



## 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 their information. Please review it carefully and note that not all services detailed in this Notice are available at every Axis Health System (AHS) location. Should you have any questions related to healthcare privacy and associated protections, please ask your provider who will clarify this information, or refer you to the appropriate AHS staff for further support. AHS is committed to ensuring that patients have quick and easy access to their healthcare information.

### **PRIVACY PRACTICES EFFECTIVE DATE AS OF JULY 1, 2022:**

AHS understands that healthcare information is personal and private. Healthcare information obtained by AHS during your treatment and care will be treated as confidential and protected to the fullest extent allowed under law. AHS creates a record of demographics, care and services provided, and other relevant documents for each patient in an electronic healthcare record (EHR). 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:

**TREATMENT:** to provide the healthcare treatment services you seek/need, to healthcare professionals involved in your care.

**PAYMENT:** to support billing and collection from appropriate payers. AHS may need to disclose PHI to your insurance company for payment of the associated claim or to tell your payer about recommended or planned services to obtain required prior authorization.

**OPERATIONS:** activities necessary to support mandated quality of care standards, such as 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.

**APPOINTMENT REMINDERS:** to contact you for appointment or for care follow up, based upon the contact preferences you provide us.

**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.

**FUNDRAISING:** 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 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:



**SUBSTANCE USE TREATMENT:** The confidentiality of alcohol and drug use patient records maintained by any substance use (SUD) program is protected by Federal law and regulations. This includes the diagnosis, treatment, referral for treatment or prevention of alcohol or drug use (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 42 CFR Part 2 is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. AHS Part 2 Programs include: Substance Use Outpatient Program (SUOP), Withdrawal Management (“Detox”) Program, Substance Use Intensive Outpatient Program (IOP), and Integrated Dual Diagnosis Treatment (IDDT) Program.

**ALL AGES:** AHS may not disclose to anyone outside AHS that you are a patient in any part 2 program or disclose any information identifying you as an alcohol or drug user, unless AHS:

- Has your written consent
- Is allowed under an appropriate court order
- For mandatory reports of suspected child abuse and neglect
- Is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation
- Is due to a threat you make to commit a crime at AHS or against AHS staff

**MINORS:** Minor patients can consent to AHS substance use 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 SUD information without written authorization from the patient.

There is an exception, however, permitting the communication of relevant facts to the parents if the program director determines that a minor applicant for services lacks capacity because of extreme youth or mental or physical condition to make a rational decision whether to consent to a disclosure to the parents **AND** there is a substantial threat to the life or physical well-being of the minor applicant or another individual, and the disclosure of relevant facts to the parents may reduce that threat 42 C.F.R.§2.14.

#### **OUTPATIENT MENTAL HEALTH TREATMENT (MINOR CONSENTING):**

**MINORS 12 YEARS OR OLDER:** can consent to AHS outpatient mental health services, if the mental health professional determines that: (1) the minor is knowingly and voluntarily seeking such services, and (2) the provision of psychotherapy services is clinically indicated and necessary to the minor’s well-being C.R.S. §. 12-45-203.5. Notification to the minor’s parent or legal guardian of the psychotherapy services given or needed, with the minor’s consent, or, with the consent of the individual who a court has ordered holds the minor’s therapeutic privilege, is permissible unless notifying the parent or legal guardian would be inappropriate or detrimental to the minor’s care and treatment. It is also permissible if the mental health professional determines that the minor is unable to manage their care or treatment. The mental health professional shall engage the minor in a discussion about the importance of involving and notifying the minor’s parent or legal guardian and shall encourage such notification to help support the minor’s care and treatment.

**MINORS 15 YEARS OR OLDER:** can consent to AHS outpatient mental health services. When a minor consents, HIPAA states that a parent or guardian’s right to inspect the related medical records depends on state and other federal law 45 C.F.R. § 164.502(g)(3)(ii).



**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: Minors of any age can consent to AHS Family Planning services (contraception, prenatal, delivery, postnatal care, prevention, diagnosis and treatment for sexually transmitted infections, etc.) regardless of whether the consent of a parent or guardian has also been obtained. If the services are under Title X family planning program, parents or legal guardians of these patients may not have access to their child's family planning or obtain information about their minor child's Title X services without their child's written permission (HIPAA 45 C.F.R. § 164.502(g)(3)(ii) and Title X 42 C.F.R. § 59.11).

**Prevention, Diagnosis and Treatment for Sexually Transmitted Infections:** Health care provided to a minor is confidential; except that the reporting required (Child Protection Act of 1987, part 3 of article 3 of title 19) still applies. If the minor is thirteen years of age or younger, the health care provider may involve the minor's parent or legal guardian. A health care provider shall counsel the minor on the importance of bringing the minor's parent or legal guardian into the minor's confidence regarding the consultation, exam, or treatment CRS § 25-4-409.

**MINOR, 15 YEARS OR OLDER, LIVING SEPARATE AND APART:** A minor fifteen years of age or older who is living separate and apart from his or her parent, parents, or legal guardian, with or without the consent of his or her parent, parents, or legal guardian, and is managing his or her own financial affairs, regardless of the source of his or her income, may give consent to organ or tissue donation or the furnishing of hospital, medical, dental, emergency health, and surgical care to himself or herself. C.R.S. § 13-22-103(1).

**ALLOWABLE PARENT/GUARDIAN ACCESS TO A MINOR CHILD'S HEALTH INFORMATION:** If a minor does not consent to applicable services independently and a parent or legal guardian is the signer of these forms, the consenting person has a right to access the patient's PHI.

**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:

**PUBLIC HEALTH RISKS:** to prevent a serious threat to the health/ and/or safety of you, another person or the public.

**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.

**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.

**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.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** 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.

**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.

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

**AS REQUIRED BY LAW:** 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:

**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 (HIM) 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 under supervision of the HIM Supervisor.

**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 Ethics and Compliance, 185 Suttle Street, Durango CO 81303. You must provide sufficient documentation and a reason to support and evaluation of your request. AHS will respond to you regarding your request to amend with our determination related to the request for amendment in writing within 60 days. 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

**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 Senior Manager of Health Information Management Manager, 185 Suttle Street, 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.

**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:

1. 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.

2. Any other restriction request not related to claim submission to your health plan must be made in writing to the AHS Director of Ethics and 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.

**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.

**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: 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:

- First 150 pages are free
- \$25.00 per hour for all standard requests for paper copies of health records maintained electronically, plus cost of supplies and applicable postage over 150 pages
- 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 electronic copies of your electronic health information free. Contact the HIM Department for more information.



### **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.

**THIRD PARTY APPLICATIONS USED FOR EMAIL AND VIDEO COMMUNICATION:** AHS communicates with and provides services through technology vendors that are HIPAA compliant, including HIPAA Business Associate and/or Qualified Service Organization Agreements in connection with the provision of the video communication products.

**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 Ethics and 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 Ethics and Compliance. You also have the right to document your complaint or concern regarding a potential violation in writing to the AHS Director of Ethics and Compliance, 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 because 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) and QHN (Quality Health Network) 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 and/or QHN Opt-Out form or directly through CORHIO or QHN (signed and notarized form must be sent to CORHIO and/or QHN) [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 or QHN's "Opt-In Form". For additional information visit the CORHIO website: [www.corhio.org](http://www.corhio.org) or QHN website: [www.qualityhealthnetwork.org](http://www.qualityhealthnetwork.org).