

## NOTICE OF PRIVACY PRACTICES

Privacy notice of Colorado Access and its subsidiary New Health Ventures, Inc., as applicable (referred to in this Notice of Privacy Practices as “us,” “we” and “our”).

**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 need this document or any document in large print, Braille, other formats or languages, or read aloud, or need another copy, call 800-511-5010. For TDD/TTY, call 888-803-4494. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

Si necesita esta documento o cualquier documento en letra grande, Braille, otros formatos o idiomas, o se lea en voz alta, o necesita otra copia, llame al 800-511-5010 (llamada gratuita). Para TTY/TDD llame al 888-803-4494. Llame de lunes a viernes, de 8 a.m. a 5 p.m. La llamada es gratis.

### OUR COMMITMENT

This notice describes how information about you may be used and disclosed and how you can get access to this information. ***Please read it carefully.***

This Notice applies to Colorado Access and New Health Ventures, Inc. To run our business, we make and receive records about you and your care. What we collect is called protected health information (PHI). We keep your PHI safe and private.

By law, we protect your PHI and will tell you how. We must tell you if your PHI was shared by mistake and there is a risk it is not protected. We must follow this Notice when using or sharing your PHI.

### HOW WE USE AND DISCLOSE (SHARE) YOUR PHI

#### Uses of PHI without your authorization (permission)

We may disclose (share) your PHI without your written permission for these reasons:

- Treatment - To help you get the care you may need. For example, for a referral to a doctor.
- Payment - To pay for your health care services. For example, to speak to a doctor about a bill they send to us.
- Health care operations - We will use or share PHI to run our business and manage your care. We do this to improve the care and services you receive. For example, we will use your PHI to:
  - Talk with you about your health care
  - Contact you about your benefits
  - Provide you case management services
- To others involved in your care and/or notification purposes.
  - If you are there or can tell us to do so, we may share your PHI to others involved in your care.
  - In an emergency, we will decide if sharing your PHI with others is in your best interest. We will also do this if you cannot tell us your choice. If we do share your PHI in situations where you are not available, we will share only what is needed for your care or for payment related to it.
  - We may share your PHI with an agency working with disaster relief efforts to help with notifications.
- Business associates - We may share your PHI with companies that work for us. Before we share your PHI, we get their written agreement to protect your PHI.



- Health oversight activities - We may share your PHI with a government office that oversees the health care system and makes sure we follow the rules of government benefit programs.
- Public health activities - When required, we may share your PHI with public health agencies to prevent disease.
- Judicial and administrative proceedings - We may share your PHI when ordered by a judicial or administrative order.
- Law enforcement officials - We may disclose your PHI to the police or other law enforcement official when required by a court order or other process authorized by law.
- Required by law - We will share PHI when required by state or federal law. This includes, but is not limited to:
  - Reporting suspected abuse or neglect
  - When court ordered to share information
  - When there is a legal duty to warn or act due to a serious threat to health or safety to you, some other person, or the general public
- Specialized government functions - We may share your PHI when it relates to national security, intelligence activities, and special government functions. This includes military and veterans' activities.
- Correctional institutions - We may share your PHI if you are an inmate or under the custody of a law enforcement official for the purposes of health care or safety.
- Coroners, medical examiners, funeral directors and organ procurement organizations/entities - We may share your PHI with a coroner, medical examiner, or funeral director so that they may do their job. We may share your PHI with staff to aid in organ, eye, or tissue donation and transplantation.
- Research - We may share your PHI for research studies, but only as allowed by law.
- Workers' compensation - We may share your PHI with programs that provide benefits for injuries or illness related to work.

#### **Using and sharing of certain PHI deemed "highly confidential"**

- For certain kinds of PHI, federal and state law may require more privacy protection. For example, this includes PHI that is:
  - A psychotherapy note
  - About alcohol and drug abuse prevention, treatment, and referral
  - About HIV/AIDS testing, diagnosis or treatment
  - About venereal and/or communicable disease(s)
  - About genetic testing

#### **Confidentiality of alcohol and substance abuse records**

Some alcohol and drug abuse patient records are protected by federal law and regulations. Reports of suspected child abuse and neglect are not protected. Information about committing a crime on our premises or against our staff is not protected. Information about a threat to commit a crime is not protected. Generally, if you have an alcohol or drug abuse disorder, we may not share any information identifying you, unless:

- You give us written permission
- We get a court order
- We share with health care workers in a medical emergency or with qualified workers for research, audit, or program evaluation

Violation of the federal law and regulations regarding substance use information could be a crime. Suspected violations may be reported to appropriate authorities in accordance with federal laws. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR part 2 for federal regulations.)

#### **Uses of PHI that need your authorization (permission)**

We must get your written authorization (permission) to share psychotherapy notes. We must get your written permission to use your PHI for marketing or to sell your PHI. We must get your written permission to use or

share your PHI for any other purpose not described above. You may cancel your written authorization at any time. The cancellation will not apply to disclosures made before we receive your cancellation. Call the privacy official at the number below for help cancelling an authorization.

## **YOUR PRIVACY RIGHTS**

When it comes to your health information, you have certain rights. For help with any of these rights, please call our privacy official at 855-879-8286 (toll free). We will then give you any forms you may need to fill out. You have the right to:

- Get a copy of your health records. You can ask to see or get a copy of and inspect your PHI in paper or electronic form. There are some limits to this right. We will tell you when we cannot share information with you. We will tell you if there will be a fee for the records.
- Ask us to fix your health records. You can ask us to fix your health records if you think they are wrong or incomplete. We will either fix them or tell you why we cannot.
- Ask for confidential communications. You can ask us to reach you in a certain way (for example, home or office phone) or to send mail to a different address. We will look at all requests. We will agree to them if they are reasonable and can be done.
- Ask us to limit what we use or share. You can ask us to limit how and when we use or share your PHI. We will carefully review each request but we may not agree. We will tell you if we agree.
- Know when we have shared your information for certain reasons. You can ask for a list of the times we have shared your PHI in the past six years for reasons other than treatment, payment, health care operations, with your permission, and some other exceptions, in the past six years.
- Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time. If you need this document in another language, large print or on tape, please call us at 800-511-5010 (toll free). TTY/TDD users should call 888-803-4494.

☞ You also may also get a copy on our website at [coaccess.com](http://coaccess.com).

- To file a complaint. If you think your privacy rights have been violated, you may file a complaint with us. The address is below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not take action against you for doing so.

## **CONTACT US**

To act on any of your rights or to ask questions, please contact our privacy official at 855-879-8286 (toll free) or the address below:

Colorado Access  
Privacy Official  
11100 E. Bethany Drive  
Aurora, CO 80014

Email: [privacy@coaccess.com](mailto:privacy@coaccess.com)

## **PERSONAL REPRESENTATIVES**

If you have given someone medical power of attorney, if someone is your legal guardian, or if someone has the legal authority to act for you, that person can act on your rights. They can sometimes make choices about your PHI. We will make sure they have this authority before we act. You may also sign a form that allows us to share PHI for certain reasons with people who are not your personal representative. You can change your mind at any time. Let us know in writing if you change your mind.

## **EFFECTIVE DATE AND CHANGES**

We may change the terms of this Notice at any time. We may make the new terms effective for all PHI that we already have. If we change this Notice, we will post the updated version on our website. We will also send you a paper copy in our next yearly mailing. This Notice is effective as of November 1, 2017.

