

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

OVERVIEW

The law requires us to keep your protected health information (“PHI”) private in accordance with this Notice of Privacy Practices (Notice”), as long as this Notice remains in effect. We are also required to provide you with a paper copy of this Notice, which contains our privacy practices, our legal duties, and your rights concerning your PHI.

From time to time, we may revise our privacy practices and the terms of our Notice at any time, as permitted or required by applicable law. Such revisions to our privacy practices and our Notice may be retroactive. Our Notice will be updated and made available to our patients prior to any significant revisions of our privacy practices and policies.

OUR PRIVACY PRACTICES

Use and Disclosure. We may use or disclose your PHI for treatment, payment or health care operations. For your convenience, we have provided the following examples of such potential use of disclosures:

- **Treatment.** Your PHI may be used by or disclosed to any physicians or other health care providers involved with the medical services provided to you.
- **Payment.** Your PHI may be used or disclosed in order to collect payment for your medical services.
- **Health Care Operations.** Your PHI may be used or disclosed as part of our internal health care operations . Such healthcare operations may include, among other things, quality of care audits of our staff and affiliates, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Authorizations. We will not use or disclose your medical information for any reason except those described in this Notice, unless you provide us with written authorization to do so; we may request such an authorization to do so. We may request such an authorization to use or disclose your PHI for any purpose, but you are not required to give us such authorization as a condition of your treatment. Any written authorization from you may be revoked by you in writing at any time, but such revocation will not affect any prior authorized uses or disclosures.

Patient Access. We will provide you access to your PHI, as described below in the Individual Right section of this Notice. With your permission, or in some emergencies, we may disclose your PHI to your family members, friends, or other people to aid in your treatment or the collection of payment. A disclosure of your PHI may also be made if we determine it is reasonably necessary or in your best interests for such purpose as allowing a person, acting on your behalf, to receive filled prescriptions, medical supplies, X-ray/s ECT.

Locating Responsible Parties. Your PHI may be disclosed in order to locate, identify or notify a family member, your personal representative, or other persons responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you may be given the opportunity to consent to or to prohibit or restrict the extent of recipients of such disclosure. If we determine that you are unable to provide such consent, we will limit the PHI disclosed to the minimum necessary.

Disasters. We may use or disclose your PHI to any public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Required by Law. We may use or disclose your medical information when we are required to do so by law. For example, your PHI may be released when required by privacy laws, workers’ compensation or similar laws, public health laws, court or administrative orders, subpoenas, certain discovery requests, or other laws, regulations or legal processes. Under certain circumstances, we may make limited disclosures of PHI directly to law enforcement officials or correctional institutions regarding an inmate, lawful detainee, suspect, fugitive, material witness, missing person, or a victim or suspected victim of

abuse, neglect, domestic violence or other crimes. We may disclose your PHI to the extent reasonably necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose your PHI when necessary to assist law enforcement officials to capture a third party who has admitted to a crime against you or has escaped from lawful custody.

Deceased Persons. After your death, we may disclose your PHI to a coroner, medical examiner, funeral director, or organ procurement organization in limited circumstances.

Research Persons. Your PHI may also be used or disclosed for research purposes only in those limited circumstances not requiring your written authorization, such as those which have been approved by an institutional review board that has established procedures for ensuring the privacy of your PHI.

Military and National Security. We may disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. When required by law, we may disclose your PHI for intelligence, counter intelligence, and other national security activities.

Access and Copies. In most cases, you have the right to review or to purchase copies of your PHI by requesting access or copies in writing to our Health Information Management Officer. There are some services provided in our organization through contracts with vendors, subcontractors, and other business associates. For example, we may contract with a copy service to make copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information; however, we require the business associate as well as any subcontractor used by the business associate to appropriately safeguard your information. You will find both a Medical Records Release and Third-Party Release on our website, in which you may fax to (970) 926-6348 or bring to the clinic in person. Please contact our HIM Officer at (970) 688-8398 or HIM@cmmhealth.com regarding requests and/or third-party releases.

Disclosure Accounting. You have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than those described in the following sections above: Use and Disclosures, Facility Directories, Patient Access, and Locating Responsible Parties. For each 12-month period, you have the right to receive one free copy of an accounting of certain details surrounding such disclosures that occurred after April 13, 2003. If you request a disclosure accounting more than once in a 12-month period, we will charge you a reasonable, cost-based fee for each additional request. Please contact our Privacy Officer regarding these fees.

Additional Restrictions. You have the right to request that we place additional restrictions on our use or disclosure of your PHI, but we are not required to honor such a request. We will be bound by such restrictions only if we agree to do so in writing signed by our Privacy officer.

Alternate Communications. You have the right to request that we communicate with you about your PHI alternative means or in alternative locations. We will accommodate any reasonable request if it specifies in writing the alternative means or locations and provides a satisfactory explanation of how future payments will be handled.

Participation in Health Information Networks. We may share information that we obtain or create related to your healthcare with other health care providers or other health care entities, such as your health plan, health insurer or other providers, as permitted by law, through Health Information Exchanges (HIEs) in which we participate. Exchange of health information can provide faster access, better coordination of care, reduce health care costs, and assist providers and public health officials in making more informed decisions.

To allow authorized individuals to access your electronic health information you do not have to do anything. Your health information will automatically be included in the Health Information Exchanges (HIEs) we participate in.

Opting Out. If you do not wish to share information with providers through an HIE, you must opt out by completing the Opt-Out Form available from the Patient Access or Health Information Management Departments. If you choose to opt-out, your medical provider(s) will NOT be able to access the information in the data repository, even in the case of an emergency, which could save your life in some situations. By submitting a request for restrictions, you accept the risks associated with that decision. Your decision to restrict access to your health information through the HIE does not impact other disclosures of your health information, as permitted by law. Please contact our HIM Officer at (970) 688-8398 or HIM@cmmhealth.com to request an OPT out form.

Complaints. If you believe we have violated your privacy rights, please bring it to our attention or notify the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with Colorado Mountain Medical Supervisory staff and know that it will be handled by our Privacy Officer.

We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

CONTACT US

Steve Debs, HIPAA Officer | Colorado Mountain Medical, L.L.C.

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