

# Your Information. Your Rights. Our Responsibilities.

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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.**

## Our Notice of Privacy Practices

We provide health care to our patients in a variety of locations and treatment settings in partnership with physicians and other health care professionals. This Notice describes the specific ways Boulder Community Health (BCH) and our facilities may use and disclose your medical information. You may request a paper copy of this notice at any time, even if you have elected to receive it electronically. A copy of this notice is also available on our website, <https://www.bch.org/>. We are required by law to provide you with this notice of your rights and our legal duties and privacy practices with respect to your medical information. The privacy practices described in this Notice will be followed by:

- Any member of our workforce authorized to access your medical record at any of BCH's locations or medical practices; and
- Members of our Hospital Medical Staff and physicians affiliated with BCH medical practices.

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Obtain an electronic or paper copy of your medical record

- You may ask to review or obtain an electronic or paper copy of your medical record and other health information we have about you. Contact the Health Information Management department to submit a written request for access to your information. You may reach the Health Information Management department by calling 303-415-7761.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We may deny your request for some of your health information. If you are denied access to your medical information, we will inform you in writing of the basis for the denial, and provide you with information on how you may file a complaint regarding our decision.

### Ask us to amend your medical record

- You may ask us to correct health information about you that you think is incorrect or incomplete. Contact the Health Information Management department for assistance with this process at 303-415-7761.
- We may deny your request under certain circumstances, but we will tell you in writing why your request was denied within 60 days and provide you with information regarding your rights.

### Request confidential communications

- You may request we contact you in a specific way (for example, home or office phone) or to send mail to a different address. Contact the Health Information Management department for assistance with this process at 303-415-7761.

- We will attempt to accommodate all reasonable requests.

### **Ask us to limit what we use or share**

- You may ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request and will notify you in writing of our decision within 60 days. Even if we agree to your request we may not follow it in an emergency and may change our decision in the future.
- If you pay for a service or health care item out-of-pocket in full, you may request in writing that we not disclose that information for the purpose of payment or healthcare operations with your health insurer. We will approve your request unless a law requires us to share that information.

### **Get a list of those with whom we've shared information**

- You may ask for a list (accounting) of the times we have shared your health information, the purpose of the disclosure and with whom we shared it, for up to six years prior to your request.
- We will include all the disclosures other than those for treatment, payment, and health care operations, and certain other disclosures. We will provide one accounting a year free of charge.
- To request an accounting of disclosures, submit a written request to our Privacy Officer.

### **File a complaint if you feel your rights are violated**

- You may file a complaint if you feel we have violated your rights by contacting the Privacy Officer at Boulder Community Health at (303) 415-7000.
- You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**In certain circumstances, you may tell us your choices about what we share.** You have the right to inform us of your preferences for how we share your information in the situations described below.

In the following circumstances, you have both the right and choice to tell us whether to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation;
- Include your name, location in the hospital, your general condition and your religious affiliation in a hospital directory;
- Include your information in the EPIC Care Everywhere software tool which allows healthcare providers at other organizations to request and exchange important information for your care;
- Exchange your health information electronically with the Colorado Regional Health Information Organization (CORHIO) so that other Colorado healthcare providers may access it to treat you; and
- Enter your immunization records in the Colorado Immunization Information System.

*If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**For questions about the opt-out process for any of the above, please contact the Privacy Officer at 303-415-7000.**

In the following circumstances, we will never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you may tell us not to contact you again.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We are permitted to use or share your health information in the following ways.

#### **For treatment purposes**

We can use your health information and share it with other professionals to provide, coordinate or manage your health care and related services.

*Example: Information about your visit may be provided to your primary care or referring physician.*

#### **For health care operations**

We may use and share your health information for business management purposes, administrative activities, for quality improvement activities, for legal or auditing functions, and to contact you when necessary.

*Example: We may use health information about you to evaluate and improve patient care.*

#### **To bill for your services**

We may use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are permitted or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We are required to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **To assist with public health and safety issues**

We may share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **For research**

We may use or share your information for health research.

#### **To comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to demonstrate compliance with federal privacy law.

#### **To work with a medical examiner or funeral director or organ procurement organizations**

- We may share health information with a coroner, medical examiner, or funeral director when an individual dies.
- If you are an organ donor, we may share health information about you with organ procurement organizations.

#### **Address workers' compensation, law enforcement, legal actions, and other government requests**

We may use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- In response to a court or administrative order, or in response to a subpoena

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you provide written authorization. You may revoke your authorization in writing at any time.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Specially Protected Medical Information**

- **Mental Health Information:** State and federal laws protect the use and disclosure of information obtained in the course of providing mental health services. We may communicate information for treatment purposes to qualified professionals, for payment purposes or if we receive a court order. Otherwise, we will obtain your specific authorization to release any of your mental health information.
- **Drug and Alcohol Treatment Records:** Use and disclosure of drug and alcohol treatment program records is protected by federal law. We will obtain your specific authorization to release those records as required by Federal regulation 42 CFR, Part 2.

## **Changes to the Terms of this Notice**

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site at [www.bch.org](http://www.bch.org).

## **Modifications to the Terms of this Notice**

Modifications to the terms of this notice will not be accepted without prior written approval by our Privacy Officer. You may contact the Privacy Officer with any questions about this notice at 303-415-7000.