

## NOTICE OF PRIVACY PRACTICES

The protection of and access to health information is dictated by federal regulation and state statute and can be complicated to understand. The Axis Health System (AHS) *Notice of Privacy Practices* (Notice) describes how your health information is protected and may be used or disclosed and how you can gain access to this information about you or your family member. Please review it carefully and note that not all services detailed in this Notice are available at every AHS location. Should you have any questions related to your healthcare privacy and associated protections, please ask your provider who will assist with further clarification or refer you to the appropriate AHS staff that can help. Please review all the information in this Notice carefully.

**AHS is committed to ensuring patients have quick and easy access to their healthcare information.**

### **PRIVACY PRACTICES EFFECTIVE DATE AS OF April 25, 2017:**

AHS understands that healthcare information about you and your health is personal and private. Healthcare information obtained by AHS during the course of your treatment and care will be treated as confidential and protected to the fullest extent allowed under law. This Notice describes the ways that your healthcare information may be made available or accessed when you are a patient and user of healthcare services.

AHS creates a record of demographics, care and services provided and other relevant documents for each patient in an electronic healthcare record. AHS uses this healthcare record to provide high quality care and to comply with all legal requirements. This Notice applies to the content of the healthcare records generated and/or maintained by AHS staff including all AHS healthcare professionals authorized to enter information in your AHS healthcare record.

As a healthcare provider, AHS is required to:

- Keep your healthcare information private under the terms of the law,
- Inform you of AHS's legal duties and privacy practices with respect your information and
- Follow the terms of the AHS Notice that is currently in effect.

### **HOW WE MAY USE OR DISCLOSE HEALTHCARE INFORMATION ABOUT YOU:**

AHS uses and discloses healthcare information allowed by law. Allowable use and disclosure of protected healthcare information is appropriate and allowed under the following circumstances:

1. **TREATMENT:** AHS is permitted to use your health and treatment information to provide the healthcare treatment services you seek/need and in doing so may disclose information about you to healthcare professionals involved in your care.
2. **PAYMENT:** AHS is permitted to use and/or disclose health information about to support billing and collection from appropriate payers. As such, AHS may need to give your insurance company health information about treatment you received in order for payment of the associated claim. In other instances, AHS may need to tell your payer about recommended or planned services to obtain required prior approval and/or to determine whether the services are covered under your plan.

3. **HEALTHCARE OPERATIONS:** AHS is permitted to use and/or disclose health information about you for AHS operations activities necessary to support mandated quality of care standards. For example, your health information may be used in monitoring service quality, staff training and evaluation, medical reviews, legal actions, auditing functions, compliance programs, accreditation, certification, licensing and credentialing activities.
4. **APPOINTMENT REMINDERS:** AHS may use or disclose identifying information in order to contact you for appointment or for care follow up, based upon the contact preferences you provide us.
5. **HEALTH RELATED INFORMATION OR RESOURCES:** AHS may use and disclose to your physician or other health care providers to recommend treatment options or alternatives, or to tell them about potential drug interactions, dosing issues, side effects and issues related to your treatment.
6. **FUNDRAISING:** AHS may disclose identifying information about you for AHS fundraising efforts. Before doing so, AHS will contact you to obtain your permission.

#### **PROTECTED ACCESS AND ASSOCIATED DISCLOSURE LIMITATIONS:**

There are limitations on access to patient information and disclosures that are based on the type of treatment and/or the age of the patient in question. Health information for the patient is protected differently in the following circumstances:

##### **SUBSTANCE USE TREATMENT:**

The confidentiality of records related to the diagnosis, treatment, referral for treatment or prevention of alcohol or drug use is protected by federal law and regulations (*42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 C.F.R. Part 2 for Federal regulations*).

1. **ALL AGES:** Generally, AHS as a substance use provider, may not disclose to anyone outside AHS that you are a patient or disclose any information identifying you as an alcohol or drug user, unless this disclosure:
  - Has your written consent; or
  - Is allowed under an appropriate court order; or
  - Is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation; or
  - Is due to a threat you make to commit a crime at AHS or against AHS staff.
2. **MINORS:** Minor patients can consent to AHS substance use services (i.e. signs the necessary intake forms) regardless of whether the consent of a parent or guardian has also been obtained. **Parents or legal guardians of these patients may not have access to their child's substance use treatment information without written authorization from the patient.**

**NOTE:** The confidentiality of records related to the diagnosis, treatment, referral for treatment or prevention of alcohol or drug use is protected by federal law and regulations (*42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 C.F.R. Part 2 for Federal regulations*).

### **MENTAL HEALTH TREATMENT:**

**MINORS - 15 YRS AND OLDER:** Patients who are 15 years or older can consent to AHS mental health services (i.e. signs the necessary intake forms) regardless of whether the consent of a parent or guardian has also been obtained. Under this circumstance the patient's **protected health information (PHI) may not be disclosed to the parent or guardian without the patient's written authorization.**

### **OTHER PROTECTIONS MANDATED BY LAW:**

- 1. HIV INFORMATION – All Ages:** All health information regarding HIV is kept strictly confidential and released only in conformance with the requirements of Colorado State law 25-4-1404. Disclosure of any health information referencing a patient's HIV status may only be made with a patient's written authorization specific to this status.
- 2. FAMILY PLANNING - Minors:** Health information regarding contraceptive services is impacted by funding, there are two instances where a minor patient's PHI will be protected, depending on the circumstances:
  - Colorado Law explicitly states that minors (ages 12-18) have the legal right to consent to contraceptive services without parental/guardian permission; and
  - Should a minor patient consent for contraceptive services through Title X federal funds, the minor has the legal right (at any age) to consent without parental/guardian permission.

### **ALLOWABLE PARENT/GUARDIAN ACCESS TO A MINOR CHILD'S HEALTH INFORMATION:**

If a minor who is 15 years or older does not consent to services independently (i.e. does not sign the necessary intake forms) and a parent or legal guardian is the signer of these forms, the consenting person has a right to access to protected health information of the patient. A parent or guardian's access to a minor's health information varies but is generally allowable under the following circumstances:

### **SUBSTANCE USE TREATMENT:**

- When the requested disclosure is for a patient less than 15 years of age;
- When in the judgment of the provider, the minor does not have the capacity to rationally decide to whether to consent to notification;
- When disclosure is necessary to protect the life and/or well-being of the minor or others; or
- When essential health information is necessary for parent/guardian to make informed health decisions on behalf of a minor.

### **MENTAL HEALTH TREATMENT:**

- When the requested disclosure is for a patients less than 15 years of age;
- When the provider or supervisor determines that it is appropriate under the circumstances to notify parent/guardian even if the patient is 15 years or older and independently consented for treatment (provider may decide to provide or deny access to a parent or guardian as long as that decision is consistent with state or local law, and the decision is made by a licensed health care professional exercising his or her professional judgment) ; or
- When a patient is 15 or older, has consented independently for treatment and and

they have designated the parent or guardian as their personal representative (A person with legal authority to make health care decisions on behalf of the individual).

**FAMILY PLANNING:**

- Allowed only when permission to disclose this information is granted by the written consent of the minor.

**EMANCIPATED MINOR:**

- Not allowed, except with written consent by the patient.

**PERMITTED DISCLOSURES MADE WITHOUT PATIENT AUTHORIZATION:**

Federal and state laws allow and/or require AHS to disclose identifying health information (except for substance abuse or HIV information) about you without your authorization under certain situations as follows:

1. **PUBLIC HEALTH RISKS (Health and Safety for you and/or others):** AHS may disclose health information about you for public health activities when necessary to prevent a serious threat to: the health and safety of you, another person or the public. These disclosures are generally related to the following circumstances:
  - To prevent injury or disability;
  - To report births or deaths;
  - To report reactions to medications or other products to the U.S. Food and Drug Administration or other authorized entity;
  - To notify people of recalls of medications AHS is aware they may be taking;
  - To notify a person of potential exposure to or risk for contracting a disease or condition;
  - To avert a serious threat to the health or safety; and/or
  - To notify the appropriate government authority if there is suspected abuse, neglect or domestic violence when required or authorized by law.
2. **HEALTH OVERSIGHT ACTIVITIES:** AHS may disclose health information about you to a health oversight agency as authorized or required by law. These oversight activities may include audits, investigations, inspections and licensing and are necessary for the government to monitor care and compliance with civil rights laws.
3. **LAWSUITS AND DISPUTES:** AHS may disclose health information about you in response to a court or administrative order, a subpoena, a discovery request or other lawful process by someone else involved in the dispute if you are involved in the lawsuit or legal action.
4. **LAW ENFORCEMENT:** AHS may disclose your PHI for law enforcement purposes as required by law or in response to a court order and in certain conditions, a subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about a death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.
5. **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** AHS may release health information to a coroner or medical examiner to assist in identifying a deceased person or determining the cause of death. AHS may also release health information about you to

funeral directors as necessary to carry out their duties.

6. **INTELLIGENCE AND NATIONAL SECURITY:** AHS may release health information about authorized federal officials when required to do so under the law for intelligence, counterintelligence and other national security activities; or the protection to the President, other authorized persons or foreign heads of state.
7. **EMERGENCY SERVICES:** AHS will disclose health information about you when deemed appropriate in the case of an emergency.
8. **AS REQUIRED BY LAW:** AHS will disclose health information about you not specifically listed here when required to do so by federal, state or local law.

**NOTE:** State law requires and federal law requires AHS to report suspected child abuse or neglect to appropriate authorities.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

Federal and state laws allow the patient the following rights related to their Protected Health Information (PHI):

1. **RIGHT TO INSPECT AND COPY:** You or your legal representative has the right to inspect and/or have copies made of health information that may be used to make decisions about your care. To inspect, copy, or release a copy of your AHS health information, contact the Health Information Management Department at (970) 335-2241 or ask at your care location to obtain assistance in filling out the correct forms. All request forms must be filled out and signed prior to any release. Patients can access their health records free of charge and in the following forms and/or format, if readily producible:
  - Paper, e-mail, eFax, CD, a patient portal; or
  - Viewing records via computer supervision of the Health Information Coordinator or Privacy Officer.
2. **REQUESTING AMENDMENT OF YOUR HEALTHCARE RECORD:** If you feel that the health information record AHS has is incorrect or incomplete, in some cases you may have the right to have the record amended. You have the right to request an amendment for as long as your health information is kept by AHS.

To request an amendment to the information in your health record, your request must be made in writing on the AHS “*Request to Amend Protected Health Information*” form and submitted to the Health Information Management Coordinator, 281 Sawyer Drive, Suite 100, Durango CO 81303. You must provide sufficient documentation and a reason to support and evaluation of your request. AHS may deny your amendment request if the information in the request:

- Was not created by AHS;
- Relates to information that is not kept by or for AHS health records;

- Is not part of the health record which you are permitted to inspect or copy;
- Is not accurate and complete information, acceptable for inclusion in the health record; or
- The staff that created the information is no longer available to make an amendment.

AHS will respond to you regarding your request to amend with our determination related to the request for amendment in writing within 60 days.

- 3. REQUESTING AN ACCOUNTING OF DISCLOSURES:** You have the right to request an accounting of disclosures related to your health records. The accounting will not include information that was disclosed based on your written permission or the stated allowable disclosures for treatment, payment and healthcare operations. To request an accounting, you must submit a request in writing to the Health Information Management Coordinator. Your request must include the following in order to be actionable: include a specific period of time period for the accounting, limit the disclosure timeframe to less than six years and include dates that are after April 15, 2003.
- 4. REQUESTING RESTRICTIONS:** You have the right to request a restriction or limitation on the health information AHS uses or discloses about you which does not obligate AHS to agree to your request under any and all circumstances. There are two “request for restriction” scenarios:
  - AHS must agree to your request for restriction when the request is to restrict the disclosure of your health information to a health plan (your insurance carrier) as it relates to healthcare operations if the restriction of health information pertains solely to a health care item or service provided to you and you have paid AHS directly prior to receiving the healthcare item or service. To request this restriction, you must complete the *Refusal to Bill Insurance Form*. This restriction must be requested on the appropriate form for each and every service you wish to restrict.
  - Any other restriction request, not related to claim submission to your health plan must be made in writing to the AHS Compliance Officer. In your request, you must tell us what information you want to limit and to whom you want the limit to apply. AHS will provide a final determination of this request to you in writing and within 60 days.

**NOTE:** If AHS does agree to a patient requested restriction, compliance with your request will not extend to a circumstance involving emergency treatment for you.
- 5. REQUESTING CONFIDENTIAL INFORMATION:** You have the right to request that AHS communicate with you about health matters in a certain way or at a certain location and you must specify how or where you wish to be contacted. AHS will accommodate all reasonable requests.
- 6. REQUESTING A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this Notice. You may request a copy of the current Notice at any time by requesting a copy from any AHS employee.

**THIRD PARTY REQUESTS FOR PATIENT RECORDS:**

Third party requests for paper copies of patient health records will be charged fees that do not exceed the fees established by the State of Colorado (*C.R.S. 25-1-801*). For the establishment of the fees for pages requested, page count is defined as:

- A page is defined as record content that is contained to one side of a single sheet of 8x11 paper, counting as “1 page”
- Records that are printed on the front and back of a single sheet of 8x11 paper are counted as “2 pages”

Anyone other than the patient, their personal representative, or their legal guardian will be charged fees, as follows:

*Pages provided at no cost:*

- \$0 for the first 15 pages

*Fees for requests that exceed 15 pages (as applicable):*

- \$18.53 for pages 16-25;
- \$0.85 per page 26-55; and
- \$0.50 per page for 56 pages and beyond.

*Additional Fees chargeable based on nature of request:*

- \$10.00 fee for certification of health records
- Actual postage and electronic media costs, as applicable
- Request for the records in an electronic form (encrypted CD or encrypted email) will contain a summary or explanation of such information and will be billed based on AHS’s total labor costs associated with compiling them electronically and billed at a rate of \$25.00 per hour in accordance with Federal Regulation (*45 CFR 164.524 (c)(4)(i)*).

**NOTE:** Prepayment is required for the records requests above that have associated fees. Once payment is received the request will be processed and the records will be delivered in the manner specified.

**DENIAL OF ACCESS:**

You may be denied access to inspect all or portions of your healthcare record if such a release is deemed by AHS providers to be detrimental to your care. If you are denied access to any part of your health record, you may request that the denial be reviewed by the AHS Compliance Officer. Information regarding how to initiate that review process will be provided in writing at the time of the initial denial.

**CHANGES TO THIS NOTICE:**

AHS reserves the right to change this Notice and reserves the right to make the revised or changed Notice effective for health information AHS already has about you as well as any information that will be received in the future. AHS will post a copy of the current Notice with its effective date on its



website: [www.axishealthsystem.org](http://www.axishealthsystem.org). A copy of the *Notice of Privacy Practices* is also available to view or for pick up any of the AHS locations and can be requested in person during business hours.

**REPORTING OR RAISING A SUSPECTED VIOLATION OF THIS NOTICE:**

If you believe your privacy rights have been violated, please call our general information line at (970) 259-2444 and ask for either the Grievance Coordinator or the Director of Compliance. You also have the right to document your complaint or concern regarding a potential violation in writing to the AHS Compliance Officer, 185 Suttle Street, Durango, CO 81303. If we cannot resolve your concern, you also have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or via [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

The quality of your care will not be jeopardized nor will you be retaliated against as a result of filing a complaint.

**CONFIDENTIALITY OF ALCOHOL AND DRUG USE PATIENT RECORDS**

The confidentiality of alcohol and drug use patient records maintained by any substance use (SUD) program is protected by Federal law and regulations. Generally, the SUD program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser *Unless*:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

**OTHER ISSUES RELATED TO USE, DISCLOSURE AND ACCESS:**

Other uses, disclosures and access to health information not covered by this Notice that apply to AHS will only be made with your written permission. If you provide this permission, you may revoke it in writing, at any time. You understand that AHS is unable to take back any disclosures made with your permission prior to a revocation. AHS will retain copies of any written permissions or revocations.

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