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Notice of Privacy Practices for Protected Health Information

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.

OUR PRIVACY POLICY

Colorado Retina Associates, P.C. is committed to upholding the security and confidentiality of personal information that you provide to us. We take our responsibility of safeguarding your information very seriously. We do not sell or share your information with marketing groups.

Federal privacy laws permit Colorado Retina Associates to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of Uses of Your Health Information for Treatment Purposes are:

- Referring Physicians
- Primary Care Physicians
- Hospitals and Surgery Centers
- Designated family, friends and/or caregivers
- Agencies who provide care for the patient
- Pharmacy
- Voice mail messages regarding your test results or appointment reminders

- We send your health information electronically to your other physicians. This is done to speed transfer of information and provide you with the best possible continuing care. If you do not wish us to send health information electronically to your physicians, you must notify us in writing.
- Information couriered between our satellite offices

Example of Use of Your Health Information for Payment Purposes:

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and about the care given.

Example of Use of Your Information for Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services. Examples include:

- Office Staff Training
- Credentialing for hospitals or networks
- Medical Review (Internal Chart Auditing)

Your Health Information Rights

The health and billing records we maintain are the physical property of Colorado Retina Associates. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office; though we are not required to grant the request, we agree to comply with any request we grant;
- Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;

- Request that you be allowed to inspect and copy your health record and billing record by delivering the request to our office;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office; and
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a request to our office.

If you want to exercise any of the above rights, please contact our HIPAA administrator at the address or phone number listed below during normal business hours. They will inform you of the steps that need to be taken to exercise your rights.

Our Responsibilities

The office is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify affected individuals following a breach of unsecured protected health information;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by either calling or visiting our office and requesting a copy.

Additional Uses and Disclosures

Other uses and disclosures not described in the Notice will be made only with your written authorization. You may revoke such an authorization in writing except to the extent that Colorado Retina Associates has already taken action in reliance on your authorization.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding our handling of your information, you may contact us at:

Colorado Retina Associates
8101 E. Lowry Blvd. Suite 210
Denver, CO 80230
Attn: HIPAA Administrator
303-261-1600

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to the address above. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address and e- mail address is: Office for Civil Rights - U.S. Department of Health and Human Services - 200 Independence Avenue S.W. - Room 509F, HHH Building - Washington, D.C. 20201.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office/hospital.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Website

- If we maintain a website that provides information about our entity, this notice will be on the website.

Revised and Effective 10/1/2018