205 N. Academy Blvd., Suite 130, Colorado Springs, CO 80917

Phone Number: (719) 344-6600

→ **Secretary of the Department of Health and Human Services**

Address: Office for Civil Rights, DHHS, 200 Independence Ave. SW, Room 50-F - HHH Building, Washington, D.C. 20201

Phone Number: (800) 368-1019 | TDD: (800) 537-7697

Website: ocrportal.hhs.gov/ocr