

Ponderosa Family Physicians

Notice of Privacy Practices

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.

Ponderosa Family Physicians is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Ponderosa Family Physicians please contact the Privacy Auditor or Privacy Officer at 14991 E. Hampden Ave. Suite 210, Aurora, CO 80134 Ph: 303-690-4891.

I. How Ponderosa Family Physicians may Use or Disclose Your Health Information

Ponderosa Family Physicians collects health information from/for you and stores it in a medical record. The medical record is the property of Ponderosa Family Physicians but the information in the medical record belongs to you. Ponderosa Family Physicians protects the privacy of your health information. The law permits Ponderosa Family Physicians to use or disclose your health information for the following purposes:

1. Treatment: We will use or disclose your health information to provide, coordinate or manage your health care. This could include disclosing your health information to a third party such as a specialist, pharmacy or laboratory that is assisting in your health care.
2. Payment: We may use your health information to obtain payment for your health care services. This may include verifying eligibility, benefits or authorization for certain services or products. For example, we may need to disclose information such as your diagnosis to your insurance company or other payor to justify our charges. In addition, we may need to disclose your health information to obtain authorization for certain medications.
3. Regular Health Care Operations: We will disclose your health information to support the daily activities of health care. These activities may include quality assessment, performance reviews, training or credentialing. For example, we may disclose your health information to your insurance company for chart reviews.
4. Information provided to you: We will disclose your health information to you regarding appointment reminders, treatment, payment and other health related services.
5. Notification and communication with family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by law: As required by law, we may use and disclose your health information.
7. Public Health Risks: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
8. Disaster Relief: We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever reasonably possible.
9. Health oversight activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Judicial and administrative proceedings: We may disclose your health information in the course of any administrative or judicial proceeding or in response to a subpoena.

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11. Law enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information: We may disclose your health information to coroners, examiners and funeral directors.
13. Organ donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. Research: We may disclose your health information to researchers if an Institutional Review Board approves a waiver of authorization for disclosure and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers access to a limited data set of your information as long as that data set is (1) only used for the intended purpose, (2) kept completely confidential and secure and (3) does not identify the information with any patient or Protected Health Information.
15. Public safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
16. Specialized government functions: We may disclose your health information for military, national security or prisoner purposes.
17. Worker's compensation: We may disclose your health information to comply with worker's compensation laws.
18. Business Associates: We may disclose your health information to our business associates who perform functions on our behalf if your Protected Health Information is necessary for those functions or services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.
19. Data Breach Notification Purposes: We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
20. Change of Ownership: In the event that Ponderosa Family Physicians is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When Ponderosa Family Physicians May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Ponderosa Family Physicians will not use or disclose your health information without your written authorization. If you do authorize Ponderosa Family Physicians to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. This includes uses or disclosures for marketing purposes and disclosures regarding the sale of your Protected Health Information.

III. Your Individual Rights

1. Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information. Ponderosa Family Physicians is not required to agree to the restriction that you requested.
2. Confidential Communication: You have the right to receive your health information through a reasonable alternative means of communication or at an alternative location. We request that you submit these requests in writing and we will make every effort to accommodate reasonable requests. You must specify how and/or where we are to contact you.
3. Inspect and Copy: You have the right to inspect and/or request a copy your health information. We have up to 30 days to respond to your requests and we may charge a reasonable fee.
4. Copy of Electronic Health Record: You have the right to request an electronic copy of your health information. We will make every effort to provide you with the health information that we have in electronic format in the electronic format that you request. If your electronic health information is not readily producible in the format that you request, your electronic health information will be provided in our standard electronic format.

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5. Summary or Explanation: You have the right to request a summary or explanation of your health information, rather than the entire record. We have up to 30 days to respond to your requests and we may charge a reasonable fee.
6. Amendment: You have a right to request that Ponderosa Family Physicians amend your health information that is incorrect or incomplete. Ponderosa Family Physicians is not required to change your health information and will provide you with information about any denial to amend your information and how you can disagree with the denial.
7. Accounting of Disclosures: You have a right to receive an accounting of disclosures of your health information made by Ponderosa Family Physicians except for disclosures regarding treatment, payment, operations, information provided to you or information provided for certain government functions.
8. Notice of Breach: You have the right to be notified of any breach of your Protected Health Information that may have compromised the privacy or security of your information.
9. Out-of-Pocket-Payments: If you paid out-of-pocket (in other words, you have requested that we not bill your insurance) in full for a specific item or service, you have the right to ask that your Protected Health Information regarding that item or service not be disclosed to your insurance.
10. Complaints: If you believe that your privacy rights have been violated, you may file a written complaint with the Privacy Auditor. If you are not satisfied with the way Ponderosa Family Physicians handles your complaint, you may also file a complaint with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services, 330 Independence Avenue, SW, Washington, DC 20201. You may also visit www.hhs.gov/ocr/hipaa.
11. Copy of Notice: You have a right to a paper copy of this Notice of Privacy Practices at any time.

IV. Effective Date and Changes to this Notice

1. Effective Date: The effective date of this Notice of Privacy Practices is September 23, 2013.
2. Changes to Notice: Ponderosa Family Physicians reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. If we change this notice, we will post the new notice in the lobby of our office and on our website if applicable.