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## **WELCOME TO AXIS HEALTH SYSTEM**

We are pleased that you have chosen Axis Health System (AHS) as a partner in supporting your health. Our staff is dedicated to providing you with comprehensive quality healthcare and we look forward to working together. We believe that your active participation in your healthcare assists us in providing you with the best possible care and health outcomes.

The following information is provided to support your successful and meaningful engagement with our healthcare teams to respond to your health needs and achieve your health goals:

### **AXIS HEALTH SYSTEM CARE LOCATIONS:**

We have multiple locations available to serve you:

#### ***Integrated Care:***

Archuleta Integrated Healthcare	(970) 264-2104
Cortez Integrated Healthcare	(970) 565-7946
Cortez Oral Health Clinic	(970) 565-1800
Dove Creek Integrated Healthcare	(970) 677-2291
La Plata Integrated Healthcare	(970) 335-2288
Durango Oral Health Clinic	(970) 335-2442

#### ***Behavioral Healthcare:***

Crossroads at Grandview	(970) 403-0180
Columbine Behavioral Health	(970) 259-2162

### **AXIS HEALTH SYSTEM PROFESSIONALS:**

AHS employs a wide variety of healthcare professionals across the five counties of southwest Colorado. While all the professionals listed may not be a part of your direct care team, they are part of the larger system and in some instances they can provide consultation to the providers you are working with. AHS employs many types of healthcare professionals to provide a broad spectrum of comprehensive primary health services to you:

- Advanced Practice Nurses (APN);
- Licensed Clinical Social Workers (MSW, LCSW);
- Licensed Marriage and Family Therapists (MA, LMFT);
- Licensed Professional Counselors (MA, LPC);
- Psychologists (PhD);
- Medical Assistants (MA);
- Registered Nurses (RN);
- Physician Assistants (PA);
- Nurse Practitioners (NP);
- Pediatricians (MD);
- Primary Care Physicians (MD, DO);
- Psychiatrists (MD);
- Dentists (DDS and DMD)
- Dental Assistants and,
- Other Mental Health Professionals (BA)

**APPOINTMENT POLICY:**

Time is valuable - both ours and yours. In order to ensure quality services are available to the broadest number of patients, please let us know of changes you may need to make to ensure your scheduled appointment time works for you.

1. Appointment changes can be made by calling the care location (listed above) where your appointment is scheduled. It is important for you to know:
  - Appointments cancelled with less than 24 hours' notice may result in a "no-show" charge; and
  - Two consecutive "no show" appointments may result in appointment restrictions or discharge from our care.
2. When scheduling an appointment, it is important to let us know if there is a need for language translation, transportation, or other accommodations so that we can identify the appropriate assistance and ensure it is available.
3. **Late Arrival** is when you arrive up more than 10 minutes after your scheduled appointment time. In these events, every effort is made to work you into the schedule. If this is not possible that day due to your preference or provider schedule limitations, the appointment is recorded as a Cancellation and you are rescheduled. If you are waiting more than 10 minutes to be seen, you may cancel and reschedule the appointment.
4. Children must not be left unattended at an AHS clinic while their parent or guardian is in a care appointment.
5. If someone other than the identified parent or guardian will be accompanying your child for a scheduled AHS appointment, a signed copy of AHS's *Permission for Minors to Attend Appointments without Parent Form* must be signed and witnessed by AHS staff in advance of appointment.

**TRANSPORTATION POLICY:**

If transportation is a barrier to an appointment, staff may be able to assist you in coordinating transportation assistance to and from appointments at AHS locations.

**GRIEVANCE POLICY:**

If you have concerns about how you have been treated or believe your rights as a patient have been violated, AHS has an established grievance process to support improvements and resolution. The grievance protocol is:

1. We request that you first attempt to solve the problem by talking directly to either the staff member and/or their supervisor; and
2. If you are not fully satisfied with the solution after discussing with the involved staff, you may:
  - a. Call your care location and request the Grievance Coordinator for immediate additional assistance; or
  - b. Submit a written *Grievance Form*, which is available at all AHS locations and will be given to the Grievance Coordinator who will acknowledge having received your grievance



within 24 hours and complete an investigation and provide resolution within the required timeframe.

**PRIVACY POLICY:**

Access to, use and/or disclosure of your health information is protected under various federal regulations and state statutes. **Please refer to our *Notice of Privacy Practices (contained within this document)* for a complete explanation of patient rights and how healthcare information will be handled.** Please discuss any questions you may have regarding your privacy and care with AHS staff.

**MEDICAL EMERGENCIES:**

In the event of a Medical Emergency **Dial 911** or **go to the closest Emergency Department or Hospital**. Please remember to inform the emergency department or hospital that you are an AHS patient and request that your medical records are sent to AHS in order to coordinate your discharge plan and coordinate your follow-up care.

**AFTER-HOURS MEDICAL CONSULTATION:**

If you are a patient at Archuleta Integrated Healthcare, Cortez Integrated Healthcare, Cortez Oral Health Clinic, Dove Creek Integrated Healthcare, La Plata Integrated Healthcare, Durango Oral Health Clinic, Crossroads at Grandview or Columbine Behavioral Health clinic and have a physical health concern (that is not a medical emergency) after normal business hours you can call **970-247-5245** for consultation with a Registered Nurse (RN).

**CRISIS INTERVENTION SERVICES:**

If you are an AHS patient from any of our locations and are in need of crisis intervention services: these services are available locally 24/7 by calling **970-247-5245** or throughout the State at **844-943-8255** or text **"TALK"** to **38255**.

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## HOW DO I CHOOSE A MEDICAL HEALTHCARE PROVIDER?

We have a Care Team approach to providing your healthcare at our integrated clinics in Durango, Cortez, Dove Creek and Pagosa. We provide patients with options in choosing a medical healthcare provider based on personal preference, medical needs and provider expertise. You may choose any medical healthcare provider accepting new patients to be your primary care provider (PCP) at our integrated clinics. Your PCP could be a physician (MD or DO), physician assistant or nurse practitioner. The Care Teams consist of a registered nurse, medical assistant, behavioral health provider, patient services specialist, PCP and may include additional support staff, as needed. You may also have a nutritionist/dietician and/or oral health provider as part of your team. To learn more about our providers and to receive help selecting your own primary care provider, call the clinic manager at clinic where you are enrolling.

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## PATIENT RIGHTS AND RESPONSIBILITIES

As a partner in your healthcare, AHS wants you to know your rights as well as your responsibilities. AHS will protect and maintain the rights of patients to support fundamental human dignity while complying with the civil, constitutional and statutory requirements that apply to the services and care AHS provides. Details of both your rights and responsibilities are noted below:

### **YOUR RIGHTS AS A PATIENT:**

**YOU HAVE THE RIGHT** to be treated with respect and dignity and to receive considerate, compassionate care regardless of your age, gender, race, national origin, religion, sexual orientation, income, gender identity or disabilities.

**YOU HAVE THE RIGHT** to receive care in a safe and clean environment free from all forms of abuse, neglect or mistreatment.

**YOU HAVE THE RIGHT** to be told the names of all healthcare providers involved in your care.

**YOU HAVE THE RIGHT** to have someone with you during your appointment, unless your visitor's presence compromises anyone's rights, safety or health.

**YOU HAVE THE RIGHT** to receive information about your diagnoses and possible prognoses, benefits and risks of treatment, estimated length of treatment, alternative treatments and the expected outcome of treatment, including any unexpected outcomes.

**YOU HAVE THE RIGHT** to receive information on medications that will be used and/or prescribed, associated benefits and risks and possible side effects of those medications.

**YOU HAVE THE RIGHT** to give written informed consent before any non-emergency procedure.

**YOU HAVE THE RIGHT** where appropriate, to have your pain assessed and to be involved in decisions about treating your pain.

**YOU HAVE THE RIGHT** to culturally appropriate and competent services, including interpreter services for communication disabilities and non-English speaking needs.

**YOU HAVE THE RIGHT** to be treated in the least restrictive setting available and to be treated in a manner that is free from restraints and/or seclusion unless medically required.

**YOU HAVE THE RIGHT** to receive information regarding fees and financial policies and your expected responsibility for payment.

**YOU HAVE THE RIGHT** to expect that AHS will uphold your rights regarding access, use or disclosure of your health information in all communication and records unless release is permitted or required by law.

**YOU HAVE THE RIGHT** to see or obtain a copy of your medical records; ask to modify your medical



records; and/or request a list of people to whom your health information was disclosed.

**YOU HAVE THE RIGHT** to receive protective and advocacy services in cases of abuse and neglect and AHS will provide a list of those resources as appropriate or upon request.

**YOU HAVE THE RIGHT** to agree or refuse to take part in medical research studies and you may withdraw from any such studies at any time without impacting your access to standard care.

**YOU HAVE THE RIGHT** to refuse services and/or terminate your care with AHS unless an emergency exists or as provided by law. Any refusal of recommend service or care will be documented in your medical record.

**YOU HAVE THE RIGHT** to have Advance Directive(s) and appoint someone to make healthcare decisions for you if you are unable.

**YOU HAVE THE RIGHT** to participate in developing and reviewing your care plan according to state and federal requirements.

**YOU HAVE THE RIGHT** to a second opinion from an appropriately qualified healthcare provider which may or may not be covered by your insurance benefits.

**YOU HAVE THE RIGHT** to request and receive a copy of AHS's *Notice of Privacy Practices* at any time.

**YOU HAVE THE RIGHT** to voice concerns about the care you are receiving to AHS staff without retribution from AHS. In such instances, AHS encourages you to discuss your concerns with your healthcare provider, their supervisor or request assistance from the Grievance Coordinator to support the most immediate resolution.

**YOU HAVE THE RIGHT** to be informed that sexual intimacy is never appropriate in a professional healthcare relationship. Reporting instances of this nature should be done to both AHS's Grievance Coordinator and the Colorado Department of Regulatory Agencies (DORA) at 303-894-7855 or (800-886-7675).

**YOU HAVE THE RIGHT** to have an independent patient advocate, personal representative, legal guardian or independent legal counsel (at your expense) participate in resolution if you feel your rights have been violated.

**YOU HAVE THE RIGHT** to have appropriate services available and accessible; including urgent and emergent care, medical care consultation and 24/7 crisis intervention services.

**YOU HAVE THE RIGHT** to have assistance in filing a grievance related to your care at AHS from our Grievance Coordinator, who is available to you to assist in addressing complaints or concerns.

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known) and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Board that registers, certifies or licenses the registrant, certificate holder or licensee.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in Section 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception to confidentiality arises during therapy, if feasible, you will be informed accordingly.

Your alcohol and/or drug treatment records are protected under the Federal Confidentiality Regulation, 42 C. F. R., Part 2, governing Confidentiality of Alcohol and Drug Abuse Patient Records. Confidential information cannot be disclosed without your written permission unless otherwise provided for by the regulations.

***ADDITIONAL RIGHTS FOR MEDICAID MEMBERS (Behavioral Health Services only):***

**YOU HAVE THE RIGHT** to receive written information about available services and other providers of that service that are in the Medicaid network.

**YOU HAVE THE RIGHT** to choose any provider from the provider network and to request that a particular provider be considered for inclusion in the network.

**YOU HAVE THE RIGHT** to receive a covered service out of network at no cost to you if the covered service is not available or not available in a timely fashion at AHS.

**YOU HAVE THE RIGHT** to request a specific provider by included in our network.

**YOU HAVE THE RIGHT** to be told if your AHS provider stops seeing Medicaid members or has changes in services.

**YOU HAVE THE RIGHT** to freely exercise all of these rights and the exercise of rights shall not adversely affect the way you are treated by AHS, Rocky Mountain Health Plan, the Colorado Department of Health Care Policy and Finance or any other regulatory, oversight or contracting agency.

**YOUR RESPONSIBILITIES AS A PATIENT:**

**YOU HAVE THE RESPONSIBILITY** to provide complete and accurate demographic information for creating a medical record that may include but not be limited to: your full name, address, a reliable telephone number you can be reached at, date of birth, race/ethnicity and Social Security number.

**YOU HAVE THE RESPONSIBILITY** to provide complete and accurate information about your health insurance carrier, coverage, employer (if applicable) and to pay any patient responsibility amounts due to AHS for services rendered in a timely manner.

**YOU HAVE THE RESPONSIBILITY** to learn about your insurance benefits and how to use them effectively. Assistance in screening for coverage for Medicaid or other plans under Connect for Health Colorado may be available, please ask.

**YOU HAVE THE RESPONSIBILITY** to provide complete and accurate information about your health,



medical history, present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, use of legal or illegal substances and any other information related to your health, including safety risks that you face. Releases of Information to other providers may be required so your care can be properly coordinated and managed by AHS.

**YOU HAVE THE RESPONSIBILITY** to ask questions when you do not understand information or instructions and if you believe you cannot follow through with elements of your care plan or you want to change your care plan - you are responsible for discussing this with your provider.

**YOU HAVE THE RESPONSIBILITY** to actively participate in your care plan and to keep your providers informed of the effectiveness of your treatment as designed.

**YOU HAVE THE RESPONSIBILITY** to be a partner in your care: following the plan you and your provider have agreed on, participating in your treatment, working toward the goals in your care plan and taking medications as agreed upon between you and your provider.

**YOU HAVE THE RESPONSIBILITY** to keep appointments, to be on time and to call and reschedule or cancel if you cannot keep your appointments.

**YOU HAVE THE RESPONSIBILITY** to provide us with a copy of your Advance Directive(s).

**YOU HAVE THE RESPONSIBILITY** to treat all AHS staff, other patients and visitors with courtesy and respect at all times.

**YOU HAVE THE RESPONSIBILITY** to cooperate with Rocky Mountain Health Plan, the Health First Colorado contractor that works with your provider. You may call Rocky Mountain Health Plan at 1-800-221-3943 for questions about choosing a provider or making your first appointment.

**YOU HAVE THE RESPONSIBILITY** For Well Child Exams (EPSDT) for clients under the age of 21, we are required to ask if any mental health issues were found in your child's last medical visit or well-child exam. We want to address the issues that were found and coordinate care with your primary care physician (PCP). Your provider will ask you to sign a release of information if required. If your child has not had a well-child exam within the last year, your therapist will suggest that you schedule an appointment. If you do not have a PCP or you want a new PCP, you may schedule an appointment at one of AHS Integrated Clinics or call Health Colorado. For help in Denver, call 303-839-2120; outside of Denver, call 1-888-367-6557 (the call is free). TTY 1-888-876-8864.

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## 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 AHS Notice of Privacy Practices (Notice) describes how your health information may be protected, used or disclosed and how you can gain access to this information about you or someone who has authorized you to obtain it. 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 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. 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. AHS is committed to ensuring that patients have quick and easy access to their healthcare information.

**PRIVACY PRACTICES EFFECTIVE DATE AS OF September 1, 2021:**

Axis Health System (AHS) understands that healthcare information about you and your health is personal and private. Healthcare information obtained by AHS in 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 the 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
- 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 in ways that are allowed under the law. Allowable use and disclosure of protected healthcare information (PHI) is appropriate and allowed under the following circumstances:

- I. **TREATMENT:** to provide the healthcare treatment services you seek/need, to healthcare professionals involved in your care.
- II. **PAYMENT:** to support billing and collection from appropriate payers. For example, AHS may need to disclose PHI to your insurance company about treatment you received for payment of the associated claim or to tell your payer about recommended or planned services to obtain required prior authorization.
- III. **HEALTHCARE OPERATIONS:** for AHS operations activities necessary to support mandated quality of care standards. For example, your PHI may be used in monitoring service quality, staff training and evaluation, required reporting to state or federal agencies, medical reviews, legal actions, auditing functions, compliance programs, accreditation, certification, licensing and credentialing activities.
- IV. **APPOINTMENT REMINDERS:** to contact you for appointment or for care follow up, based upon the contact preferences you provide us.
- V. **HEALTH RELATED INFORMATION OR RESOURCES:** 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.





- VI. 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. PHI for the patient is protected differently in the following circumstances:

- I. 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). 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.
- A. **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.
- B. **MINORS:** Minor patients can consent to AHS substance use services (i.e. signs the necessary enrollment 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.
- II. MENTAL HEALTH TREATMENT:**
- A. **MINORS - 12 YRS AND OLDER:** Patients who are 12 years or older can consent to AHS mental health services (i.e. signs the necessary enrollment forms) regardless of whether the consent of a parent or guardian has also been obtained. Under this circumstance the patient's PHI may not be disclosed to the parent or guardian without the patient's written authorization. A parent or legal guardian may be notified without the minor's consent if, based on professional opinion, the minor is unable to manage his or her care or treatment and a parent or legal guardian will be notified any time a minor expresses any intent to commit suicide.
- III. OTHER PROTECTIONS MANDATED BY LAW:**
- A. **HIV INFORMATION – All Ages:** All PHI regarding HIV is kept strictly confidential and released only in conformance with the requirements of Colorado state law 25-4-1404.



Disclosure of any PHI referencing a patient's HIV status may only be made with a patient's written authorization specific to this status.

**FAMILY PLANNING SERVICES** – All Ages: Minor patients can consent to AHS family planning services (i.e. signs the necessary enrollment 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 family planning information without written authorization from the patient.

**ALLOWABLE PARENT/GUARDIAN ACCESS TO A MINOR CHILD'S HEALTH INFORMATION:** If a minor does not consent to applicable 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 PHI of the patient. A parent or guardian's access to a minor's health information varies but is generally allowable under the following circumstances:

**I. 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
- When essential health information is necessary for parent/guardian to make informed health decisions on behalf of a minor

**II. MENTAL HEALTH TREATMENT:**

- When the requested disclosure is for a patients less than 12 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 12 years or older and independently consented for treatment (provider may decide to provide or deny access to a parent or guardian if 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)
- When a patient is 12 or older, has consented independently for treatment 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)

**III. FAMILY PLANNING:**

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

**IV. EMANCIPATED MINOR:**

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

**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:

- I. PUBLIC HEALTH RISKS (Health and Safety for you and/or others):** to prevent a serious threat to the health and safety of you, another person or the public.

Examples:

- 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
- To notify the appropriate government authority if there is suspected abuse, neglect or domestic violence when required or authorized by law

- II. HEALTH OVERSIGHT ACTIVITIES:** 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.

- III. LAWSUITS AND DISPUTES:** 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.

- IV. LAW ENFORCEMENT:** 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.

- V. 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 or to funeral directors as necessary to carry out their duties.

- VI. INTELLIGENCE AND NATIONAL SECURITY:** 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.

- VII. EMERGENCY SERVICES:** when deemed appropriate in the case of an emergency.

- VIII. 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 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 PHI:

- I. 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 970.828.2526 or ask at your care location to obtain assistance in filling out the correct forms. All request forms must be filled out completely and legibly, signed and dated prior to any release. Patients can access their health records free of charge (once per calendar year) and in the following forms and/or format, if readily producible:

- Paper, e-mail, eFax, a patient portal
- Viewing records via computer supervision of the Health Information Manager

- II. 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, you must complete the AHS “Request to Amend Protected Health Information” form and submitted to the AHS Director of Compliance, 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
- 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.

- III. 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 AHS Health Information Management Manager, 281 Sawyer Drive, Suite 100, Durango CO 81303. Your request must include the following to be actionable: include a specific timeframe for the accounting, limit the disclosure timeframe to six years or less.

- IV. 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:
- A. 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



and submit the Refusal to Bill Insurance Form. This restriction must be requested on the appropriate form for every service you wish to restrict.

- B. Any other restriction request not related to claim submission to your health plan must be made in writing to the AHS Director of Compliance. 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.

**V. 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.

**VI. 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 from any AHS employee.

## Health Records Fees:

### I. PATIENTS

Axis Health System gives patients or their personal/legal representative access to their electronic health information in an electronic format, free of charge and without delay, per the 21<sup>st</sup> Century Cures Act Final Rule effective April 5, 2021. Patients or their personal/legal representative may obtain hard copies and will be charged fees established by HITECH and the State of Colorado. Patient billable requests for health records will be charged reasonable fees:

- \$25.00 per hour for all standard requests for paper copies of health records maintained electronically, plus cost of supplies and applicable postage
- Health records maintained in paper form and requested in paper or electronic format will be charged fees permitted by the State of Colorado (CRS 25-1-801). Contact the HIM Department for an estimate.
  - \$18.53 for the first ten pages (1-10)
  - \$0.85 per page for the next 30 pages (11-40)
  - \$0.57 per page for pages 41 and above (41+)
  - \$10.00 additional fee for certification of medical records
  - Cost of portable media supplies, if applicable, i.e. CD or flash drive

We require prepayment. Checks and credit cards are accepted. Once payment is received, we will process the request and the records will be delivered in the manner specified. If you cannot afford to pay for copies of your health records, you have the right to inspect your records free of charge (45 CFR 164.524 (a)(3)) or may receive copies electronically free. Contact the HIM Department for more information.

### II. THIRD PARTIES

It is permissible to release health records to a third party initiating a request for PHI on its own behalf with a HIPAA-compliant authorization (45 CFR 165.508) and upon payment of reasonable fees (CRS 25-1-801). Copies of health records stored in any format and released in any format will be charged:

- \$18.53 for the next ten pages (1-10)



- \$0.85 per page for the next 30 pages (11-40)
- \$0.57 per page for pages 41 and above (41+)
- \$10.00 additional fee for certification of medical records
- Cost of portable media supplies, if applicable, i.e. CD, flash drive

We require prepayment. Checks and credit cards are accepted. Once payment is received, we will process the request 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 Director of Compliance. Information regarding how to initiate that review process will be provided in writing at the time of the initial denial.

**CHANGES TO THIS NOTICE:** Axis Health System (AHS) reserves the right to change the terms of the Notice of Privacy Practices (NPP) and to make the new Notice provisions effective for all PHI that we maintain. AHS will review our Notice at least annually. If we determine at any time that there is a material change to our privacy practices, or there is a change in the law that requires a change in our Notice, we will revise our Notice, date it with the effective date of the revision, post the revised Notice at our sites, then implement the changes (unless a change in the law requires that we implement the change sooner), and provide the revised Notice according to this Policy. A copy of this Notice can be obtained upon request in person during business hours at any AHS location on or after the effective date of any revision. No acknowledgment is necessary for providing a revised Notice to a patient who has received a prior version of our Notice. Patients can also access our revised Notice on our website [www.axishealthsystem.org](http://www.axishealthsystem.org).

**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 AHS 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 Director of Compliance, 281 Sawyer Drive #100, 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.

**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 revoke any disclosures made with your permission prior to a revocation. AHS will retain copies of any written permissions or revocations.

**ELECTRONIC HEALTH INFORMATION EXCHANGE (eHIE) NOTICE**

AHS endorses, supports, and participates in electronic Health Information Exchange (eHIE) through CORHIO (Colorado Regional Health Information Organization) to improve the quality of your health and healthcare experience. eHIE provides AHS with a way to share (when appropriate) securely and



efficiently clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps all your health care providers more effectively share information and provide you with better care. The HIE network also enables emergency medical personnel and other providers who are treating you to have immediate access to the available medical data about you that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures.

You may choose to opt-out by informing AHS and signing a CORHIO Opt-Out form or directly through CORHIO (signed and notarized form must be sent to CORHIO)  
[https://www.corhio.org/library/documents/For\\_Patients/corhio\\_opt\\_out\\_request\\_web\\_updated2.pdf](https://www.corhio.org/library/documents/For_Patients/corhio_opt_out_request_web_updated2.pdf)  
Patients can opt back in anytime by signing CORHIO's "Opt-In Form". For additional information visit the CORHIO website: [www.corhio.org](http://www.corhio.org)



### Acknowledgement of Information Received

AHS adheres to all state and federal regulations as they apply to the access, protection, disclosure and use of your healthcare information contained in our records. This information is also available to you in the AHS *Notice of Privacy Practices*, which is included in the *Patient Handbook*. I have read the following notices related to the use, disclosure, access and protections associated with my healthcare record. I understand that this practice participates in electronic HIE and I hereby authorize the release of medical records to the HIE in support of my care and as necessary to process claims related to my care. Currently my lab results are routinely exchanged in the HIE. I also understand that details regarding the privacy protections for my record are contained in AHS's *Notice of Privacy Practice*. This and the following information is available to me both electronically via email request, at AHS website [www.axishealthsystem.org](http://www.axishealthsystem.org) or by asking for a printed copy at any of our clinic locations:

**Appointment Policy**  
**Behavioral Health Grievance Policy**  
**Notice of Privacy Practices**  
**How to Choose a Medical Healthcare Provider**

**Medical Grievance Policy**  
**Patient Rights & Responsibilities**  
**Advance Directives**  
**Patient Handbook**

Patient or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient name (please print): \_\_\_\_\_

Legal Guardian name (please print): \_\_\_\_\_