

**ALLERGY & ASTHMA CENTER OF THE ROCKIES**  
HIPAA NOTICE OF PRIVACY PRACTICES

PLEASE REVIEW CAREFULLY

Our Company's Pledge To You

This notice is intended to inform you of the privacy practices followed by Allergy & Asthma Center of the Rockies. It also explains the federal privacy rights afforded to you and the members of your family.

As a medical provider, Allergy & Asthma Center of the Rockies often needs access to health information in order to provide treatment, obtain payment and function in your best interest. We want to assure you that we comply with federal privacy laws and respect your right to privacy. Our staff has been trained to follow these policies. Third parties that are provided access to health information comply with the privacy practices outlined below.

Uses and Disclosure of Health Information

**Health Care Operations** - Your health information may be used, as necessary, to support the day-to-day activities and management of our clinic. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Payment**- Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurer, that you may use to pay for services, provided, and the medical condition being treated.

**Treatment**- Staff members for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment, offering treatment alternatives may use your health information.

**Appointment Reminders**- We may use and disclose medical information to contact you as a reminder that you have an appointment.

**As permitted or required by law**- We may also use or disclose your health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g. reporting diseases to the state's public health department) without your written authorization. We are also permitted to share health information during a corporate restructuring such as merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

**Pursuant to your Authorization** When required by law, we will ask for your written authorization before using disclosing your identifiable health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to cease any future uses or disclosures. In all cases we will do our best to provide only the minimum medical information necessary to fulfill the request, unless otherwise directed to do so.

## Individual Rights

**Right to Inspect and Copy-** In most cases you have a right to inspect and receive copies of the health information we maintain about you. If you request copies, we will not charge for the initial set, but reserve the right to charge for any mailing fees and additional copies. Your request to review your health information must be submitted in writing to the address listed below.

**Right to an Accounting of Disclosures-** You have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes.

**Right to Amend-** If you believe that information within your records is incorrect or if important information is missing, you have a right to request that we correct the existing information or add the missing information. Although the right to request a change exists it does not constitute an adjustment on our behalf. If the request is denied, you will receive a written reason for denial.

**Right to Request Restrictions-** You may request in writing that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request, but are not legally obligated to agree to those restrictions.

**Right to Request Confidential Communications-** You have the right to receive confidential communications containing your health information. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address. This request must be made specifically for each instance.

**Right to Receive a Paper Copy of this Notice-** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person below.

## Our Legal Duties

We are required by law to protect the privacy of your information, provide this notice about information practices, and follow the information practices that are described in this notice.

We may change our policies at any time. Before we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, please call (970) 227-4611.

**Complaints** If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the number above. You also may send a written complaint to the U.S. Department of Health and Human Services – Office of Civil Rights.