

## Notice of Privacy Practices

Effective Date: 5/1/2024

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH 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 Physician Partners (“Practice”) may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice will tell you about the ways in which we may use or disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information. Federal law requires us to:

- Make sure that protected health information that identifies you is kept private;
- Notify you about how we protect protected health information about you;
- Explain how, when, and why we use and disclose protected health information;
- Follow the terms of the Notice that is currently in effect;
- Notify you in the event that your unsecured protected health information has been breached in violation of this Notice, HIPAA, or any other applicable law.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all protected health information that we maintain. New Notice provisions will be made available to you by:

- Making copies of the revised Notice available upon request; and
- Posting the revised Notice on our Website.

### PRIVACY OFFICER

If you have any questions about this notice or if you wish to exercise your rights as listed in this Notice, please contact Practice’s Privacy Officer:

Attn: Privacy Officer

Physician Health Partners

PO Box 13406

Denver, CO 80202

[Privacy@alpine-physicians.com](mailto:Privacy@alpine-physicians.com)

**1-855-295-1434**

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by our organization, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing

health care services to you, to pay your health care bills, to support the operation of the organization, and any other use required by law.

**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. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services; for example, obtaining approval for equipment or supplies coverage may require that your relevant protected health information be disclosed to the health plan to obtain approval for coverage.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of our organization. These activities include, but are not limited to, quality assessment activities, employee review activities, accreditation activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to accrediting agencies as part of an accreditation survey. We may also call you by name while you are at our facility. We may use or disclose your protected health information, as necessary, to contact you to check the status of your equipment.

**As Required by Law:** We will disclose protected health information about you when required to do so by federal, state, or local law.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information. We may permit researchers to review records to help identify patients who may be included in their research projects or for similar purposes as long as the researchers do not remove or take a copy of any health information.

**Judicial and Administrative Proceedings:** We may disclose your protected health information in response to a court order. We may also disclose your protected health information in response to a subpoena signed by a judge, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

**Business Associates:** We may disclose information to business associates who perform services on our behalf (such as billing companies). However, we require that these associates appropriately safeguard your information. Our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Public Health:** As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Health Oversight Activities:** We may disclose protected health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Law Enforcement:** We may release protected health information as required by law, or in response to a court order or a subpoena signed by a judge. We may also disclose protected health information in

response to a request related to identification or location of an individual, a victim of crime, a decedent, or a crime on the premises, but only to the extent permitted by applicable law.

*Organ and Tissue Donation:* If you are an organ donor, we may release protected health information to organ procurement organizations as necessary to facilitate organ or tissue donation and transplantation.

*Special Government Functions:* If you are a member of the armed forces, we may release protected health information about you if it relates to military and veterans' activities. We may also release your protected health information for national security and intelligence purposes, protective services for the President, and medical suitability or determinations made by the Department of State.

*Coroners, Medical Examiners, and Funeral Directors:* We may share health information with a coroner, medical examiner, or funeral director when an individual dies.

*Correctional Institutions and Other Law Enforcement Custodial Situations:* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official as necessary for your or another person's health and safety.

*Worker's Compensation:* We may disclose protected health information as necessary to comply with laws relating to worker's compensation or other similar programs established by law.

*Food and Drug Administration (FDA):* We may disclose to the FDA, or persons under the jurisdiction of the FDA, protected health information relative to adverse events with respect to drugs, foods, supplements, products, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

## TYPES OF USES AND DISCLOSURES REQUIRING AN AUTHORIZATION

Any other use or disclosure not described in this Notice will be made only with your authorization. Any time you provide us with a written authorization, you may revoke it any time in writing, to the extent that we have not already taken action in reliance on your previous authorization. You may revoke an authorization in writing at any time by contacting the Privacy Officer.

## YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose protected health information about you in the following circumstance:

- We may share your protected health information with a family member, relative, friend or other person identified by you if the information is directly relevant to that person's involvement in your care or payment for your care. We may also share information to notify these individuals of your location, general condition, or death.

You may object to the use and disclosure of protected health information in these circumstances by contacting the Privacy Officer.

## YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

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

*Electronic/ Paper Copy of Your Medical Record:* You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. Ask us how to do this. We will

provide a copy or a summary of your health information, usually within 30 business days of your request. We may charge a reasonable, cost-based fee.

*Medical Record Corrections:* You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we will tell you why in writing within 60 days.

*Request Confidential Communications:* You can ask us to contact you in a specific way; for example, home or office phone, or to send mail to a different address. We will say "yes" to all reasonable requests.

*Limit What We Use or Share:* You can 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 we may say "no" if it would affect your care.

*Rights for Out-of-Pocket Payments:* If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

*List of Those with Whom We've Shared Information:* You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as those you asked us to make). We will provide one accounting a year for free but will charge a reasonable fee for duplicates if you ask for them multiple times a year.

*Copy of Privacy Notice:* You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

*Right to Receive Notice of Breach:* You have a right to be notified of a breach of any of your unsecured protected health information.

*Someone to Act for You:* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

## YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence or action that is the subject of the complaint.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

## CHANGES TO THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The notice will have the effective date clearly marked at the top of the first page. The new notice will be available upon request, in our office, and on our website.