

BROOMFIELD FAMILY PRACTICE

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE LEGALLY USED AND DISCLOSED IN THE PROCESS OF PROVIDING YOU THE BEST POSSIBLE CARE. IT INCLUDES YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION UNDER FEDERAL LAW. PLEASE REVIEW IT CAREFULLY.

UNDERSTANDING YOUR HEALTH INFORMATION.

Each time you visit our medical practice, a record of your visit is created. This record contains your name and other information about you, including your symptoms, examination and test results, diagnosis, treatment, plan for future healthcare, and financial information. This record is sometimes referred to as your "medical record" or "medical chart".

This record allows: *doctors, nurses, and other health professionals to plan your treatment;

*Our medical practice to obtain payment for services we provide to you, such as from health plans, Medicare/Medicaid, or you; and

*Our medical practice or community health center to measure the quality of care provided to you.

As we have in the past, we are committed to keeping your health information confidential. We will not use or give to others your health information without your written permission, except as stated in this notice.

II HOW WE WILL USE AND SHARE YOUR HEALTH INFORMATION.

TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS: We will use and give out your health information to provide you with healthcare treatments, to get paid for our services, and to help us operate our medical practice. For example:

We will give your health information to healthcare professionals not on our staff, such as other doctors and hospital staff, who help care for you. This health information may be shared in fax, paper or electronic formats. Your provider is a member of a community of practices (Intergrated Physician Network) that use a common enterprise medical record to make your healthcare safer, more efficient and of highest quality.

Your health information may be shared electronically within this network with other physicians, providers and practices but only if they are participating in your care.

We may send a bill to your health insurance plan or to you.

Our medical practice may use your medical record to review the performance of your healthcare team and to assist them in their mission to deliver quality, sage and efficient health care.

OTHER USES AND DISCLOSURES ALLOWED OR REQUIRED BY FEDERAL LAW: We may use or share your healthcare information for the following purposes under limited circumstances:

To people designated by you who are involved in your care or who help pay for your care, such as your family, your close personal friends, or any other person you chose, to notify them of your location, general health, and to assist you in your health care (such as to pick-up medicine or help with follow-up care).

To government agencies that oversee our medical practice or community health centers (such as license and certification inspectors).

To government agencies that have the right to receive and collect health information (such as Public Health Officials).

When we are ordered by a court or judge.

To workers compensation programs when your health problem is from a work related injury.

When law enforcement requests information in the course of a criminal investigation (such as to prevent danger or injury).

To coroners and funeral directors to allow them to carry out their duties.

To organ donor agencies (subject to applicable laws).

To avoid a serious threat to the health or safety of others.

We may share limited health information to business associates of our medical practice only to the extent this information is essential to help us perform required tasks, such as working with our accountants, computer consultants, and billing companies (and only if the business associate agrees in writing to keep your health information confidential as required by law).

For any other purpose required or allowed by law and as required for participation in Colorado Regional Health Information Exchange.

OTHER USES AND DISCLOSURES REQUIRING YOUR WRITTEN PERMISSION: Except as stated above, we will only use or give out your health information after getting your written permission on a Records Release Authorization form. You may revoke your authorization(s) at any time by notifying us in writing that you wish to do so.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION: Subject to certain legal limits, you have rights regarding the use and disclosure of your health information. These rights include:

Requesting limits on uses of your health information.

Receive confidential communications of your health information.

Inspect and copy your health information for your own use.

Request a change to your health information.

Receive a record of how we have used and shared your health information.

QUESTIONS, CONCERNS, AND CHANGES TO THIS NOTICE.

If you have any questions or concerns about any of the information in this Notice of Privacy Practices, please contact our Practice Manager at thumphreys@broomfieldfp.net or contact the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

We may change our Notice of Privacy Practices in the future. Such changes will apply to your health information that we created or received before the effective date of the change. We will notify you of any changes by distributing the changed information during future office visits and by posting the information in the reception area.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES MUST BE MADE IN WRITING AND A COPY KEPT IN YOUR MEDICAL RECORD.

PLEASE SIGN AND RETURN THE ACKNOWLEDGMENT RECEIPT.