



## Privacy Practices (Summary)

*The complete version of Health Solutions West Notice of Privacy Practices Pursuant to HIPAA is posted at each of its facilities, is available on its Website, and may be obtained by any patient or prospective patient upon written request. This Notice summarizes Health Solutions West Notice of Privacy Practices Pursuant to HIPAA.*

Health Solutions West and its providers collect information about you and create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. Health Solutions West understands that information about you and your health is personal and we are committed to protecting the privacy of your health and treatment.

There are instances in which we may be permitted or required to use and disclose health and treatment information about you. You should be aware that you have certain rights regarding the use and disclosure of health and treatment information.

### HOW WE MAY USE OR DISCLOSE HEALTH AND TREATMENT INFORMATION ABOUT YOU

We use and disclose health and treatment information about you for the following reasons:

**For Treatment:** We may use or disclose information about you in order to provide you with treatment or other services. We may also disclose information about you to other health care providers to facilitate their treatment of you. We may make such disclosures through Quality Health Networks (QHN), an electronic health information exchange. Substance use disorder information will not be placed on QHN without your consent.

**For Payment:** We may use and disclose health and treatment information about you so that we may bill for the services you receive and collect from appropriate payers or their designated representatives.

**For Health Care Operations:** We may use and disclose health and treatment information about you for the business activities of Health Solutions West and its providers, which are necessary for administrative functions and ensuring quality care.

**Individuals Involved in Your Care:** We may release health or treatment information about you to a family member actively involved in your care as allowed by Colorado law (CRS 27-65-121 and 27-65-122).

**Research:** Under certain limited circumstances, we may use and disclose health or treatment information about you for research purposes, if you consent to such research.

**Appointment Reminders:** We may use and disclose information to contact and remind you that you have an appointment.

**Health-Related Information or Resources:** We may use and disclose information to contact you in order to tell you about other treatment-related options that may be of interest to you, such as support groups or online self-help resources.

**Substance Abuse Health Information:** The confidentiality of records related to the diagnosis, treatment, referral for treatment, or prevention of alcohol or drug abuse is protected by federal law (42 USC 290dd-3, 42 USC 290ee-3, and 42 CFR part 2).

**HIV Information:** All medical information regarding HIV is kept strictly confidential and is released only in accordance with the requirements of state law (C.R.S. 25-4-1405[2013]).

**Rights of Minors:** All provisions of the Privacy Notice apply to parents, legal guardians, or other persons authorized to act on a minor's behalf, with certain exceptions.

### SPECIAL CIRCUMSTANCES

Federal and state laws allow or require Health Solutions West and its providers to disclose health or treatment information about you, without your written authorization, in certain special circumstances, including:

**Public Health Risks (Health and Safety for You and/or Others):** We may disclose health information about you for public health activities, when necessary, to prevent a serious threat to your or others' health and safety.

**Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities authorized by law, such as audits, investigations, inspections or licensure.

**Lawsuits, Legal Actions, and Disputes:** If you are involved in a lawsuit or legal action, we may be permitted or required to disclose health information about you in response to a court or administrative order or from a subpoena.

**Law Enforcement:** We may disclose health information about you if asked to do so by a law enforcement official for various reasons.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose information to a coroner or medical examiner.

**National Security and Intelligence Activities:** We may disclose health information about you in national security activities authorized by law.

**As Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care, upon written request. Your request to inspect and copy your information may be denied in certain limited circumstances.

**Right to Amend:** If you feel that any health information we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason supporting your request. We may deny your request for various reasons.

**Right to an Accounting of Disclosures:** You have the right to request an accounting or list of disclosures of health information made about you. To request this accounting, you must make your request in writing to the Health Solutions West Program Director where you are receiving services.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you, however, Health Solutions West is not required to comply with your request. Additionally, you have the right to opt-out of having your health information placed on QHN. To exercise this right you must complete the QHN Virtual Health Record Patient Opt-Out Form, located on the QHN website, or contact Client and Patient Advocate, Nevada Drollinger-Smith, at 970-683-7114 for more assistance.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain telephone number or address. We will accommodate all reasonable requests.

**Right to a Paper Copy of this Notice:** You have the right to receive a written copy of this Notice.

## OTHER USES

Other uses and disclosures of health information not covered by this Notice or the laws that apply to mental health and substance abuse providers will only be made after you have given your prior written authorization. If you provide us with such a written authorization, you may revoke it, in writing, at any time, and Health Solutions West will no longer use or disclose information for the reasons covered in your prior authorization. However, when you revoke an authorization, Health Solutions West is unable to take back disclosures made in accordance with the authorization while it was in effect.

## ASSISTANCE AND COMPLAINTS

If you need assistance, you may ask your clinician, the Program Director, or the Privacy Officer for assistance. If you believe your privacy rights have been violated, you may contact or file a complaint in writing to the Privacy Officer, Health Solutions West, 515 28 3/4 Rd. Bldg A, Grand Junction CO 81501. You may also contact the Privacy Officer by calling 970-683-7244. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201.



# Notice of Privacy Practice

*This Privacy Notice, effective April 14, 2003, describes how medical, health, and behavioral health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.*

When you receive services from Health Solutions West (HSW) and its providers collect information about you and create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. HSW understands that information about you and your health is personal. We are committed to protecting health and treatment information about you. This Notice of Privacy Practices applies to all of the records of your care generated or maintained by HSW and its providers, including the following people and organizations:

- Any health care professional who is authorized to enter information in your record.
- Any student or volunteer that we allow to help you while you are receiving services.

This Notice of Privacy Practices tells you about the ways in which we may use and disclose health and treatment information about you. It also describes your rights and outlines certain obligations we have regarding the use and disclosure of health and treatment information. The law requires HSW to:

- Make sure that health and treatment information that identifies you is kept private.
- Make sure that you are given notice of our legal duties and privacy practices with respect to health and treatment information about you.
- Make sure the HSW staff and its contracted providers follow the terms of the notice currently in effect.

## HOW WE MAY USE OR DISCLOSE HEALTH AND TREATMENT INFORMATION ABOUT YOU

The following information describes different ways we use and disclose health and treatment information. If you are receiving services for the evaluation or treatment of substance abuse conditions, specific rules apply to the information related to those services. Please refer to the section entitled Substance Abuse Health Information for those rules.

**For Treatment:** We may use or disclose information about you in order to provide you with treatment or other services. We may also disclose information about you to other health care providers to facilitate their treatment of you. We may make such disclosures through Quality Health Networks (QHN), an electronic health information exchange. Substance use disorder information will not be placed on QHN without your consent.

**For Payment:** We may use and disclose health and treatment information about you so that we may bill for the services you receive and collect from appropriate payers, such as Colorado Office of Behavioral Health, Colorado Alcohol and Drug Abuse Division (ADAD), Medicaid, Medicare, Worker's Compensation, health maintenance organizations, insurance companies, or other third parties. For example, we may need to give the agency paying for your care information about the treatment you received in order for them to pay. We may also need to request prior authorization of services to determine whether your insurance or another party will be the responsible payer for treatment services.

**For Health Care Operations:** We may use and disclose health and treatment information about you for the business activities of HSW and its providers. These uses and disclosures are necessary for administrative functions and to ensure that our clients receive quality care. For example, we may use health and treatment information about you to review the performance of clinical staff, to complete audits required by our licensing agencies, or to develop additional clinical services. We may call you or send you a survey asking about your satisfaction with the services we provided. We may disclose information about you to Colorado Office of Behavioral Health or Medicaid, for example, to resolve a complaint or specific treatment issue you have raised.

**Individuals Involved in Your Care:** We may release health or treatment information about you to a family member actively involved in your care as allowed by Colorado law. This information is limited and may only be released when determined to be in your best interests. (CRS 27-65-121 and 27-65-122).

**Research:** Under certain limited circumstances, we may use and disclose health or treatment information about you for research purposes. For example, a research project may involve the care and recovery of all clients who use a particular medication for the same condition. All research projects are subject to special approval. We will always ask for your permission to give a researcher access to your name, address or other information that may reveal who you are. You may participate in the research or not, as you wish, without jeopardizing your care.

**Appointment Reminders:** We may use and disclose information to contact and remind you that you have an appointment for treatment or services.

**Health-Related Information or Resources:** We may use and disclose information to contact you in order to tell you about other treatment-related options that may be of interest to you, such as support groups or online self-help resources.



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**SUBSTANCE ABUSE HEALTH INFORMATION:** The confidentiality of records related to the diagnosis, treatment, referral for treatment, or prevention of alcohol or drug abuse is protected by federal law. (42 USC 290dd-3, 42 USC 290ee-3, and 42 CFR part 2.) Generally, a substance abuse program may not disclose to anyone outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser, unless:

- The client grants authorization for the disclosure, in writing.
- The disclosure is made to a qualified service organization.
- The disclosure is allowed by a court order.
- The disclosure is made in response to a health emergency.
- The disclosure is made to a qualified professional for research, audit, or program evaluation.
- The client commits or threatens to commit a crime at the facility or against any person who works for the treatment program.

Violations of the federal law or regulations by a substance abuse provider are a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs, or to HSW's Privacy Officer. State law requires, and federal law permits, a substance abuse program to report suspected child abuse or neglect to appropriate authorities.

**HIV INFORMATION:** All medical information regarding HIV is kept strictly confidential and is released only in accordance with the requirements of state law. Disclosure of any health information regarding a client's HIV status may only be made with specific written authorization of the client. A general authorization for the release of health information is not sufficient for this purpose. (C.R.S. 25-4-1405[2013]).

**RIGHTS OF MINORS:** All provisions of the Privacy Notice apply to parents, legal guardians, or other persons authorized to act on a minor's behalf, with the exception of:

- A person aged 15 to 18 that has obtained treatment without parental consent. Parents or legal guardians may request information about a minor's mental health treatment but their request may be granted, partially granted, or denied without the minor's permission, if the mental health professional judges it to be in the minor's best interests.
- A minor of any age may consent to substance abuse treatment without their parent's permission. Parents or legal guardians may not have access to a minor's substance abuse treatment information without written authorization from the minor.

## SPECIAL CIRCUMSTANCES

Federal and state laws allow or require HSW and its providers to disclose health or treatment information about you, without your written authorization, in certain special circumstances, including:

**Public Health Risks (Health and Safety for You and/or Others):** We may disclose health information about you for public health activities, when necessary, to prevent a serious threat to your health and safety, or to the health and safety of another person or the general public. These activities generally include the following:

- To avert a serious threat to the health or safety of a person or the public.
- To prevent or control disease, injury or disability.
- To report births or deaths.
- To report child abuse or neglect.
- To report abuse of the elderly or at-risk adults.
- To report reactions to medications.
- To notify people of recalls of medications they may be using.
- To notify a person who may have been exposed to a disease or who may be at risk for contracting a disease.
- When required by law, to inform the appropriate authorities if we believe a client has been the victim of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections or licensure. These activities are necessary for the government to monitor the behavioral health care system, government-funded programs, and compliance with civil rights and other laws.

**Lawsuits, Legal Actions, and Disputes:** If you are involved in a lawsuit or legal action, we may disclose health information about you in response to a court or administrative order received from a judge. If you have filed a complaint or lawsuit against your therapist or HSW, health information about you may be disclosed to resolve the matter.

**Law Enforcement:** We may disclose health information about you if asked to do so by a law enforcement official for any of the following reasons:

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- In response to a court order, warrant, summons, or similar lawful process.
- When limited information is needed to identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization.
- About a death we believe may have been the result of criminal conduct.
- About criminal conduct at any HSW office, in any HSW program, or against a staff member, visitor, or another client.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about clients to funeral directors when necessary to carry out their duties.

**National Security and Intelligence Activities:** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose health information about you to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state.

**As Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.

### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. This may be information such as evaluations/assessments, treatment plans, progress notes, and billing information. To inspect or copy your health information, you must submit your request in writing to the Program Director of the HSW location where you are receiving services. You may be charged a reasonable fee for the cost of copying and mailing of your records.

Your request to inspect and copy your information may be denied in certain limited circumstances. In those circumstances, HSW retains the right to withhold information that may be detrimental to your health or safety or to the health or safety of others. If you are denied access to any part of your health information, you may request that the HSW Privacy Officer review the denial. Written instructions on how to initiate the review process will be provided to you at the time of any denial of your access to information.

**Right to Amend:** If you feel that any 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 your health information is kept by HSW. To request an amendment you must submit your request, in writing, to the HSW Program Director where you are receiving services. You must provide a reason supporting your request. We may deny your request if you ask us to amend information that:

- Is accurate and correct.
- Is not part of the health information kept by the HSW or its providers.
- Is not part of the health information that you would be permitted to inspect or copy.
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

**Right to an Accounting of Disclosures:** You have the right to request an accounting or list of disclosures of health information made about you. The list does not include information disclosed for the purposes of treatment, payment or health care operations, and it does not include information disclosed on the basis of a written authorization for release of information signed by you or someone authorized to act for you. To request this accounting, you must make your request in writing to the HSW Program Director where you are receiving services. Your request must state a time frame for the accounting that

- Does not exceed seven years, and
- Does not include dates prior to April 14, 2003.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you, however, HSW is not required to comply with your request. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. To request restrictions or limitations, you must make your request, in writing, to the HSW Program Director where you are receiving services. In your request, you must tell us what information you want to limit, and to whom you want the limit to apply. Additionally, you have the right to opt-out of having your health information placed on QHN. To exercise this right you must complete the QHN Virtual Health Record Patient Opt-Out Form, located on the QHN website, or contact Client and Patient Advocate, Nevada Drollinger-Smith, at 970-683-7114 for more assistance.



# Notice of Privacy Practice

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain telephone number or address. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice:** You have the right to receive a copy of this Notice and may ask for one at any time.

## OTHER USES

Other uses and disclosures of health information not covered by this Notice or the laws that apply to mental health and substance abuse providers will only be made after you have given your prior written authorization. If you provide us with such a written authorization, you may revoke it, in writing, at any time, and HSW will no longer use or disclose information for the reasons covered in your prior authorization. However, when you revoke an authorization, HSW is unable to take back disclosures made in accordance with the authorization while it was in effect.

## CHANGES TO THIS NOTICE

HSW reserves the right to change this Notice. We reserve the right to make the updated notice effective for health information we currently have about you, as well as for future information we receive. HSW will post a copy of the current notice in each office location and on its website. The Notice will contain the effective date. HSW will make you aware of any revisions by posting a revised notice in all of the above-referenced locations.

## ASSISTANCE

If you need assistance to understand this Notice or your rights, or if you need assistance in filing requests, you may ask your clinician, the Program Director, or the Privacy Officer for assistance.

## COMPLAINTS

If you believe your privacy rights have been violated, you may contact or file a complaint in writing to the Privacy Officer, Health Solutions West, 515 28 3/4 Rd. Bldg A, Grand Junction CO 81501. You may also contact the Privacy Officer by calling 970-683-7121. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.