



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE ACCESSED, USED, AND DISCLOSED, AND YOUR RIGHTS UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ("HIPAA"). PLEASE REVIEW IT CAREFULLY.

We understand that health information about you and your health is both personal, and sensitive. We are committed to safeguarding the privacy and confidentiality of your health information. CCH may create an electronic health record ("EHR") to document the health care and services you receive from us including health information about you CCH may receive from other health care providers involved in your care.

This Notice applies to all health information documented in your medical records maintained by CCH, and includes:

1. CCH responsibilities regarding your health information,
2. How CCH may access, use, and disclose your health information, and
3. Your rights under HIPAA.

Our responsibilities regarding your health information:

- We are required to maintain the privacy and security of your health information, including reproductive health care and substance use disorder ("SUD") information. We will not disclose such information without your written consent, except as required by law and regulation.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and provide you with a copy of this Notice which is available in paper format upon request, published electronically at <https://www.coloradocoalition.org/>, and displayed at CCH health care facilities.
- We will not access, use, or disclose your health 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.

We may access, use, and disclose your health information without your consent for treatment, payment, and health care operations purposes, often referred to as "TPO", which are permissible by the HIPAA Privacy Rule pursuant to 45 CFR § 164.506(c)(2).

- **For treatment:**

We can access, use, and disclose your health information with other health care providers who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

- **For payment:**

We can access, use, and disclose your health information to bill and receive payment from health plans or other payors.

Example: We may share information about you to your health insurance plan so it will pay for your services.

NOTICE OF PRIVACY PRACTICES

- **For health care operations:**

We can access, use, and disclose your health information to run our health care practice, improve your treatment, and contact you when necessary.

Example: We may share information about you to send you appointment reminders, and/or for communications facilitated by our patient portal, and telehealth platform which are enabled by a third party.

There are other circumstances when we may access, use, and disclose your health information without your consent or the opportunity for the you to agree or object which contribute to the public good or as required by law and regulation. If we receive a request for reproductive health care information related to health oversight activities, judicial or administrative proceedings, law enforcement (e.g., subpoenas or court orders), or disclosures to coroners or medical examiners, we must obtain a signed attestation (e.g., affidavit) that the use or disclosure is not for a prohibited purpose. Your health and well-being are our top priorities, and we ensure that your sensitive health information is treated with the utmost respect and privacy. We are required to meet many conditions in the law and regulation before we can share your health information for these purposes which are permissible by the HIPAA Privacy Rule pursuant to 45 CFR § 164.512.

- **As required by law and regulation to comply:**

We can access, use, and disclose your health information if state or federal laws and regulations require it, including with the Department of Health and Human Services (HHS).

Example: We may share information about you to report to the Office for Civil Rights (OCR) when a breach of health information should occur.

- **Public health risks:**

We can access, use, and disclose your health information to help and support public health and safety issues.

Example: We may share information about you to avert a serious threat to health and safety such as:

- Disaster relief.
- 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.

- **Health oversight activities:**

NOTICE OF PRIVACY PRACTICES

We can access, use, and disclose your health information to health oversight agencies for authorized activities.

Example: We may share information about you when authorized by law and regulation and necessary for the oversight of the health care system, government health care benefit programs, or when determining compliance with program standards.

- **Health Information Exchange (HIE):**

We endorse, support, and participate in an electronic HIE to improve your treatment, and the quality of your health and health care experience.

Example: We may share information about you with the Colorado Regional Health Information Organization (CORHIO) which is a non-profit, public-private partnership HIE that plays a crucial role in improving health care quality for all Coloradans. You may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time. For more information about CORHIO and how they protect your information, please visit <https://www.corhio.org/for-patients/faqs-for-patients>.

- **Research studies and sponsored programs:**

We can access, use, and disclose your health information when you voluntarily agree and qualify to participate in research studies and sponsored programs authorized by your waiver approval.

Example: We may share information about you when authorized by your waiver approval under the Social Impact Partnerships to Pay for Results Act (SIPPRa) sponsored by the United States Department of the Treasury. For more information about SIPPRa and how they protect your information, please visit <https://www.whitehouse.gov/omb/sippra/>.

- **Lawsuits and disputes:**

We can access, use, and disclose your health information in response to a court or administrative order, or in response to a subpoena.

Example: We may share information about you if we receive a court or administrative order signed by a judge, we will disclose only the records and information specifically described in that order. When responding to a subpoena issued by someone other than a judge, such as a court clerk or an attorney, we will ensure that the notification

NOTICE OF PRIVACY PRACTICES

requirements of the HIPAA Privacy Rule are met. Before disclosing any information, we will verify that reasonable efforts were made to notify you or seek a qualified protective order from the court.

- **Law enforcement personnel and agencies:**

We can access, use, and disclose your health information for law enforcement purposes or with a law enforcement agency or official.

Example: We may share information about you in response to a court order, subpoena, warrant, summons, or similar process, when legally compelled to do so by a law enforcement agency or official.

- **National security and intelligence activities:**

We can access, use, and disclose your health information for special government functions such as national security, and presidential protective services.

Example: We may share information about you in cases where it is necessary to protect the security of our nation and/or ensure the safety and security of the President and other high-level officials.

- **Coroners, medical examiners, and funeral directors:**

We can access, use, and disclose your health information with a coroner, medical examiner, or funeral director when an individual dies.

Example: We may share information about you with coroners and medical examiners to determine the cause of death, investigate any suspicious circumstances, or fulfill their legal duties.

- **Correctional facilities for inmates:**

We can access, use, and disclose your health information in connection with correctional facilities for inmates.

Example: If you are an inmate of a correctional institution, we may share information about you to the institution or officials as permitted by law. This allows the institution to provide you with health care, protect your health and safety, and ensure the health and safety of others within the facility.

- **As required by military, veteran, and workers compensations requests:**

We can access, use, and disclose your health information for special government

Example: If you are an active military member or a veteran, we may share



NOTICE OF PRIVACY PRACTICES

functions such as military and veteran's administration, and workers compensations requests.

information about you as required by military command authorities or for other military-related purposes. We may share information about you in response to workers' compensation or other similar program requests for claims administration purposes.

Your choices under HIPAA:

You have certain choices about how we access, use, and disclose your health information that require your consent provided by the HIPAA Privacy Rule pursuant to 45 CFR § 164.508.

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.

If you cannot tell us your preference, for example if you are unconscious, we may 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. We may disclose information to someone who is involved with your health care or who helps pay for your health care.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. However, this is not our practice.

Your rights under HIPAA:

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities to help you which are provided by the HIPAA Privacy Rule pursuant to 45 CFR §§ 164.520 – 530.

NOTICE OF PRIVACY PRACTICES

Receive 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 at no cost. We may charge a reasonable, cost-based fee. However, this is not our practice.

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 will tell you why in writing within 60 days.

Request confidential communications:

- You can ask us to contact you in a specific way (e.g., home or office phone) or to send mail to a different address.
- 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. We are not required by law and regulation to agree to your request, and we may say “no” but must inform you why your request was denied.
- 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. We will say “yes” unless we are legally required to share that information.

Receive a list of those with whom we have shared information:

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, whom 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

NOTICE OF PRIVACY PRACTICES

disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Receive a copy of this Notice of Privacy Practices:

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.
- You can also review a copy of this Notice published online at <https://www.coloradocoalition.org/>.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, they can exercise your rights and make choices about your health information.
- We will make reasonable efforts to confirm this person has this authority and can act for you before we take any action.

File a complaint with CCH or with HHS if you feel your rights are violated:

- You can complain if you feel we have violated your HIPAA rights by contacting us using the information included in this Notice.
- You may file your complaint by email to HIPAA@coloradocoalition.org or to the attention of the CCH Privacy Office by fax: (303) 296-8826 or postal mail: 2062 Stout Street, Denver, CO 80205. Your complaint must be submitted in writing. There will be no retaliation for your filing of such complaints with the CCH Privacy Office.
- 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.



NOTICE OF PRIVACY PRACTICES

We may amend its Notice of Privacy Practices at any time. CCH must abide by the terms of this Notice, or any amended Notice that may follow. An amended Notice of Privacy Practices will apply to all the health information documented in your medical records maintained by CCH, regardless of whether collected directly from you or acquired from third parties about you.

Effective Date. This Notice is effective May 28, 2024.