

**University of Colorado School of Medicine &
University Physicians, Inc.**

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

Revised: April 14, 2010

**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 tells you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or that could be used to identify you. In this notice, we call protected health information “medical information.” This notice also tells you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

Who Will Follow This Notice

This notice describes the University of Colorado School of Medicine and University Physicians, Inc.’s practices, uses and disclosures of your medical information. This clinic is a University of Colorado School of Medicine service delivery site. The physician(s) who provide care at this site are employed by the University of Colorado School of Medicine and are members of a Group Practice called University Physicians, Inc. The physician(s) who provide care are not employed by University Physician’s, Inc.

The University of Colorado School of Medicine and University Physicians, Inc. are located on the Anschutz Medical Campus in addition to remote clinics and other areas in the State of Colorado. The following are included as a part of these campuses:

- Any health care professional who treats you at any of our locations;
- All departments and units of the University of Colorado School of Medicine and University Physicians, Inc. that must use your medical information as a part of their job;
- All employees, volunteers, and staff of the clinic;
- Any business associate who performs work for us that requires them to access to your medical information;
- All students in certified training programs.

All of these entities, sites and locations will follow what is said in this notice. In addition, they may share medical information with each other for your treatment, payment or their health care operations described in this notice.

Who Won’t Follow This Notice

The following are not covered by this notice. They have their own notice that you should request:

- The University of Colorado Denver Graduate Medical Education House Staff Benefit Plan (a health plan that provides health insurance benefits for our students and trainees); and
- Any other University of Colorado campus that is required to provide a notice.

Our Pledge Regarding Medical Information

The University of Colorado School of Medicine and University Physicians, Inc. understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive. This notice applies to all of the records of your care,

whether made by clinic personnel, research staff, medical students, or your own personal doctor. Your personal doctor, if not an employee of the University of Colorado School of Medicine or when providing services at a private practice location, may have different policies or notices regarding the doctor's use and disclosure of your medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You Without Your Prior Written Agreement

The following categories describe different ways that we use and disclose your medical information. Not every use or disclosure in a category will be listed. All of the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Treatment**

We may use medical information about you to provide, coordinate or manage your health care and related services. *For example*, we may disclose medical information about you to doctors, nurses, hospitals, medical students and other health facilities that become involved in your care as well as those that may assist with your care after you leave our facilities, such as home health agencies or another health care provider.

- **For Payment**

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or someone else who is involved in paying for your care. *For example*, we may need to give your insurance company information about care you had so the company will pay us for the services.

- **For Health Care Operations**

We may use and disclose medical information about you for our own health care operations. *For example*, we may use medical information to review your treatment and our services and to evaluate the performance of our staff caring for you. We may disclose information to doctors, nurses, technicians, medical students, trainees and other hospital personnel for review and learning purposes.

- **How We Will Contact You**

Unless you tell us otherwise in writing, we may contact you by telephone, e-mail or mail at either your home or your office. We may leave messages for you on the answering machine, with someone who answers the phone or on voice mail. We will try not to leave messages with specific information about you. If you want us to communicate with you in a certain way or at a certain location, let the person registering or treating your know so that you may be given a form to make this request.

- **Appointment Reminders**

We may use and disclose medical information about you to contact you to remind you of an appointment you have with us. Reminders may be sent through the mail, done over the phone or e-mailed.

- **Treatment Alternatives**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health Related Benefits and Services**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

- **Fundraising**

We may use information about you to contact you in an effort to raise money. We may disclose this information to a business associate or the University of Colorado (CU) Foundation, an institutionally related foundation, so that it may contact you to raise money for us. We will only release contact information, such as your name, age, gender, address and phone number and the date you received treatment or services. No medical information will

be provided. If you do not want the Foundation to contact you for fundraising efforts, you must notify the Office of Development in writing at P.O. Box 6508, Aurora, CO 80045-0508. Information on how to stop receiving fundraising material will be provided on all fundraising information sent to you from our organizations or business associates.

- **Individuals Involved in Your Care or Payment for Your Care**

We may release medical information about you to a friend, relative, or family member or any other person involved in your medical care. We may also give information to someone who helps pay for your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, you should tell our staff member who is providing care to you.

- **Disaster Relief**

We may use or disclose medical information about you to a public or private organization authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate notifying family members, other relatives, close personal friends, or other people identified by you of your location, general condition or death.

- **Required by Law**

We may use or disclose medical information about you when we are required to do so by federal, state or local law. For example, the State of Colorado requires participation in the Prescription Drug Monitoring Program (PDMP), which mandates submission of identifiable information on patients being prescribed controlled substances.

- **Public Health Activities**

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. *For example*, if you have cancer, we may release medical information about you to the State Cancer Registry. These activities generally include, but are not limited to, the following: To prevent or control disease, injury or disability; To report births and deaths; To report child abuse or neglect; To report reactions to medications or problems with products; To notify people of recalls of products they may be using; or, To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **Victims of Abuse, Neglect or Domestic Violence**

We may disclose medical information about you to a government agency authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims. If you are incapacitated and certain other conditions are met, information may be given to a law enforcement officer or other public official if he or she represents that immediate enforcement activity depends on the disclosure.

- **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, our compliance with civil rights laws, and to make sure we are complying with various government regulations. *For example*, the Department of Health may come in and review records to make sure we are providing good care to our patients.

- **Judicial and Administrative Proceedings, Lawsuits and Disputes**

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information from being disclosed.

- **Law Enforcement**

We may release medical information if required to do so by a law enforcement official: In response to a court, grand jury or administrative order, a subpoena, a warrant, a summons or similar process; To identify or locate a

suspect, fugitive, material witness, or missing person; About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed; About a death we believe may be the result of criminal conduct; About criminal conduct at any of our facilities; In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime; or, As required by law.

- **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner, funeral director or medical examiner as necessary for them to carry out their duties.

- **Organ, Eye or Tissue Donation**

If you are an organ donor, we may release medical information to organizations or organ banks that handle organ procurement or organ, eye or tissue transplantation, as necessary to promote organ or tissue donation and transplantation.

- **Research**

Usually we will get your written permission prior to using or disclosing your medical information for research. Under certain circumstances, we may use or disclose medical information about you for research purposes without your written permission. *For example*, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates the needs of the proposed research project with your needs for privacy of your medical information. We may also disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, for example to look for patients with specific medical conditions or needs, as long as the medical information they review does not leave our facilities.

- **To Avert A Serious Threat to Health or Safety**

We may use or disclose medical information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. Any disclosure would only be to someone able to help prevent the threat. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

- **Military and Veterans**

If you are a member of the Armed Forces, we may use and disclose medical information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

- **National Security and Intelligence**

We may disclose medical information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- **Inmates and Persons in Custody**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official having custody of you. This release will be made if it is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Workers Compensation**

We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness.

- **Food and Drug Administration (FDA)**

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, medications or injections, to enable product recalls, repairs or replacement.

- **Other Uses and Disclosures**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. We are unable to take back any disclosures we have already made with your permission.

Your Rights With Respect to Medical Information About You

- **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) to public or private entities for disaster relief efforts. You also have the right to limit the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

- **Right to Receive Confidential Communications**

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. *For example*, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication, you must do so in writing to the person treating you, the Manager or Director of the Department, Clinic or Unit where you are receiving care or to the Privacy Officer. Your request must state how or where you can be contacted. You will be notified if your request can be granted. We will attempt to accommodate all reasonable requests. However, we may, when appropriate, require information from you concerning how payment will be handled.

- **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect or copy medical information about you at a University of Colorado Hospital facility, you must submit your request in writing. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

We may deny your request to inspect and copy medical information if the medical information involved is: Psychotherapy notes; Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding; Restricted by the Clinical Laboratory Improvements Amendments of 1988 (CLIA); or Information that is not part of the record set we use to make decisions about your care and treatment; Part of a research trial. If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

- **Right to Request Amendments**

You have the right to ask us to amend medical information about you if you feel the information we have about you is incorrect or incomplete. You have this right for so long as the medical information is maintained by us. Your request must state the amendment desired and provide a reason in support of that amendment. A form is available for making this request. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request. If we grant the request, in whole or in part, we will need you to identify others we need to notify about the change. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; Is not part of the medical information kept by us; Is not part of the information which you would be permitted to inspect and copy; or, Is felt to be accurate and complete as originally documented by the person who recorded the information.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial. We may prepare a response to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, may then be appended to the medical information involved or otherwise linked to it. The Privacy Officer should be notified of your request to have any of this information added to your medical record. Information that is added will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information. You also will have the right to complain to the Office of Civil Rights about our denial of your request.

- **Right to an Accounting of Disclosures**

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but will not include any disclosures made before April 14, 2003. Your request must state a time period for the disclosures. Under certain circumstances your right to an accounting of disclosures may be suspended for disclosures to a health oversight agency or law enforcement official. Certain types of disclosures will not be included in the accounting: Disclosures to carry out treatment, payment and health care operations; Disclosures of your medical information made to you; Disclosures for our facility directory; Disclosures for national security or intelligence purposes; Disclosures to correctional institutions or law enforcement officials; Disclosures that you have authorized, in writing; and Disclosures made prior to April 14, 2003.

To request an accounting of disclosures made by University of Colorado Hospital, you must submit your request in writing. Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Copy of this Notice**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may request a copy of our Notice of Privacy Practices at any time. They are available in all areas where care is provided. You may also obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.ucdenver.edu or www.upicolo.org.

Our Right to Change Notice of Privacy Practices

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will display a copy of the current notice at each facility where you receive care. The notice will contain the effective date on the first page. In addition, each time you register at or are admitted to or treated at one of our facilities you may request an updated copy of the current notice in effect. We will also post a current notice on each of our websites.

Complaints

You may complain to us and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights. These complaints must be in writing and must be filed within 180 days of when you learn of or should have known about the violation. To complain to the Secretary of the Department of Health and Human Services contact: Region VIII, Office for Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street – Room 1185 FOB, Denver, CO 80294-3538. Fax: (303) 844-2025.

To file a complaint with us, contact either the University of Colorado School of Medicine's Privacy Officer or University Physicians Inc.'s Privacy Officer. All complaints should be submitted in writing. To help us investigate your complaint, please include how to contact you.

You will not be retaliated against or penalized for filing a complaint. We will not take any action against you or change our treatment of you in any way.

Contact Information

University of Colorado School of Medicine Privacy Officer:
13001 E. 17th Place, MS f497
Aurora, CO 80045

University Physicians, Inc. Privacy Officer:
13611 East Colfax Avenue
Aurora, CO 80045

Both organizations maintain a confidential reporting hotline, which may be accessed at:
www.ethicspoint.com