



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 21st 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.

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.

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

Patients can opt back in anytime by signing CORHIO's "Opt-In Form". For additional information visit the CORHIO website: www.corhio.org