

University of Colorado  
Wardenburg Health Center

**NOTICE OF PRIVACY PRACTICES**  
Effective: September 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.**

Wardenburg Health Center (WHC) is required by law to protect your personal health information. In addition, WHC is required to maintain the privacy of your medical information by the terms of its most current Notice of Privacy Practices, and to provide you with notice of its legal duties and privacy practices with respect to your health information. 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 all of that 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.

WHC participates in the Colorado Regional Health Information Organization (CORHIO) which is an electronic Health Information Exchange (HIE) among participating health care providers in Colorado. WHC participation with CORHIO allows WHC providers to access health information electronically through the HIE for the purposes described in this Notice. At this time, WHC participation does not include entering health information into the HIE so none of your personal health information obtained at Wardenburg Health Center will be placed on the HIE network. You may choose to opt out of participation with the HIE. If you choose to opt out your WHC provider will not be able to view your patient information through the HIE. Please notify any WHC health care provider if you would like to exercise your choice to opt out. Any patient that has opted out previously may choose to opt in at any time.

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

The following categories describe different ways that we may use and disclose your medical information.

• **For Treatment**

We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals, and other health facilities that become involved in your care. We may consult with other health care providers concerning you and, as part of the consultation, share your medical information with them. Similarly, we may refer you to another health care provider and, as part of the referral, share medical information about you with that provider. *For example*, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

• **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, another payor, or someone else who pays for your care. *For example*, we may need to give your insurance company information about a clinic visit you had so your insurance company will pay us for those services or reimburse you for amounts you have paid.

• **For Health Care Operations**

We may use and disclose medical information about you for our own health care operations. Medical information is routinely reviewed by authorized personnel to ensure that all of our patients receive good care. *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.

• **How We Will Contact You**

We may contact you by telephone, mail or secure messaging. We may leave messages for you on the answering machine or voice mail. We will try not to leave messages with specific information about you. If you

would like us to communicate with you in a certain way or at a certain location, let the person registering or treating you 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.

- **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.

- **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 identified by you as being 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, please 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 entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in 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.

- **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. Or, reporting information to someone that is authorized to receive reports of child abuse and neglect. *For example*, if you have cancer, we may release medical information about you to the State Cancer Registry. If you are injured information may be released to a Trauma Registry.

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

We may disclose medical information about you to a government authority 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, or, if you are incapacitated and certain other conditions are met, 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 oversight activities include audits of the care we give, investigations, inspections, licensure or disciplinary actions. 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.

- **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. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. 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 for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, or to report criminal conduct.

- **Coroners and Medical Examiners**

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

- **Funeral Directors**

We may disclose medical information about you to funeral directors 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 that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to promote organ or tissue donation and transplantation.

- **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. 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.

- **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.

- **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 without regard to fault.

- **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, or post-marketing surveillance information to enable product recalls, repairs or replacement.

- **Written Authorization Required**

We will not disclose your health information without your written authorization for marketing purposes, sale of your health information or most situations that involve the sharing of psychotherapy notes.

- **Fundraising**

We may contact you regarding fundraising efforts but it is your right to inform us to not contact you again.

- **Other Uses and Disclosures**

Except as described in this Notice of Privacy Practices, we will not use or disclose your medical information without your written authorization. If you provide us with authorization to use or disclose your medical information for another purpose, you may revoke that authorization, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

### **Your Rights With Respect to Medical Information About You**

You have the following rights with respect to medical information that we maintain 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 operation purposes. We are not required to agree to your request and we may deny the request if it would affect your care.

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 request a limit on 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. Even if we agree to a restriction, we may terminate the restriction at a later date.

To request restrictions, please contact the WHC Compliance Coordinator. A form is available for your use when requesting these restrictions. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

If you pay for a service or healthcare item out-of-pocket in full, you can request us to not disclose information for the purpose of payment or healthcare operations with your health insurer. We will agree unless the law requires us to disclose the information.

- **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. If you want to request confidential communication, you must do so in writing on the Intake Form. Your request must state how and/or where you can be contacted.

- **Right to Inspect and Copy**

You have the right to inspect and/or request a copy of medical information that may be used to make decisions about your care. You have the right to request that this copy be provided to you in an electronic format. This right does not pertain to psychotherapy notes; information compiled in anticipation of, or use in a civil, criminal or administrative action or proceeding; information restricted by the Clinical Laboratory Improvement Amendments of 1988 (CLIA); or information that is not part of the record set we use to make decisions about your care and treatment.

To inspect and/or request a copy of your medical information, you must submit an Authorization for Release of Information form in written or electronic form to the WHC Release of Information Coordinator. Your request should state specifically what medical information you want to inspect or obtain. We will provide you with a summary or a copy of your health record, usually within 30 days of your request. We may charge a reasonable cost-based fee for providing the copy of health records.

- **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. This right does not pertain to information that was not created by us; information that is not part of the medical information kept by us; information which you would not be permitted to inspect or obtain; and information that is accurate and complete as originally documented.

To request an amendment of a record, you must submit your request in writing to WHC Compliance Coordinator. A form is available for making this request. Your request must state the amendment desired and provide a reason in support of that amendment.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with other relevant persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

- **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. This right does not pertain to disclosures made for the purposes of treatment, payment, and health care operations; disclosures of your medical information made to you; disclosures made for national security or intelligence purposes; disclosures made to correctional institutions or law enforcement officials; disclosures that you authorized in writing; and disclosures made prior to August, 2007.

To request an accounting of disclosures, you must submit your request in writing to the WHC Release of Information Coordinator. A form is available for making this request. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

- **Right to a Copy of this Notice**

You have the right to obtain a paper copy of our Notice of Privacy Practices. The Notice of Privacy Practices is displayed prominently in each clinical department and copies are freely available throughout the facility as well as available on the WHC website.

### **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 post a copy of the current notice at our facility. 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.

### **Complaints**

Medical records and their confidentiality are protected under various statutes including: the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA) and Colorado Revised Statutes (C.R.S).

As a student, if you believe your privacy rights under FERPA have been violated you may obtain a complaint form by calling U.S. Department of Education at (202) 260-3887.

Any non-student that believes their privacy rights have been violated, regarding their protected health information, has a right under HIPAA to complain to the U.S. Secretary of the Department of Health and Human Services. To complain to the Secretary 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.

Any patient, student or non-student, with any complaint regarding their health record, is encouraged to contact the WHC Compliance Coordinator. WHC has a complaint form, or you may submit a written complaint. Your complaint must include the date of occurrence, description of the activity or event and the identity of the person filing the complaint. Anonymous complaints cannot be investigated thoroughly. Complaints must be filed within 180 days of the occurrence and should be submitted in writing to the following address:

Wardenburg Health Center  
Attn: WHC Compliance Coordinator  
119 UCB  
Boulder, CO 80309-0119  
Phone: (303) 442-6712  
E-mail: whccompliance@colorado.edu

To help us investigate your complaint, please include how to contact you. You will not be retaliated against or penalized for filing a complaint, and we will not take any action against you or change our treatment of you in any way.

### **Questions and Information**

If you have any questions or want more information concerning this Notice of Privacy Practices please contact the WHC Compliance Coordinator at:

Wardenburg Health Center  
Attn: WHC Compliance Coordinator  
119 UCB  
Boulder, CO 80309-0119  
Phone: 303-492-6712  
E-mail: whccompliance@colorado.edu