

*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.*

### **Who will Follow this Notice**

- Health care practitioners who treat you at any of Boulder Community Health’s locations, including employees, volunteers, and members of the Hospital Medical Staff,
- All departments and operating units of our organization,
- All medical practices operated by the Boulder Community Health (“BCH”).

Rather than have you read and sign different notices for each health care practitioner that treats you at each of our operating locations, this Joint Notice of Privacy Practices describes the privacy practices followed by all our practitioners, other members of our workforce, and our business associates.

Unless your physician is affiliated with one of the BCH medical practices, this notice does not apply to the use and disclosure of your medical information in connection with treatment you receive at your physician’s office. Your personal physician may have different policies regarding your medical information and may provide you with a separate notice. If your physician is affiliated with one of the BCH medical practices, this notice will apply to your medical information created or maintained at that office.

### **Your Medical Information.**

This notice refers to your “medical information”. This means all information that identifies you and relates to your past, present or future physical or mental health or condition including information about payment and billing for the health care services you receive.

### **Our Pledge Regarding Medical Information**

We understand that your medical information is personal and we are committed to its protection. We create a record of the care and services you receive to ensure that we are providing quality care and to comply with legal requirements. This notice applies to all your medical information that we maintain, whether created by our staff or others.

We are required by law to give you this notice of our legal duties and privacy practices with respect to your medical information, to follow the terms of this Privacy Notice, and to notify you following a breach of the privacy or security of your unsecured medical information.

### **How we may Use and Disclose Medical Information about You**

For each category of use and disclosure, we will try to give some examples, although not every use or disclosure in the category will be listed.

**For treatment.** We may use your medical information so that we and other health care providers may provide you with medical treatment or services. For example, a doctor



treating you for a broken leg may need to know if you have diabetes because diabetes may slow your healing. Also, the doctor may need to provide information to the dietician so we can arrange for appropriate meals.

Different health professionals may also share your medical information in order to coordinate the different services you need. We may disclose your medical information to people outside the hospital who may be involved in your medical care after you leave the hospital.

**For payment.** We may disclose your medical information so that treatment and services you receive may be billed by BCH or other health care providers to a third party. For example, your health plan may need to know about surgery you received so they will pay us for the surgery. We may also disclose your medical insurance information to obtain prior approval from your health plan.

**For Health Care Operations purposes.** We may use and disclose your medical information for our internal operations, such as business management, and administrative activities, legal and auditing functions, and insurance-related activities. We may use medical information to make sure that all of our patients receive quality care, such as reviewing our processes or to evaluate the performance of those caring for you. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We may remove information that identifies you from this set of information so others may use it to study

healthcare and healthcare delivery without learning a specific patient's identity. Under certain circumstances, we may disclose your medical information for the health care operations of other health care providers.

**Health Information Exchange.**

BCH participates in the Colorado Regional Health Information Organization ("CORHIO") which arranges for the electronic exchange of health information among health care providers in Colorado. BCH may exchange your health information electronically through CORHIO for the purposes described in this Notice. You have the right to request that your information not be included in this exchange.

**Hospital Directory.** We may disclose certain information about you in the hospital directory while you are a patient. This is so your family, friends, and clergy can visit you at BCH and generally know how you are doing. Limited information such as your name, location in the hospital, your general condition, (e.g. fair, stable, etc.) and religious affiliation, will be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy even if they do not ask for you by name. You may request to be a confidential patient and not be included in the Hospital Directory. If you choose to do this, no information will be given to any of the above-mentioned people, and your name will not be listed in our directory.



**Individuals Involved in your Care or Payment of your Care.**

We may release your medical information to a friend or family member who is involved in your medical care, or to someone who helped pay for your care.

**Notification.** We may release your medical information to notify a family member, personal representative or another person responsible for your care of your location, general condition, or death. We also may release your medical information for certain disaster relief purposes.

**Contacts.** We may contact you to provide appointment reminders, information about treatment alternatives, or other health related benefits and services that may be of interest to you.

**Fundraising Activities.** We may contact you in an effort to raise money for BCH. We will only use limited information, such as your name, address, and dates of service. With each fundraising communication, you will be notified of your right to opt out of receiving these communications in the future. If you do not want us to contact you, you must notify our Privacy Officer in writing at the address below.

**Worker's Compensation.** We may release medical information about you for worker's compensation or similar programs, which provide benefits for work related injuries or illnesses.

**Mental Health Information.** State laws create specific requirements for the release of mental health records. BCH will obtain your specific authorization to release mental medical information when required by these laws.

**Drug and Alcohol Treatment Records.** Specific rules apply to the release of certain drug and alcohol program records, and BCH will obtain your specific authorization to release those records as required by Federal regulation 42 CFR, Part 2.

**Miscellaneous.** We may use or disclose your medical information without your prior authorization for several other reasons. Subject to certain requirements, we may give out your medical information without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, Coroner's investigations, organ donation, and emergencies. We also may disclose medical information when required by law in response to a request from law enforcement in specific circumstances, for specialized government functions including correctional, military or national security purposes, in response to valid judicial or administrative orders or to avoid a serious health threat. Additional specific rules may apply to mental health records.



**Other Disclosures.** *Other uses and disclosures not described above will be made only with your written authorization.* For example, we require your signed authorization for uses and disclosure that constitute the sale of your medical information and for most uses and disclosures of psychotherapy notes. Additionally, we will not use or disclose your medical information for marketing purposes unless we have a signed authorization from you except that an authorization will not be required if (i) a communication occurs face-to-face; (ii) consists of marketing gifts of nominal value. *You may revoke your authorization at any time unless we have relied on your authorization or your authorization was required as a condition of obtaining health care services.*

### **Your Rights Regarding Medical Information About You**

**Right to Inspect and Copy.** In most cases you have the right to inspect or receive a copy of your medical information (or have a copy provided to an individual whom you designate) when you submit a written request. If your medical record is maintained electronically in a designated record set, you have the right to request a copy of the information in an electronic form and format. We may deny your request in certain circumstances. If you are denied access to your medical information, you may appeal.

**Right to Amend.** If you believe the information in your record is incorrect or incomplete, you have the right to request an addendum be added to your record by submitting a written request giving your reason. We may deny your request under certain circumstances. If we deny it, we may advise you in writing of the reason or explain your rights to submit a statement of explanation.

**Right to an Accounting of Disclosure.** You have the right to a list of those instances where we have disclosed your medical information other than for treatment, payment, healthcare operations, or where a disclosure was specifically authorized., for the Hospital's directory, to persons involved in your care, and certain other limited situations. To request an accounting of disclosures, you must submit a written request to our Privacy Officer.

**Right to a Paper Copy of this Notice.** If this joint notice was sent to you electronically you have a right to a paper copy of this notice.

**Right to Request Restrictions.** You may request in writing that we not use or disclose your medical information except when specifically authorized by you, when required by law, or in an emergency. Except in the case of certain requests related to disclosures to health plans, we are not required by law to agree to your request, but we will consider the request. We will inform you of our decision.



**Right to Request Restrictions on Disclosures to Health Plans.** You may request in writing that we restrict disclosures of your medical information to a health plan for purposes of carrying out payment or healthcare operations if the disclosure is not required by law and the medical information pertains solely to a health care item or service for which you (or a person other than the health plan who is acting on your behalf) have paid BCH out of pocket and in full at the time of service. We must agree to a request that meets these requirements.

Information about how to file a complaint with the Department of Health and Human Services may be found at the following website:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

You will not be penalized for filing a complaint.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Changes to this Notice.**

We reserve the right to change this notice at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. We will post a copy of our current notice within our facilities and we will post it on our website at [www.bch.org](http://www.bch.org).

### **Complaints and Requests**

If you have questions about this notice or want to talk about a problem without filing a formal complain, please contact the Boulder Community Health Privacy Officer at the following number 303-415-7844.

If you believe your privacy has been violated, you may file a complaint with the Boulder Community Health organization or with the Secretary of the Department of Health and Human Services. All complaints or requests must be submitted in writing to:

Boulder Community Health  
P.O. Box 9019  
Boulder, CO 80301-9019  
Attn: Privacy Officer

