



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by us.

Our Responsibilities

We are required by state and federal law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

USES AND DISCLOSURES

How we may use and disclose health information about you.

The following categories describe examples of the way we use and disclose health information:

For Treatment: We may use health information about you to provide you treatment or services. We may also use and disclose health information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment and, if necessary, we will leave a message on your voice mail or answering machine;
- To tell you about possible treatment alternatives.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment.

Other Uses: Other uses or disclosures will only be made with your authorization.

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Your Health Information Rights:

Although your health record is the physical property of the practice, practitioner or facility that compiled it, you have the right to:

- 1. Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this is medical and billing records, but does not include psychotherapy notes or testing profiles. All requests must be in writing. We will have up to 30 days to accommodate your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Family Care Center
1330 Quail Lake Loop, Suite 260
Colorado Springs, CO 80906

2. Amend: If you feel that health information we have 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 the information is kept by or for the practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

3. An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures we make of health information about you.

4. Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

5. Request Confidential Communications: You have the right to request that we communicate with you about medical matters in private. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

6. A Paper Copy of This Notice: You have the right to a paper copy of this notice at any time. You may ask us to give you a copy of this notice at any time. To exercise any of your rights please submit all of your requests in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

If you have any questions about this notice, please contact us at (719) 540-2100.

Family Care Center
1330 Quail Lake Loop, Suite 260
Colorado Springs, CO 80906