

Your Information. Your Rights. Our Responsibilities.

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.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- Claim records are sent to you when we send a bill, usually monthly but it can be sent upon request.
- Under HIPAA you also have the right to inspect and copy your own health information maintained by BIH, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Ask us to correct health and claims records

- Under HIPAA you also have the right, with some exceptions, to amend health care information in BIH records, and to request and receive an accounting of disclosures of your health-related information made by BIH during the six years prior to your request.
-

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.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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.
- Upon admission you can fill out a release of information allowing us to share certain information with any designated parties.
- Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. BIH is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

Authorization to release information

- BIH's Release of Information form has been revised to allow revocation of the release in writing. Limitations on information desired released may be indicated on the form. Psychotherapy notes are covered under HIPAA, thus are considered BIH property and are not required to be disclosed to the client. All other PHI in the client's chart is their property and can be requested and copies for the client.

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 upon admission 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 that we have violated your rights by filling out a grievance form, which is available in the office or can be mailed or sent to you electronically.
- 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/**.
- Or by contacting the Office of Behavioral Health at:

Office of Behavioral Health
3824 W. Princeton Circle
Denver, CO 80236
Tel: 303-866-7400

<https://www.colorado.gov/pacific/cdhs>

- We will not retaliate against you for filing a complaint.

Our Uses and Disclosures

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.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - 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

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if 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.

We can use or share health information about you

- 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

Responding to lawsuits and legal actions

- Any legal request for a copy of confidential records from the person who has received services, or an external source must be reviewed with the Executive Director and Compliance Officer.
 - The person must be notified of the request and an authorization to release signed prior to speaking with the attorney. If an attorney receives the records, they are prohibited from re-disclosing said records.
 - Subpoenas are not sufficient documentation for disclosing information concerning those individuals that have or are receiving services at Boulder Integrated Health.
 - We can share health information about in response to a court or administrative order, or in response to a subpoena.
-

Your Privacy

- 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. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to the following organizations.

Boulder Integrated Health, LLC

2429 Broadway

Boulder, CO 80304

www.boulderintegratedhealth.com 720-739-6500