

## NOTICE OF PRIVACY POLICY AND PROCEDURES

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA), Aurora Family Practice Group, P.C. may not use or disclose your personal health information without your authorization.

The Practice has policies and procedures to comply with HIPAA. Every attempt has been made to keep the process for patients and staff as efficient as possible. However, the requirements are extensive and take time, effort and cooperation to process required tasks.

All patients are presented with certain notices and must sign certain forms. Depending on the course of treatment, some patients may be required to sign additional forms. The following is a summary of the most common notices and forms:

*Notice of Privacy Practices* – This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

*Authorization for Use or Disclosure of Protected Health Information* – The Practice may not use or disclose your health information without your authorization. Your signature on this form indicates that you are giving permission to the people listed on the form for the use and disclosure of the health information listed on the form, for the purposes listed on the form, to the people/organizations listed on the form. You may revoke this authorization at any time by signing and dating the revocation section on your copy of this form and returning it to this office.

*Complaint* – You have the right to complain about the Practice's privacy policies, procedures or actions. The Practice will not engage in any discriminatory or other retaliatory behavior against you because of a complaint.

*Request to Amend Protected Health Information* – You have a right to request that health information that pertains to you be amended if you believe that it is incorrect or incomplete. The Practice will review your request and either grant your request or explain the reason why it will not be granted. In the event that your request is not granted, you have the right to submit a statement of disagreement that will accompany the information in question for all future disclosures.

*Request for Inspection of Protected Health Information* – You have a right to request the opportunity to inspect and copy health information that pertains to you. The Practice will evaluate your request and will either grant it or explain the reason why the request will not be granted. In the event that your inspection request is not granted, you may request that the decision be reviewed by someone other than the person who originally denied the request.

*Request for Accounting of Disclosures of Protected Health Information* – You have a right to request an accounting of disclosures of health information that pertains to you.

*Confidential channel communication Request* – You have a right to request that communications concerning your personal health information be made through confidential channels. The Practice will do its best to accommodate all reasonable requests.

*Designation of Personal Representative* – You have a right to nominate one or more persons to act on your behalf with respect to the protection of health information that pertains to you. By making this request, you are informing the Practice of your wish to designate the named person as your personal representative. You may revoke this designation at any time by signing and dating the revocation on your copy of this form and returning it to this office.

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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.

#### About CORHIO

CORHIO is a nonprofit organization dedicated to improving health care quality for all Coloradans through Health Information Exchange (HIE). CORHIO is the state-designated entity for Health Information Exchange.

#### About Health Information Exchange

Health Information Exchange is a method to electronically share personal health and medical information securely between doctors, hospitals and other healthcare providers when it is needed for patient care. Health information is protected and exchanged under medical privacy and confidentiality standard procedures. Secure electronic Health Information Exchange allows patients and physicians to make sure that patient health information is available when and where it is needed.

Health Information Exchange improves patient safety and the quality of care you receive. Health care providers need all of your health information to provide you with an accurate diagnosis or treatment(s). Each of your providers may have different portions of your medical record. However, with access to each other's records and more complete health information, they can provide you with better care. Sharing your health information can also help reduce your costs by eliminating unnecessary duplication of tests and procedures.

Through CORHIO's health information exchange, some of your medical information is transmitted electronically and shared for treatment and healthcare operations within Aurora Family Practice Group and other authorized health care provider organizations participating in the CORHIO health information exchange. This exchange enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care.

When your health information is shared electronically, it is tracked so that information such as the person accessing it, the types of data accessed, as well as how and when it was used, is stored, making it harder for someone to misuse your medical information than when it is on paper or faxed.

#### Obligations of CORHIO and Participating Health Care Providers

CORHIO and all organizations participating in the exchange must comply with applicable state and federal laws that protect the privacy and security of medical and personal information.

#### Your Rights to Access Your Medical Information that is Being Exchanged

Under HIPAA guidelines, you have the right to access and receive a copy of your medical information. Additionally, you have the right to receive accounting of how your medical information has been disclosed as part of Health Information Exchange. Please talk to your health care provider if you wish to receive a copy of your medical information and/or a report on how it has been disclosed in the Health Information Exchange.

#### "Opting Out" of the CORHIO Health Information Exchange

Participation in this Health Information Exchange program is voluntary and your decision to participate or not will not impact your health plan benefits. If you do not want other physicians and other participating health care providers outside of Aurora Family Practice Group to access your Electronic Health Information for treatment purposes, you may "opt out" of this program by filling out a *Health Information Exchange Opt-Out Request Form* provided by your health care provider.