

# HIPAA

The Centers for Gastroenterology  
Notice of Privacy Practices

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

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Your health information is personal and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This notice applies to all records about your care that occurs at our office, and to all medical information we keep about you. We are legally required to safeguard your protected health information (PHI). In general PHI is personally identifiable information about your physical or mental health or condition, health care, or the payment of your health care.

**Effective Date:** This notice and the practices described in it are effective April 14, 2003.

**Changes to our Privacy Practices and this Notice:** This HIPAA privacy practices, and this notice, may change at any time. Any changes will apply to PHI we already have on file and to PHI received after the effective date of the change.

**Your Health Information Rights:** You have the right to:

- Obtain a copy of the Notice upon request
- Request limits on uses and disclosures of your PHI
- Inspect and obtain a copy of your PHI
- Request correction of you PHI
- Receive a list of certain disclosures of your PHI
- Choose how we communicate with you.

For details regarding each of these rights, including exceptions, restrictions, the procedures you must follow to enforce your rights, and the procedures we must follow in responding to your requests, please contact the HIPAA Privacy Officer at the address listed below.

The law requires us to have your written authorization to some uses and disclosures. In other circumstances, the law allows us to use or disclose PHI without your written authorization. We will use and disclose your PHI as authorized by law.

Uses and Disclosures of PHI:

- Treatment
- Payment
- Business related activities, such as to operate our office. We may provide your PHI to our attorneys, accountants and other consultants to make sure we are complying with the laws that affect us.
- Individuals involved in your care or payment for your care. We may disclose PHI to a family member of other person who we reasonably believe to be involved in your care or payment of your care, unless you object.

Certain Public Health and Other Government-Requested Uses and Disclosures. The law allows us to disclose PHI without your further written authorization in the following circumstances

- When required by law. We disclose PHI when we are required to do so by federal, state or local law.

- For public health activities.
- For reports about victims of abuse, neglect or domestic violence. We will disclose your PHI in these reports ONLY if we are required by law to do so, OR if you otherwise agree.
- To health oversight agencies.
- For lawsuits and disputes.
- To law enforcement.
- To coroners, medical examiners and funeral directors.
- To organ procurement organizations.
- For medical research.
- To avert a serious threat to health or safety.
- For specialized government functions.
- To workers' compensation or similar programs.

In general, we may disclose a minor patients PHI to a parent or guardian, but we may deny the parent's access to the minor patient's PHI in some situations.

For some types of PHI, there may be additional restrictions on our uses or disclosures described above. For example, drug and alcohol abuse patient treatment information, HIV test results, mental health information and genetic testing results are given greater protections under Colorado laws.

Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us written authorization for use or disclosure of your PHI, you may revoke that authorization in writing at any time. If you revoke your authorization we will no longer use or disclose you PHI for the purposes specified in the written authorization, except that we are unable to take back any disclosures we have already made with your permission, and are required to retain certain records of the uses and disclosures made when the authorization was in effect.

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services. **We will not retaliate against you for filing a complaint.**

Direct Questions and Document Requests to the HIPAA Privacy Officer at :  
The Centers for Gastroenterology  
3702 Timberline Bldg A  
Fort Collins, CO. 80525  
Phone: 970-207-9773  
Fax: 970-207-1893