



Notice of Privacy Practices

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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 Protected Health Information:

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

Uses and Disclosure of PHI:

Treatment: Peak Vista may use your PHI to provide you with medical treatment or services which include integrated behavior health services and other care coordination. Peak Vista 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 healthcare providers for confirmation of a diagnosis. We will disclose your medical information to healthcare professionals not on our staff, such as specialist caregivers, hospitals, and diagnostic laboratories, to assist them as they provide you healthcare.

Health Information Exchange (HIE): Peak Vista Community Health Centers endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time.

Payment: Peak Vista will use your PHI 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 may tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval for services or to determine whether your health insurance plan will cover the treatment.

Healthcare Operations: We will use your PHI for regular Peak Vista operations. For example, we may review your PHI as part of our quality improvement program. We may combine your PHI with information from other healthcare agencies and providers to assess our performance and make improvements in the care provided to our patients. We may also share your medical information with our business associates, that perform administrative services for Peak Vista.

Other Uses and Disclosures:

Peak Vista may use or disclose your PHI, in compliance with guidelines outlined by law, for the following:

- **Appointments, Scheduling Reminders and Treatment.** Contacting you regarding information about treatment alternatives, health related services, or appointments. Appointment information may be left on your answering machine or in a message left with the person answering the phone.
- **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 PHI 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 Peak Vista; and (G) in emergency situations, to report a crime.
- **Family and Friends.** Informing a family member, or close friends or others 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.
- **Proof of Immunization.** We will disclose proof of immunization to a school that is required to have it before admitting a student and you have agreed to the disclosure on behalf of yourself or the student.
- **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 PHI to the correctional institution or to the law enforcement official as may be necessary: (A) for the correctional institution to provide you with healthcare; (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 PHI 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 PHI 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 PHI to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability; reporting of suspected child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the FDA problems with products and reactions to medication; and reporting disease or infection exposure.
- **Health Oversight Agencies.** We may use or disclose your PHI to a health oversight agency for activities authorized by law. Such oversight activities include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide healthcare 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 processes.
- **Research activities.** Under certain circumstances, we may use and disclose PHI about you for approved clinical research.
- **Workers Compensation.** We may use or disclose your PHI 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 PHI if necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of the public.
- **Military and Veterans.** We may release PHI as required by military command authorities, if you are a member of the armed forces.
- **National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counter intelligence and other national security activities authorized by law.

- **Fundraising.** Peak Vista or the Peak Vista Foundation may contact you, and with your permission, your PHI may be used for fundraising activities. You will have an opportunity to opt out of receiving fundraising communication and requests.

Authorization for Other Uses:

Peak Vista will make other uses and disclosure of your PHI not described in this notice only after obtaining your written authorization. Potential disclosures include for marketing purposes, disclosures that constitute a sale of PHI and most uses and disclosures of psychotherapy notes. 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 PHI:

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

- Request restrictions on certain uses and disclosures of your PHI by a written request. If you tell us not to disclose PHI to your commercial health plan for services for which you paid for in completely out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reason.
- We reserve the right to accept or reject any other request and will notify you of our decision.
- Request confidential communications of your PHI by alternative means or location (i.e. at work).
- Inspect and request a copy, including an electronic copy, of your PHI with some limited exceptions. This usually includes medical and billing records, but does not include psychotherapy notes or certain types of information. To inspect or request a copy your PHI, contact the Medical Records Department. We may charge a reasonable fee to cover our expenses for copying.
- Amend your PHI if Peak Vista agrees the correction is appropriate. The request for the amendment must be in writing and include the reasons you believe the information is inaccurate or incomplete.
- Receive an accounting of disclosures of your PHI. Please note that certain disclosures made for treatment, payment, or health care operations and others listed in this notice need not be included in the accounting we provide to you.
- Be notified following a breach of your unsecured PHI as required by law. In some circumstances our business associate may provide the notification.
- Obtain a paper copy of this notice on request or access on our website:
www.peakvista.org/patients/patient-guidelines
- Have a legal guardian or person with medical power of attorney to act on your behalf regarding your care.

Complaints:

If you believe your privacy rights have been violated, you may make a complaint to the Privacy Officer at Peak Vista, 3205 N Academy Blvd, Suite 130, Colorado Springs, CO 80917 or by calling (719) 344-6461. All complaints are strictly confidential. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Secretary of the Department of Health and Human Services, at 800-368-1019, by mail at Office for Civil Rights, DHHS, 1961 Stout St., Room 08-148, Denver CO 80294, or online, at www.hhs.gov/ocr/privacy. TDD: 800-537-7697. ***You will not be penalized or retaliated against for filing a complaint.***

Notice of Organized Health Care Arrangement:

Memorial Hospital/University of Colorado Health and Penrose St. Francis Health 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 PHI among themselves for purpose of treatment, payment, and healthcare operations. This enables us to better address your healthcare.