

# Notice of Privacy Practices

## SURGICAL SPECIALISTS OF COLORADO, P.C.

Effective Date: 07/01/2010

Revised: 10/01/2020

**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 our Privacy Official by dialing 303-940-8200.

### **Our Responsibility**

The office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documentation of your symptoms, examination, and test results; diagnoses and treatment, and information concerning future care or treatment. It also includes documents related to billing for those services.

### **Uses and Disclosures**

#### **How This Medical Practice May Use or Disclose Your Health Information**

This medical practice collects health information about you and stores it on a computer in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

**Treatment:** We may use medical information about you to provide your medical care. We may disclose medical information about you to nurses, technicians, medical students and other physicians and/or hospital personal who are involved in your care. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

We may also provide other healthcare providers with copies of various reports that could assist in your treatment.

**Payment:** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

**Health Care Operations:** Members of the staff may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. We may disclose information to doctors, nurses, and other students for education purposes. We may combine medical information we have with that of other practices, Health Information Exchange providers or hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon services and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To have you sign your name on a Sign in Sheet when you arrive at our office;
- To tell about health related benefits or services; and
- For conducting training programs or reviewing competence for health care professionals.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include services for radiology, laboratory testing, and transcription services. When these services are contracted we may disclose your health information to our business associates so they can perform the job we've asked them to do and bill you or a third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose

medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Future Communication:** We may communicate to you via newsletter, mail outs or other means regarding treatment options, health related information, wellness programs or other community based initiatives or activities our practice is participating in.

**Organized Health Care Arrangement:** This practice is presenting this document as a notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at this time.

**Affected Covered Entity:** Caregivers at other facilities or practices may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time.

**As required by Law:** We may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by the law or in response to a valid subpoena.

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.

## Your Health Information Rights

Although your health record is the physical property of the practice practitioner or facility that compiled it, you have the **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 is medical and billing records, but does not include psychotherapy notes or other notes which we are legally forbidden to disclose. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor and materials associated with copying and/or transmitting the electronic record.

**Right to Get Notice of a Security Breach:** We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 10 days after we discover the breach. Unsecured Protected Health Information is Protected Health Information that has not been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:

- A short description of what happened, the date of the breach and the date it was discovered;
- The steps you should take to protect yourself from potential harm from the breach;
- The steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- Contact information where you can ask questions and get additional information.

**Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we make of medical information about you.

**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 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. For example, you could ask that we not use or disclose information about a visit that you had.

**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.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

**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 this notice electronically, you are still entitled to a paper copy of **this notice**. You may obtain a copy of this notice at our website: [www.ssoc.com](http://www.ssoc.com)

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

### **Changes To This Notice**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted on the practice's website and include the effective date. In addition, each time you visit the practice for treatment or health care services, we will have available a copy of the current notice in effect.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the practice by contacting the main number at 303-940-8200 and asking for the practice Privacy Official or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, contact the Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **Other Uses For Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us, including psychotherapy notes, disclosure for marketing purposes and disclosures that constitute the sale of PHI 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 authorization. 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 that we provided to you.

**PRIVACY OFFICIAL-** Please send any correspondence to:

Surgical Specialists of Colorado  
400 Indiana St., Suite 200  
Golden, Co. 80401  
Attn: Privacy Officer