



## NOTICE OF PRIVACY PRACTICES FOR

### Colorado Brain Recovery, Colorado Concussion Clinic (“PRACTICE”)

1700 E 17th Ave Suite 102

Denver, CO 80218

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.

If you have any questions about this notice, please contact Sarah Brittain, M.S. CCC-SLP, Privacy Officer, (303) 447-0022 ext. 2.

#### WHO WILL FOLLOW THIS NOTICE

PRACTICE offers health care services that are covered by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations. This notice describes the information privacy practices that the Practice follows, and we are required by law to abide by its terms.

#### YOUR HEALTH INFORMATION

This notice applies to any Protected Health Information (as defined below) that Practice prepares, receives or maintains concerning your health, health status, and the health care and services you receive from Practice. This notice is given to you in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations.

Practice is required by law to give you this notice and to preserve the privacy of the Protected Health Information which we maintain. This notice will tell you about the ways in which we may use and disclose your Protected Health Information and describes your rights and our obligations regarding the use and disclosure of that information. This notice does not apply to any information which is not Protected Health Information or which Practice does not prepare, receive or maintain. Practice will observe the confidentiality of such other information as required by law and will abide by the then-current notice. We are also required by law to notify you following a breach of unsecured protected health information.

#### DEFINITIONS

Protected Health Information (PHI): Individually identifiable health information that is transmitted or maintained in any form or medium by Practice.

Individually Identifiable Health Information: Any information, including demographic information, collected from an individual that 1) is created or received by Practice; and 2) is related to the past, present, or future physical or mental health or condition of the individual, or the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual

which a) identifies the individual, or b) there is reasonable basis to believe that the information can be used to identify the individual.

Use (with Respect to PHI): The sharing, employment, application, utilization, examination, or analysis of such information by Practice.

Disclosure: The release, transfer, provision of access to, or divulging in any other manner of PHI outside of Practice.

## HOW PRACTICE MAY USE AND DISCLOSE YOUR PHI

### For Treatment

Practice may use PHI about you to provide you with treatment or services. Practice may disclose PHI about you to speech-language pathologists, doctors, nurses, technicians, office staff or other personnel/providers who are involved in taking care of you and your health. For example, we may use your medical history to decide what treatment is best for you. We may also tell another health care provider about your condition so that provider can help determine the most appropriate care for you.

Practice's personnel may share information about you and disclose information to people who do not work for Practice in order to coordinate your care, such as with your physician. Family members and other health care providers may be part of your medical care outside Practice and may require information about you that Practice may possess.

### For Payment

Practice may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, Practice may need to give Medicare information about a service you received here so your health plan will pay us or reimburse you for the service. Practice may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

### For Health Care Operations

Practice may use and disclose PHI about you in order to provide its services and make sure that you and other patients receive quality care. For example, Practice may use your PHI to evaluate the performance of its staff in caring for you. Practice may also use PHI about its patients to help us decide what additional services Practice should offer, how Practice can become more efficient, or whether certain new treatments are effective.

### Treatment Alternatives

Practice may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

## Health-Related Products and Services

Practice may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, Practice will not use or disclose your information for these purposes. Such a notification is not intended to interfere with our use or disclosure of PHI in connection with your treatment, treatment alternatives, case management, or care coordination as explained under the heading “For Treatment” on the prior page of this notice.

## SPECIAL SITUATIONS

Practice may use or disclose PHI about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

### To Avert a Serious Threat to Health or Safety

Practice may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

### Research

Practice may use and disclose PHI about you for research projects that are subject to a special approval process. Practice will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

### Organ and Tissue Donation.

If you are an organ donor, Practice may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

### Military, Veterans, National Security and Intelligence

If you are or were a member of the armed forces, or part of the national security or intelligence communities, Practice may be required by military command or other government authorities to release PHI about you. Practice may also release information about foreign military personnel to the appropriate foreign military authority.

### Public Health Risks

Practice may disclose PHI about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

### Health Oversight Activities

Practice may disclose PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

### Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, Practice may disclose PHI about you in response to a court or administrative order. Subject to all applicable legal requirements, Practice may also disclose PHI about you in response to a subpoena subject to applicable legal requirements.

### Law Enforcement

Practice may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

### Coroners, Medical Examiners and Funeral Directors

Practice may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

### Information Not Personally Identifiable

Practice may use or disclose PHI about you in a way that does not personally identify you or reveal who you are.

### Family and Friends

Practice may disclose PHI about you to your family members or friends if you agree to the disclosure or if you are given an opportunity to object to such a disclosure and you do not raise an objection. Practice may also disclose PHI to your family or friends if Practice can infer from the circumstances, based on our professional judgment that you would not object. For example, Practice may assume you agree to our disclosure of your personal PHI to your spouse when you bring your spouse with you during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), Practice may, using its professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation Practice will disclose only PHI relevant to the person's involvement in your care. Practice may also use its professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf.

### OTHER USES AND DISCLOSURES OF PHI

Practice will not use or disclose your psychotherapy notes or sell your PHI without your express authorization. Furthermore, Practice will not use or disclose your PHI for marketing activities without

your express authorization, except when the communication occurs in a face-to-face encounter between you and Practice or if the communication involves a promotional gift of nominal value. If authorization is sought for the sale of PHI or for marketing purposes, Practice is required to inform you whether Practice will receive payment from a third party.

Practice will not use or disclose your PHI for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us Authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, Practice will no longer use or disclose information about you for the reasons covered by your written authorization, but Practice cannot take back any uses or disclosures already made with your permission.

## YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding the PHI that the Practice maintains about you:

### Right to Inspect and Copy

You have the right to inspect and copy your PHI, such as medical and billing records that Practice uses to make decisions about your care. You must submit a written request to Practice's Privacy Officer in order to inspect and/or copy your PHI. You may request an electronic copy of your health information if it is maintained in an electronic health record. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. If you request a copy of the information, Practice may charge a reasonable fee for the costs of copying, mailing or other associated supplies. Practice may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your PHI, you may ask that the denial be reviewed. If the law requires such a review, Practice will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and Practice will comply with the outcome of the review.

### Right to Amend

If you believe that any of the PHI that Practice maintains about you about you is incorrect, or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this Practice keeps the information.

To request an amendment, please contact the Privacy Officer and request a Medical Record Amendment/Correction Form. A request for amendment may be denied if it is not in writing or does not include a reason to support the request. In addition, Practice may deny your request if you ask us to amend information that:

- a) Practice did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the Designated Record Set that Practice keeps
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

### Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures Practice made of medical information about you for purposes other than treatment, payment and health care operations or disclosures made with your authorization. To obtain this list, you must submit your request in writing to Practice’s Privacy Officer. It must state a time period, which may not be longer than six years prior to the request. Your request should indicate in what form you want the accounting of disclosures (for example, on paper, electronically). You may be charged for the costs of providing the accounting. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### Right to Request Restrictions

You have the right to submit a written request for a restriction or limitation on the PHI Practice uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI Practice discloses about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that Practice not use or disclose information about a treatment you had.

Practice is not required to agree to your request for restrictions. If Practice does agree to your request for restriction, we will comply with the request unless the information is needed to provide you emergency treatment. Practice will comply with your request that health information regarding a specific health care item or service not be disclosed for purposes of payment or health care operations if you have paid for the item or service in full, out of pocket.

To request restrictions, you may complete and submit a Request for Restrictions on Uses and Disclosures Form to the Privacy Officer.

### Right to Request Confidential Communications

You have the right to request that Practice communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that Practice only contact you by mail.

To request confidential communications, you may complete and submit the Request for Confidential Communications Form to the Privacy Officer. Practice will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information Practice already has about you as well as any information Practice receives in the future.

Practice will post a summary of the current notice with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

## COMPLAINTS

If you believe your privacy rights, as described in this notice, have been violated, you may file a complaint with our office and/ or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Practice's Privacy Officer at (303) 447-0022 ext. 2. You will not be penalized or retaliated against in any way for filing a complaint.