

## HIPAA Privacy Notice-Detailed

For Colorado Allergy and Asthma Centers, P.C. ("The Practice")

**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.**

Federal regulations developed under the Health Insurance Portability and Accountability Act (HIPAA) requires that the practice provide you with this Notice Regarding Privacy of Personal Health Information. The Notice describes (1) how the practice may use and disclose your protected health information, (2) your rights to access and control your protected health information in certain circumstances, and (3) the practices' duties and contact information.

### I. Protected Health Information

A. "Protected Health Information" (PHI) is health information created or received by your health care provider that contains:

- Information that may be used to identify you, such as demographic data.
- Includes written or verbal health information that relates to your past, present or future physical or mental health; the provision of health care to you.
- Your past, present, or future payment for health care.

B. "Electronic Protected Health Information (ePHI)" is health information transmitted electronically, up to and including information obtained during telemedicine visits.

### II. The Use and Disclosure of Protected Health Information in Treatment, Payment, Health Care Operations, and Other Disclosures

Your protected health information may be used and disclosed by the practice in the course of providing treatment, obtaining payment for treatment, conducting health care operations, or reviewing for research/clinical trial purposes. Any disclosures may be made in writing, electronically, by facsimile, or verbally. The practice may also use or disclose your protected health information in other circumstances if you authorize the use or disclosure, or if state law or the HIPAA privacy regulations authorize the use or disclosure.

**Treatment:** The practice may use and disclose your protected health information in the course of providing or managing your health care as well as any related services. For the purpose of treatment, the practice may fax, phone, mail, or electronically share your health care records with a third party. For example, the practice may disclose your protected health information in order to complete the following:

- Fulfill a medication prescription
- Order imaging or lab at a facility
- Share information with another physician who is administering your allergy injections, a provider conducting primary care, or a provider conducting care upon a referral.
- Sharing information with state of Colorado Vaccine Registry (CIIS)
- Submit PHI requested for insurance reviews or audits
- In addition, the practice may disclose protected health information in order to:
  - A. Share information with other physicians or health care providers for treatment activities of those other providers; i.e. ENT, Dermatology, Gastroenterologist
  - B. Share information with other professionals involved in the patient's healthcare such as schools, day care or college health centers

**Photography:** The practice may take and use photographs of patients for the purpose of enhancing patient safety (for example: identification before treatment). Photographs may be used to document response to treatment, and will not be used outside of the patient record for any purpose other than medical treatment. Any photos used for marketing purposes will be on an individual request and a Media Release form will be completed prior to use. Photos will be taken with a camera, saved to the chart and then deleted from the device.

**Payment:** When needed, the practice will use or disclose your protected health information to obtain payment for its services. Such uses or disclosures may include:

- Disclosures to your health insurer to get approval for a recommended treatment
- Determine whether you are eligible for benefits or whether a particular service is covered under your health plan
- Disclose PHI to your insurance company to demonstrate the medical necessity of the care or for utilization review when required to do so by your insurance company
- Disclose your PHI to another provider where that provider is involved in your care and requires the information to obtain payment
- Patients are offered to have a Credit Card on File for payments. If you agree to the terms of "Credit Card on File" the payment vendor will print out an agreement to encompass privacy guidelines.

**Operations:** The practice may use or disclose your protected health information:

- When needed for the practice's health care operations for the purposes of management or administration of the practice health care operations may include: Quality evaluations and improvement activities
- Employee review activities and training programs;
  - Accreditation, certification, licensing, or credentialing activities
- Reviews and audits such as compliance reviews, medical reviews, insurance reviews, legal services, and maintaining compliance programs
- Business management and general administrative activities. For instance, the practice may use, as needed, protected health information of patients to review their treatment course when making quality assessments regarding allergy care or treatment
- The practice agrees to comply with all Federal Regulations and requests for PHI
- Record retention is in compliance with state regulations and then destroyed; as an adult, records are kept for 10 years from last date of service. Charts for minors under 18 years old chart is kept until of age and then 10 years before destruction. Off-site storage is used for record retention.
- Fees may apply for record requests in compliance with Colorado State regulations.

**Research:** When justified, warranted, or required, the practice (CAAC) may:

- Include and access your PHI using CAAC database
- Review your PHI as necessary for conducting clinical trials
- Contact you to discuss the opportunity to enroll you in the clinical trials being conducted at CAAC and to include you in the CAAC database.

**Law Enforcement Disclosures:** The practice complies with all requests from Law Enforcement Agencies regarding PHI.

- To report PHI to a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public
- To report PHI that the covered entity in good faith believes to be evidence of a crime that occurred on the premises.
- To alert law enforcement to the death of the individual, when there is a suspicion that death resulted from criminal conduct.
- When responding to an off-site medical emergency, as necessary to alert law enforcement to criminal activity.
- To report PHI to law enforcement when required by law to do so (such as reporting gunshots or stab wounds).
- To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or an administrative request from a law enforcement official (the administrative request must include a written statement that the information requested is relevant and material, specific and limited in scope, and de-identified information cannot be used).

To respond to a request for PHI for purposes of identifying or locating a suspect, fugitive, material witness or missing person, but the information must be limited to basic demographic and health information about the person.

**Other Uses and Disclosures:** As part of treatment, payment, healthcare operations, or reviewing for research/clinical trial purposes, the practice may also use or disclose your protected health information to:

- Request a photo ID at visit time, including telemedicine visits
- Leave an appointment reminder or message for referral needs on your telephone voicemail, email or text
- Inform you of potential treatment alternatives or options, which may include, but not limited to, normal lab or x-ray results
- Inform you of health-related benefits or services that may be of interest to you
- Leave a message to discuss an opportunity to enroll you in ongoing Asthma Allergy Research; and/ or continuation in research studies/ clinical trials
- Leave a reasonable and limited message on one of following; home, work, cell, voice mail/ text or email

**Additional Uses and Disclosures Permitted Without Authorization or Opportunity to Object:**

- When legally required
- When there are risks to public health
- To report abuse, neglect or domestic violence
- To conduct health oversight activities
- For judicial and administrative proceedings
- For law enforcement purposes
- To coroners, funeral directors, and for organ donation
- To prevent or diminish a serious and imminent threat to health or safety
- For specified government functions
- For Worker's Compensation

#### Marketing use and disclosure:

- Individuals may be contacted for consent of photo or video production. There will be a media release to sign.
- While patients may disclose their own PHI through social media outlets and/or public review websites, CAAC remains compliant with HIPAA.

#### III. Uses and Disclosures Permitted with An Opportunity to Object

Subject to your objection, the practice may disclose your protected health information (1) to a family member or close personal friend if the disclosure is directly relevant to the person's involvement in your care or payment related to your care; or (2) when attempting to locate or notify family members or others involved in your care to inform them of your location, condition or death. The practice will inform you verbally or in writing of such uses and disclosures of your protected health information as well as provide you with an opportunity to object in advance. Your agreement or objection to the uses and disclosures can be verbal or in writing. If you do not object to these disclosures, the practice is able to infer from the circumstances that you do not object, or the practice determines, in its professional judgment, that it is in your best interests for the practice to disclose information that is directly relevant to the person's involvement with your care, then the practice may disclose your protected health information. If you are incapacitated or in an emergency situation, the practice may exercise its professional judgment to determine if the disclosure is in your best interests and, if such a determination is made, may only disclose information directly relevant to your health care.

#### Uses and Disclosures Authorized by You

Other than the circumstances described above, the practice will not disclose your health information unless you provide written authorization. You may revoke your authorization in writing at any time except to the extent that the practice has taken action in reliance upon the authorization.

#### IV. Your Rights

##### Your rights include:

*The right to receive a notice about your privacy policy*

*The right to inspect and request a copy of PHI and to have returned to you in 30 days, unless notified in writing of 60-day return*

*The right to request a restriction on uses and disclosures of your protected health information.*

*The right to refuse treatment via telemedicine visits*

*The right to request to receive confidential communications from the practice by alternative means or at an alternative location*

*The right to request an amendment of your protected health information*

*The right to request an accounting of disclosures of PHI*

*The right to revoke or limit authorization*

*The right to be notified of a breach of your PHI*

## V. The Practice's Duties

The practice is required to ensure the privacy of your health information and to provide you with this notice of your rights and the practice's duties and procedures regarding your privacy. The practice must abide by the terms of this Notice, and may be amended periodically. The practice reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that the practice collects and maintains. If the practice alters its notice, the practice will provide a copy of the revised notice through regular mail, in-person contact, or electronically. The practice obtains "HIPAA Privacy Notice—Patient Acknowledgement" from all patients. A copy is available upon patient request.

## VI. Complaints

If you believe that your privacy rights have been violated, you have the right to relate complaints to the practice and to the Secretary of the Department of Health and Human Services. You may provide complaints to the practice verbally or in writing. Such complaints should be directed to the practice's Privacy Officer. The practice encourages you to relay any concerns you may have regarding the privacy of your information and you will not be retaliated against in any way for filing a complaint.

## VII. Contact Person

The practice's contact person regarding the practice's duties and your rights under the HIPAA privacy regulations is the Privacy Officer. Complaints to the practice should be directed to the Privacy Officer at the following address:

Colorado Allergy and Asthma Centers P.C.  
125 Rampart Way, Suite 200  
Denver, CO 80230  
ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at 720-858-7600.

## VIII. Effective Date

This version of the Privacy Notice is effective on January 18, 2018

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| Revised | May 3, 2006        |
| Revised | February 21, 2011  |
| Revised | September 17, 2013 |
| Revised | January 27, 2017   |
| Revised | January 18, 2018   |
| Revised | January 1, 2020    |
| Revised | February 19, 2021  |
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