

Notice of Privacy Practices

Inside Health – 2700 Madison Square Drive, Loveland, CO 80538 – 970-685-8060 – www.insidehealth.com

We understand that information about your health is very personal. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. **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.**

Your Rights: When it comes to your health information, you have certain rights.

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. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	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’ll 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. You do not need to give a reason for your request. We will say “yes” 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 treatment, payment, or our operations by reaching out to us in writing using the contact information listed below. <ul style="list-style-type: none"> • We are not required to agree to your request, and we may say “no” if it would affect your care. • In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, how we share the information, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. 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. <ul style="list-style-type: none"> • We will say “yes” unless a law requires us to share that information.
Inspect and request copies of the medical information we have	You can inspect and get a copy of the medical information that may be used to make decisions about you, including your medical records and billing records. You must submit your request to us in writing using the contact information below in order to inspect and/or obtain a copy of your medical information. Our practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request, and may collect the fee before providing the copy to you.
Ask us to change your health information	You can ask us to amend your health information if you believe it is incorrect or incomplete, by reaching out to us in writing using the contact information listed below so long as the information is kept by or for our practice.
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 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.
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.
Choose 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.
File a complaint if you feel your rights are violated	You can complain if you feel we have violated your rights by contacting us using the information above. 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, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ . 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.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> • 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 • Contact you for fundraising efforts <p><i>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.</i></p>
<p>In these cases we never share your information without written permission:</p>	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Most sharing of psychotherapy notes (Not applicable)
<p>In the case of fundraising:</p>	<ul style="list-style-type: none"> • We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures: **How do we typically use or share your health information?** We typically use or share your health information in the following ways. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of these categories.

<p>Treat you</p>	<ul style="list-style-type: none"> • We can use your health information and share it with other professionals who are treating you, and a friend or family member involved in your care. 	<p><i>Example: A coach treating you for an injury asks another doctor about your overall health condition.</i> <i>Example: A family member named in a durable power of attorney for health care or similar document provided to us requests information about your overall health condition.</i></p>
<p>Run our organization</p>	<ul style="list-style-type: none"> • We can use and share your health information to run our practice, improve your care, and contact you when necessary. 	<p><i>Example: We use health information about you to manage your treatment and services (including sending out appointment reminders).</i></p>
<p>Treatment Alternatives</p>	<ul style="list-style-type: none"> • We can use and share your health information to contact you and communicate with you about or recommend different ways to treat you. 	<p><i>Example: We call you to discuss a different course of treatment.</i></p>
<p>Bill for your services</p>	<ul style="list-style-type: none"> • We can use and share your health information to bill and get payment from health plans or other entities for our services. 	<p><i>Example: We give information about you to your health insurance plan so it will pay for your services.</i></p>
<p>How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.</p>		
<p>Help with public health and safety issues</p>	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone’s health or safety 	
<p>Do research</p>	<ul style="list-style-type: none"> • We can use or share your information for health research in certain limited circumstances. 	
<p>Comply with the law</p>	<ul style="list-style-type: none"> • We will share information about you if local, state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. 	
<p>Respond to organ and tissue donation requests</p>	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. 	
<p>Respond to public health risks</p>	<ul style="list-style-type: none"> • We can share health information about you for public health activities. These activities generally include but are not limited to the following: <ul style="list-style-type: none"> ○ To report, prevent or control disease, injury, or disability; ○ To report births and deaths; ○ To report reactions to medications or problems with products; ○ To notify people of recalls of products they may be using; 	

	<ul style="list-style-type: none"> ○ 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; ○ To report abuse or neglect as required by law; and ○ To notify your employer under limited circumstances related primarily to workplace injury, illness, or medical surveillance.
Work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share health information about you: <ul style="list-style-type: none"> • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you, including but not limited to all records our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. The new notice will be available upon request, in our office in a visible location, and on our web site—www.insidehealth.com

If you want more information about our privacy practices, or if you have questions or concerns, please contact us. If you are concerned that we may have violated your privacy or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us. For more information about HIPAA, our privacy practices or to file a complaint, you may contact:

Inside Health
Privacy Official – David Kolowski, DC – 970-685-8060
frontdesk@insidehealth.com

U.S. Dept. of Health and Human Services, Office of Civil Rights
200 Independent Ave., S.W.
Washington, D.C. 20201
Phone: (202) 619-0257 or 1-877-696-6775 or visit
www.hhs.gov/ocr/privacy/hipaa/complaints

Effective Date of Notice: 1/1/2013