

Notice of Privacy Practices

Effective Date of This Notice: [date entered by database]

This Notice of Privacy Practices is in compliance with HIPAA.

What is HIPAA? HIPAA stands for the Health Insurance Portability and Accountability Act. Any health care provider that electronically transmits patient health or billing information for certain specified transaction (usually to insurance companies for benefits or payment purposes) is subject to this federal law.

Because we do not electronically transmit your information to insurance companies or for any of the specified transaction, The Sheldon Sowell Center for Health, PC is not subject to HIPAA regulations. However, in our ongoing efforts to adhere to the highest standards of medical privacy we are voluntarily following its guidelines. These are enumerated, using the officially prescribed language, below. By summarizing the required and permissive disclosures below, we are intending to limit our disclosures in accordance with HIPAA and the following summary should be read to permit any disclosure permitted under HIPAA.

If you have questions about any part of this notice or if you want more information about our privacy practices please contact the Practice Manager at:

The Sheldon Sowell Center for Health
1780 S Bellaire St. Suite 700
Denver, CO 80222
(303) 789-4949
privacy@sheldonsowell.com

I. How The Sheldon Sowell Center for Health may Use or Disclose Your Health Information

We collect health information from you and store it in a chart and on a computer. This is your medical record. The medical record is the property of The Sheldon Sowell Center for Health, PC but the information in the medical record belongs to you. We protect the privacy of your health information. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We will share your health information with professionals and businesses necessary for your treatment. For example, we may share your information with other health providers such as pharmacists and specialists, or with businesses that perform medical imaging and x-rays.
2. **Payment.** Per your request, we can mail claims to your insurance company with instructions that the insurance company reimburse you directly. We do not accept

payment from insurance companies. You are responsible for your bills per the terms of your Membership Contract. However, we cannot electronically submit this information to your insurance company.

3. Health Care Operations. We may use or disclose your PHI, as necessary, for our own health care operations and to provide quality care to our patients. Health care operations include the following:

- Quality assessment and improvement activities.
- Employee review activities.
- Training programs including those in which students, trainees, or parishioners in health care learn under supervision.
- Accreditation, certification, licensing, or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
- Business management and general administrative activities.

In certain situations, we may also disclose PHI to another provider or health plan for their health care operations. We may also share your medical information with our "business associates", such as our e-prescribing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information.

4. Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. Upon joining the practice, you will complete a contact form instructing us how to contact you and with whom may we leave messages. We will only disclose medical information for appointment reminders via the communication options you have authorized.

5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts.

6. Required by law. As required by law, we may use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or other abuse or neglect; reporting domestic

violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

9. Judicial and administrative proceedings. We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

10. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

11. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

12. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

13. Law Enforcement. We may disclose your PHI to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries.
- Pursuant to court order, court-ordered warrant, subpoena, summons, or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the provider has a suspicion that your death was the result of a crime.
- In an emergency in order to report a crime.

14. Serious Threat of Harm. We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

15. Specified Government Functions. In certain circumstances, the Federal regulations authorize *us* to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence

activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

16. **Breach Notification.** In the case of a breach of unsecured health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associates may provide the notification. We may also provide notification by other methods as appropriate.

II. When The Sheldon Sowell Center for Health May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices and as permitted under HIPAA, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for, in full, out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

2. You have the right to receive your health information through reasonable means. For your electronic medical record, we can securely email it to you or burn it to a CD. We can also provide you with a printed copy. With CDs or printed copies, we can either mail it to you or you can pick it up at our office.

3. You have the right to inspect and copy your health information with limited exceptions. We may require inspection or copy requests to be in writing. We may deny your request under limited circumstances and you may have a right to appeal our decision.

4. You have a right to request that The Sheldon Sowell Center for Health, PC amend your health information that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by The Sheldon Sowell Center for Health, PC except that we do not

have to account for the disclosures concerning treatment, payment, health care operations, and information provided to you.

6. You have a right to a paper copy of this Notice of Privacy Practices.

IV. Changes to this Notice of Privacy Practices

The Sheldon Sowell Center for Health reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, we will comply with this Notice.

We will notify you via your preferred method of contact, and will ask you to sign a new notice on your next office visit.

V. Complaints

Complaints about this Notice of Privacy Practices or how The Sheldon Sowell Center for Health, PC handles your health information should be directed to our Practice Manager. Call (303) 789-4949 or email privacy@sheldonsowell.com.

You will not be penalized for filing a complaint.

By signing below, I acknowledge that I have read and understood this Notice of Privacy Practices.

Date _____

Patient _____ Signature _____