



Southeast Health Group

Primary Care

Notice of Privacy Practices

This notice describes how your Protected Health Information (PHI) may be used and disclosed, and how you can get access to this information. Please review it carefully.

Southeast Health Group (SHG) is committed to protecting your personal and health information. SHG and its providers collect information about you and create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care generated or maintained by Southeast Health Group and its providers, including the following people and/or organizations:

- Any health care professional that is authorized to enter information in your record.
- Any intern or volunteer that is authorized to help you while you are receiving services.

This notice tells you about the ways in which we may use and disclose your Protected Health Information. It also describes your rights and certain obligations we have regarding the use and disclosure of health and treatment information.

Southeast Health Group is required by law to:

- Make sure that health and treatment information that identifies you is kept private.
- Make sure that you are given notice of our legal duties and privacy practices with respect to health and treatment information about you.
- Make sure that SHG, its staff, and its contracted providers follow the terms of the notice currently in effect.

How We May Use or Disclose Your Protected Health Information (PHI)

SHG: We may use and disclose your Protected Health Information to the related companies of Southeast Wellness Works, including Southeast Mental Health Services and Partnership for Progress.

For Treatment: We may use and disclose your Protected Health Information to provide you with behavioral health treatment, medical care and/or services. We may disclose information about you to psychiatrists, therapists, case managers, your primary care physician, and other behavioral health professionals involved in your care. Your primary care physician may need to know what psychiatric medications you are using to coordinate care, or we may need to speak to the pharmacist about your prescriptions. Different departments or groups within SHG may also share information in order to coordinate the services you need, such as medications, individual therapy, group therapy, and case management. We will ask you to authorize a Release of Information for treatment disclosures as a way to inform and involve you with the course of your treatment.

For Payment: We may use and disclose your Protected Health Information so we may bill for the services you receive and collect from appropriate payers, such as Medicaid, an insurance company, or other third parties. We may also need to request prior approval or authorization to determine whether your insurance or the responsible payer will cover services. We may ask you to authorize a Release of Information for payment disclosures as a way to keep you informed.

For Health Care Operations: We may use and disclose your Protected Health Information for the business activities of Southeast Health Group and its providers. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. [Participants in organized health care arrangements only should add: We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services.

Individuals Involved in Your Care: We may release your Protected Health Information to a family member who is actively involved in your care or treatment as allowed by Colorado Law (CRS 27-65-121 and CRS 27-65-122). This information is limited and may only be released when it is determined to be in your best interests. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Research: Under certain limited circumstances, we may use and disclose your PHI for research purposes. All research projects are subject to special approval. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are. You may participate in research or not, as you wish, without jeopardizing your care.

Patient's Authorization: Prior authorization is required for all use and disclosure for marketing, selling PHI, and use or disclosure of psychotherapy notes (if applicable) or medical information. Other uses and disclosures not described in the notice will be made only with the patient's authorization.

Marketing: Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

Genetic Information: Southeast Health Group is prohibited from using and disclosing genetic information for underwriting purposes.

Fundraising: Prior authorization is required for all use of PHI in fundraising. SHG will offer a patient an "opt-out" option every time the information is used.

Appointment Reminders: We may use and disclose information to contact you as a reminder that you have an appointment for treatment or services.

Notification and Communication with Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Health-Related Information or Resources: We may use and disclose information in order to tell you about other resources or treatment information that may be of interest to you, such as new groups or websites.

HIV Information: All medical information regarding HIV is kept strictly confidential and released only in accordance with the requirements of Colorado Law (CRS 25-1-122). Disclosure of any health information referring to a patient's HIV status may only be made with the specific written authorization of the patient. A general authorization for the release of health information is not sufficient for this purpose.

Rights of Minors: A person aged 15 or older may consent to mental health treatment and authorize disclosure of information as if s/he were an adult. Parents or legal guardians, however, are legally entitled to request and receive information about a minor's mental health treatment without the minor's permission. All other provisions of the privacy notice apply equally to adults and to minors.

Right to Restrict: You have the right to restrict certain disclosures of protected health information to a health plan where the individual pays out of pocket in full for the health care item or service.

Special Circumstances

Federal and state laws allow or require Southeast Health Group and its providers to disclose health or treatment information about you, other than HIV information, without your written authorization in certain special circumstances, if they occur, as listed below:

Public Health Risks (Health and Safety for You and/or Others). We may disclose your Protected Health Information for public health activities, when necessary to prevent a serious threat to your health and safety or to the health and safety of another person or the general public. These activities generally include the following:

- To prevent or control disease, injury, or disability
- To report births or deaths
- To report child abuse or neglect
- To report abuse of the elderly or at-risk adults
- To report reactions to medications
- To notify people of recalls of medications they may be using
- To notify a person who may have been exposed to a disease or who may be at risk for contracting a disease
- To avert a serious threat to the health or safety of a person or the public
- When required by law, to inform the appropriate authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities: We may disclose PHI about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral health care system, government-funded programs, and compliance with civil rights and other laws.

Lawsuits and Disputes: If you are involved in a lawsuit or legal action, we may disclose PHI about you in response to a court or administrative order from a judge. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful process initiated by someone else involved in the dispute. If you have filed a complaint or lawsuit against your therapist or the agency, health information about you may be disclosed to resolve the matter.

Law Enforcement: We may disclose health information about you if asked to do so by law enforcement for one of the following reasons:

- In response to a court order, subpoena, warrant, summons, or similar lawful process.
- When limited information is needed to identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization.
- About a death we believe may have been the result of criminal conduct.
- About criminal conduct at any SHG office, in any SHG program, or against a staff member, visitor, or another patient.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime.

Coroners, Health Examiners, and Funeral Directors: We may disclose information to a coroner or health examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors when necessary to carry out their duties.

Organ or Tissue Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Proof of Immunization: We will disclose proof of immunization to a school that is required to have it before admitting a student if you have agreed to the disclosures on behalf of yourself or dependent.

National Security and Intelligence Activities: We may disclose Protected Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose PHI about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons, or foreign heads of state.

As Required By Law: We will disclose Protected Health Information about you when required to do so by federal, state, or local law but will limit our use or disclosure to the relevant requirements of the law.

Your Rights Regarding Health Information About You

Right to Inspect and Copy: You have the right to inspect and request a copy, in the format of your choice, of the health information that may be used to make decisions about your care. This may include electronic access to evaluations/assessments, treatment plans, progress notes, and billing information. To inspect or request a copy of your health information, you must submit your request in writing by filling out the Protected Health Information Request Form. You may be charged a reasonable fee for the costs of copying your records.

Your request to inspect and receive a copy of your Protected Health Information may be denied in certain very limited circumstances. In those circumstances, SHG retains the right to withhold information that may be detrimental to your health or safety or to the health or safety of others. If you are denied access to any part of your PHI, you may request that the denial be reviewed. Instructions on how to initiate that review process will be provided in writing at the time of your denial of your access to information.

Right to Amend: If you feel any health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as your health information is kept by Southeast Health Group. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Is accurate and correct.
- Is not part of the health information kept by SHG or its providers.
- Is not part of the health information which you would be permitted to inspect or copy.
- Was not created by us.
- Was created by an individual that is no longer available to make the amendment.

To request an amendment of your health information, you must submit your request in writing by filling out the Protected Health Information Change Request Form.

Right to Request Restrictions: You have the right to request a restriction or limitation on the Protected Health Information disclosed about you. SHG is not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment for you. In your request, you must tell us what information to limit, and to whom you want the limit to apply. To request a restriction or limitation of your health information, you must submit your request in writing by filling out the Protected Health Information Change Request Form.

Right to an Accounting of Disclosures: You have the right to request an accounting or list of disclosures of health information made about you. Your request must state a period of time for the accounting that may not be longer than three years prior to the date of the request. To request an accounting or list of disclosures of your health information, you must submit your request in writing by filling out the Protected Health Information Change Request Form.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain way or at a certain location. You may ask that we only contact you at a certain telephone number or address. Your request must indicate when or where you wish to be contacted. SHG will accommodate all reasonable requests. To request confidential communications, you must submit your request in writing by filling out the Protected Health Information Change Request Form.

The organization shall keep information obtained and records prepared about patients confidential. Confidential information may be disclosed only after patient's parents (for patients under 15 years of age) or legal guardian give informed, written consent unless otherwise authorized by law or court order. The organization shall document the legal basis for the release of information and the patient shall be informed what information was released and to whom, in the absence of consent.

Right to A Paper Copy or Electronic Copy of this Notice: You have the right to receive a paper/electronic copy of this Notice of Privacy Practices. You may ask for a copy at any time.

Right to Breach Notification: SHG is required by law to maintain the privacy of your Protected Health Information. SHG will notify you of any breach of your unsecured PHI.

Right to Revoke: If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to do so.

Changes to This Notice

Southeast Health Group reserves the right to change this notice. We reserve the right to make the updated Notice of Privacy Practices effective for all Protected Health Information we already have about you, as well as for any information we receive in the future. We will post a copy of the current notice in each office location. SHG will make you aware of any revisions by posting a revised notice in each office location.

Complaints and Assistance

If you need assistance to understand this notice or your rights, and if you need assistance in filing requests, you may contact the SHG Patient Advocate, Kristie Roe. If you believe your privacy rights have been violated, contact the Compliance Officer for Southeast Health Group by mail at 711 Barnes, La Junta, CO, 81050, or by calling 719-384-5446. If your concern is not resolved, you have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services.

Effective Date: (2/13)

Revised Date: (8/13), (10/2013)



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Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Print Name: _____

Date: _____

Signature: _____

Date of Birth: _____ Phone: _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient

Name of Patient: _____

Date of Birth: _____

Notice of Privacy Practices Acknowledgment Tracking Information

Name of Patient: _____

Address: _____

Staff Signature: _____

Date: _____

For Office Use Only:

Complete the following only if the Patient refuses to sign the Acknowledgment:

Efforts to obtain: _____

Reason for refusal: _____