



## 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. Please review the information carefully.**

(§164.506) (§164.508(a))

### Your Rights

You have certain rights when it comes to your personal health information.

#### Inspect and Copy

You have the right to view and copy your health information and billing records. We can only provide records to you which were created by or on behalf of our organization. Information we were not directly responsible for creating may not be able to be delivered to you. Certain health information will not be available to you, such as psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding. You may contact our privacy officer for information on requesting your records. We may charge a reasonable, cost-based fee. You will receive your records within 30 days of processing the request.

#### Amend

You have the right to request that medical information about you be changed or amended if you believe that it is incorrect or incomplete. We can only amend records for which we were directly responsible for creating and will not change medical information that is accurate. We may deny your request for changes to your records, but we will provide you with a written explanation within 60 days of processing your request. You may contact our privacy officer for more information.

#### Confidential Communication

You have the right to request that we communicate with you in specific ways, such as only at a home or office phone number, or to send mail to an alternate address. We will agree to all requests that are considered to be reasonable.

#### Limit Sharing

You have the right to request that we do **not** use or share certain health information about you, for treatment, payment, or our other operations. We may deny your request if we believe it would affect the care you receive. If you have made payments for a service or health care item out-of-pocket in full, you may ask that we do not share that information for the purpose of payment or our operations with your health insurer. We will meet your request unless by law we are required to share that information.

#### Disclosure Accounting

You have the right to ask for an account of the times that we have shared your health information for six years prior to the date you ask, which will include who it was shared with and why. We will include all disclosures except for those about treatment, payment, health care operations, and other disclosures (such as those you requested). We will provide one free accounting report per year but will charge a reasonable, cost-based fee if you request another within 12 months of the previous.

#### Grant Authority

You have the right to allow someone else, who you have given medical power of attorney or who is your legal guardian, to exercise your rights and make choices about your health information. We will verify that this person has the authority for you before we take any action regarding your health information.

#### Complaints

You have the right to file a complaint if you feel that we have violated your rights, by contacting our privacy officer. You may also file a complaint with the U.S. Department of Health and Human Services Officer for Civil rights by sending a letter, calling, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**We will never retaliate against you for filing a complaint.**



### **Copy of this Notice**

You have the right to a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will continue to provide you with copies as long as your requests remain reasonable.

### **Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information. We will take all necessary measures to protect your information against any foreseeable threats. We will promptly alert you if a breach occurs in which the privacy or security of your information could have been compromised. We will not use or share your information in ways other than as described in this notice unless we have your written authorization. If you decide to allow further sharing or use of your information, you may change your mind and revoke the additional authorization at any time. We will limit the sharing of your health information if it is not in your best interest. We will follow the duties and privacy practices described in this notice and provide you with a copy.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **The following are examples of how we may use and share personal health information about you.**

#### **Treatment**

We may use and share your health information to ensure that you are provided medical treatment and services. This may include disclosing your medical information to nurses, technicians, other physicians, or hospital personnel who are also involved in your care. We may also provide other healthcare providers with portions of your health record that will assist them in your treatment.

#### **Payment**

We may use and share your health information related to your treatment and services to bill and collect payments from you, your insurance company, or a third party payer. We may also share your health information with your health plan provider in order to determine which treatment options you might be eligible for.

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. Other uses and disclosures not described within this notice will only be made with your written authorization.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Public Health and Safety Issues**

We may share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.

#### **Research**

We may use or share your information for health research.

#### **Law**

We may share information about you if state or federal laws require it, including with the Department of Health and Human Services as part of an investigation or if it requests evidence of our compliance with the federal privacy law. We may share your health information if required by the State of Colorado for reporting on specific population-based data.

#### **Organ and Tissue Donation Requests**

We may share health information about you with organ procurement organizations.

#### **Medical Examiners or Funeral Directors**

We may share health information with a coroner, medical examiner, or funeral director in the event of death of an individual.



**Workers' Compensation, Law Enforcement, and Other Government Requests**

We may use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.

**Lawsuits and Legal Actions**

We may be required to share health information about you in response to a court or administrative order, or in response to a subpoena.

**Changes to the Terms of this Notice**

We may change the terms of this notice, at which time the revised terms will apply to and be effective for all information we have about you. The updated notice will be available upon request, either in our office, or on our website.

**Your Choices**

For certain aspects of your health information, you may tell us your choices about what we share. If you have a clear preference for how you would like us to share your information, please let us know. We will work with you to make sure your choices are respected.

You may tell us how to share information with your family, close friends, or others involved in your care, how to share information in a disaster relief situation, include your information in a hospital directory, or contact you for fundraising efforts. If you are unable to tell us your preference in a given situation, we may share your information in a way that we believe is in your best interest.

We will never share your information for marketing purposes, sale, or for other means not listed without your written consent.

**Penalties for Non-Compliance**

Like other HIPAA rules, the Privacy Rules carries penalties for noncompliance unless the violation is due to reasonable cause, did not involve willful neglect and was corrected within 30 days.

**Privacy Officer**

**Name:** Nancy Bruce

**Email:** nancy@deltawaves.org

**Phone:** 719-262-9283

**Address:** Delta Waves

5835 Lehman Drive, Suite 101

Colorado Springs, CO, 80918

**This privacy notice applies to the following organizations:**

**Delta Waves**

**Continuous Positive Airway Services.**

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Patient Signature

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Date

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Patient Name