**Notice of Privacy Practices**

**Effective: September 23, 2013**

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.

This Notice applies to University of Colorado Health™ (UCHealth) member organizations and their respective personnel, volunteers, students and trainees. A list of UCHealth organizations/facilities may be found in Attachment A.

The confidentiality of records for patients treated in a drug and alcohol abuse program is specifically protected by Federal law and regulations. UCHealth facilities that treat these patients are required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside the program that you were treated. If you suspect a violation you may file a report with the appropriate authorities in accordance with Federal regulations. A summary notice will be provided to you at the time you are admitted to one of these programs.

**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.

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Contact the Health Information Management department of the specific facility for information on how to do this. Electronic copies will only be provided if the information is maintained electronically.
- We will provide a copy 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 we deny your request, we will inform you in writing of the basis for the denial, how you may have our denial reviewed, and how you may file a complaint regarding our decision.

**Ask us to amend your medical record**

- You can ask us to amend health information about you that you think is incorrect or incomplete. Contact the Health Information Management department of the specific facility for information on how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days and provide you with information on your rights regarding our denial.

**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. Contact the manager of the department where you are receiving care or the Privacy Officer for information on how to do this.
- We will attempt to accommodate to all reasonable requests.

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

- You can ask us not to use or share certain health information for your treatment, our payment, or our operations. This may include disclosures to someone such as a family member or friend that is involved in your care. The Privacy Officer for the specific facility can tell you how to make these requests.
- 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 situation and may change our decision in the future.
- 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. The request must be in writing, and 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 can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You should send your request to the Privacy Officer for the facility. We will usually act on your request within 60 days.

Get a copy of this 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. A copy of the Notice is also available on our website, universityofcoloradohealth.org.

Choose someone to act for you
- If you have given some 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.

File a complaint if you feel your rights are violated
- You can complain if you feel we have violated your rights by contacting the Privacy Officer.
  - UCHealth Central Region – all UCHealth facilities in Denver Metropolitan Area including University of Colorado Hospital and its facilities 12401 E. 17th Avenue – F481, Aurora, CO 80045 or by phone at (720) 948-6215
  - UCHealth South Region – all UCHealth facilities in Colorado Springs and Southern Colorado including Memorial Hospital both Central and North 1400 E. Boulder Street, Colorado Springs, CO 80909 or by phone at (719) 365-5060
  - UCHealth Northern Region – all UCHealth facilities in Northern Colorado and Southern Wyoming including Poudre Valley Hospital and Medical Center of the Rockies 2315 E. Harmony Rd., Suite 200, Fort Collins, CO 80528 or by phone at (970) 237-7022
  - Colorado Health Medical Group 2315 E. Harmony Rd., Suite 200, Fort Collins, CO 80528 or by phone at (970) 237-7022
- Complaints may also be sent to the Integrity Hotline at 1-855-82-42mtr or 1-855-824-6267 or online at http://www.mycompliancehotline.com/report.asp?id=11&cd=ruoch&prt=1
- You can 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, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights in Colorado by sending a letter to 990 18th Street, South Terrace, Suite 417, Denver, Colorado 80202 or by calling 303-844-7015.
- Complaints to the U.S. Department of Health and Human Services must be filed within 180 days of when you learn of or should have known about the violation.
- We will not retaliate against you for filing a complaint.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
  - Include your information in a hospital directory
  - Provide your religious affiliation to an outside member of the clergy, such as a priest, rabbi or pastor

If you are not listed in the Directory no information will be provided to anyone asking about you. This may prevent visitors, mail, flowers or other gifts from reaching you.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.