

Notice of Privacy Practices Of Dr. Beth O'Brien

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. **Effective April 14, 2003.** If you have any questions or requests, please contact Dr. Beth O'Brien at (970) 491-9689.

I am required by law to maintain the privacy of health information about you and that can be identified with you. This is called "protected health information," or "PHI." I must give you notice of my legal duties and privacy practices with respect to PHI.

- PHI is information that (a) I have created or received about your past, present or future physical or mental health or condition, the health care I provide to you, or the past, present or future payment for your health care; and (b) identifies you or could be reasonably used to identify you.

This notice describes the types of uses and disclosures that I may make and gives you some examples. I may only use and/or disclose PHI as I have described in this notice. In addition, I may make other uses and disclosures that occur as a byproduct of the permitted uses and disclosures described in this notice.

I am required to follow the procedures in this notice. I reserve the right to change the terms of this notice and to make new notice provisions effective for all PHI that I maintain. If I revise this notice, I will:

- Post the revised notice in my office and
- Make copies of the revised notice available upon request

I will also obtain authorization from you before using or disclosing PHI in a way that is not described in this notice.

I MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

1. **I may use and disclose PHI about you in the course of providing treatment to you.** This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. I may use and disclose PHI about you when consulting with another health care provider or if I refer you to another health care provider.
However, Colorado law supercedes this regulation and I am required to obtain a signed, written authorization from you when discussing your treatment with referral agents or health care practitioners.
2. **I may use and disclose PHI about you to obtain payment for services.**
I may have to provide certain information to ask for coverage under your plan or policy or to seek approval for payment before I provide services to you. I may also share portions of your medical information with the following:
 - Billing services and billing personnel
 - Collection services;
 - Insurance companies, health plans, and third party payers that provide you coverage.
3. **I may use and disclose your PHI for health care operations.**
I may use and disclose PHI in performing internal activities of this practice, which enables me to operate as a practice. This is called "health care operations." Examples of the way I may use or disclose PHI about you for "health care operations" include the following:
 - Reviewing and improving the quality, efficiency and cost of care that I provide to you and my other patients. For example, I may use PHI about you to develop ways to decide what medical treatment should be provided to others.
 - Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills
 - Cooperate with outside organizations that assess the quality of care I provide
 - Assist various people who review my activities. For example, PHI may be seen by accountants, lawyers and others who assist me in complying with applicable laws
 - Planning for future operations
 - Conducting business management and general administrative activities for my practice
 - Reviewing activities and using or disclosing PHI in the event that I sell my business, property or give control of my business to someone else
 - Complying with this notice and with applicable laws

4. I may use and disclose PHI under other circumstances without your authorization.

I may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include, but are not limited to:

- When the use and/or disclosure are required by law. For example, if federal, state or local law requires that I disclose information.
- When the use and/or disclosure is necessary for public health activities. For example, I may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- When the disclosure relates to victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, I may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee my operations.
- When the disclosure is for judicial and administrative proceedings. For example, I may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, I may disclose PHI about you in order to comply with laws that require the reporting of certain types of injuries or events.
- When the use and/or disclosure relates to decedents. For example, I may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, I may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or to the public.
- When the use and/or disclosure relates to specialized government functions. For example, I may disclose PHI about you if it relates to military and veterans', national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, I may disclose PHI about you to a correctional institution having lawful custody of you.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly defined disclosures to law enforcement agencies, to a health oversight agency, to a coroner or medical examiner, for public health purposes relating to disease or FDA-related products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

5. I may contact you to provide appointment reminders. I may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

6. I may contact you with information about treatment, services, products, or health care providers. I may use and/or disclose PHI to manage or coordinate your care. This may include telling you about treatments, services, products and/or other healthcare providers.

7. Except as described above, or as permitted by law, other uses and disclosures of PHI about you will be made only with written authorization. If you sign a written authorization, you may revoke the authorization as provided by law. However, that revocation may not be effective if I have already relied upon your authorization.

8. Complaints. You may complain to the practice if you believe that your privacy rights have been violated. If you wish to do so, contact Dr. Beth O'Brien at (970) 491-9689. You may also complain to the Secretary of the United States Department of Health and Human Services. If you file a complaint, I will not take any action against you or change your treatment in any way.

YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.

1. You have the right to request restrictions on uses and disclosures of PHI about you.

2. You have the right to request that I restrict the use and disclosure of PHI about you. I am not required to agree to your restrictions. However, even if I agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection 4 of the previous section of this Notice. You may request a restriction by contacting Dr. Beth O'Brien at (970) 491-9689.

3. You have the right to request that I communicate protected health information to you by alternative means or alternative locations. You have the right to request how and where I contact you about PHI. For example, you

may request that I contact you at your work address or phone number or by email. Your request must be in writing. I must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing me with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by contacting me.

4. **You have the right to see and copy PHI about you.** You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. I may charge you related fees. Instead of providing you with a full copy of the PHI, I may give you a summary or explanation. There are certain situations in which I am not required to comply with your request. Under these circumstances, I will respond to you in writing, stating why I will not grant your request and describing any rights you may have to request a review of my denial. You may request to see and receive a copy of PHI by contacting me.
5. **You have the right to request amendment of PHI about you.** You have the right to request that I make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. I may deny your request if: 1) the information was not created by me (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) I believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. I will tell you in writing the reasons for the denial and describe your rights to give me a written statement disagreeing with the denial. If I accept your request to amend the information, I will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI by writing to me at 1015 W Horsetooth Rd, Ste 202, Ft. Collins, CO 80526.
6. **You have a right to the listing of disclosures I have made.** If you ask me in writing, you have the right to receive a written list of certain of my disclosures of PHI about you. You may ask for disclosures up to six (6) years before your request (not including disclosures made prior to 4/14/2003). I am required to provide a listing of all disclosures except the following:
 - For your treatment
 - For billing and collection of payment for your treatment
 - For my health care operations
 - Made to or requested by you, or that you authorized
 - Occurring as a byproduct of permitted uses and disclosures
 - Made to individuals involved in your care, for directory or notification purposes, or for other purposes described above
 - Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations and
 - As part to a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information. If you request a list of disclosures more than once in 12 months, I can charge you a reasonable fee. You may request a list of disclosures by contacting me.

Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket. You have the right to restrict certain disclosures of PHI to a health plan when you pay out of pocket in full for my services.

Right to be Notified if There is a Breach of Your Unsecured PHI. You have the right to be notified if: a) there is a breach involving your PHI b) that PHI has not been encrypted to government standards and c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

7. **Breach Notification Addendum**

When the Practice becomes aware of or suspects a breach, as defined in Section 1 of the breach notification Overview, the Practice will conduct a Risk Assessment, as outlined in Section 2.A of the Overview. The Practice will keep a written record of that Risk Assessment.

Unless the practice determines that there is a low probability that PHI has been compromised, the Practiced will give notice of the breach as described in Sections 2.B and 2.C of the breach notification Overview.

The risk assessment can be done by a business associate if it was involved in the breach. While the business associate will conduct a risk assessment of a breach of PHI in its control, the Practice will provide any required notice to patients and HHS.

After any breach, particularly one that requires notice, the Practice will re-assess its privacy and security practices to determine what changes should be made to prevent the re-occurrence of such breaches.

8. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by contacting me. I will provide a copy of this Notice no later than the date you first received service from me (except for emergency services, and then I will provide the Notice to you as soon as possible).

By signing this form, you understand that I will use or disclose protected health information about you for treatment, payment or health care operations. Dr. Beth O'Brien provides this form to comply with the HIPAA.

Print Name: _____

Signature: _____

Date: _____