

# 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 and was amended on September 18, 2013.

### **HITECH Amendments:**

Centers for Gastroenterology is including HITECH Act provisions to its Notice as follows:

#### **HITECH Notification Requirements**

Under HITECH, Centers for Gastroenterology is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 30 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must:

- (1) Contain a brief description of what happened, including the date of the breach and the date of the discovery;
- (2) The steps the individual should take to protect themselves from potential harm resulting from the breach;
- (3) A brief description of what Centers for Gastroenterology is doing to investigate the breach, mitigate losses, and to protect against further breaches.

#### **Access to E-Health Records**

HITECH expands this right, giving individuals the right to access their own health record in an electronic format and to direct Centers for Gastroenterology to send the e-health record directly to a third party. Centers for Gastroenterology may only charge for labor costs under the new rules.

#### **Cash Patients**

HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

#### **Accounting of E-Health Records for Treatment, Payment, and Health**

Centers for Gastroenterology does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, starting January 1, 2014, the Act will require Centers for Gastroenterology to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request.

Centers for Gastroenterology must either (1) provide an individual with an accounting of such disclosures it made and all of its business associates disclosures; or (2) provide an individual with an accounting of the disclosures made by Centers for Gastroenterology and a list of business associates, including their contact information to another provider who has been requested to be involved in your care.

**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. If you choose not to sign the HIPAA release, we cannot refuse to treat you or not file your insurance claims.

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
- Individuals involved in your care or payment for your care. We may disclose PHI to a family member or other person who we reasonably believe to be involved in your care or payment of your care, unless you object.
- Business Associates: There are some services provided in our organization through contracts with third parties who are business associates of Centers for Gastroenterology. Business associates are a third party who are contracted to perform a job for our organization and have agreed to appropriately protect your health information.

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 all Questions and Document Requests to the HIPAA Privacy Officer:

The Centers for Gastroenterology  
3702 Timberline Road  
Fort Collins, CO. 80525  
Phone: 970-207-9773  
Fax: 970-207-1893