

**PREMIER VEIN AND PAIN CENTER**  
**NOTICE OF PRIVACY PRACTICES**  
Effective: September 23, 2013

**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.**

***Your Rights***

When it comes to your health information, you have certain rights. This section explains your rights and some of the responsibilities we have.

*Get an electronic or paper copy of your medical record*

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Contact the Practice Manager of Premier Vein and Pain Center to find out how to do this. Electronic copies will only be provided if the information is maintained electronically.
- We will provide a copy of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- We may deny your request for some of your health information. If we deny your request, we will inform you in writing of the basis for the denial, how you may have our denial reviewed, and how you may file a complaint regarding our decision.

*Ask us to amend your medical record*

- You can ask us to amend health information about you that you think is incorrect or incomplete. Contact the Practice Manager to find out how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days and provide you with information on your rights regarding our denial.

*Request confidential communications*

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Contact the Practice Manager for information on how to do this.
- We will attempt to accommodate to all reasonable requests.

*Ask us to limit what we use or share*

- You can ask us not to use or share certain health information for your treatment, our payment, or our operations. This may include disclosures to someone such as a family member or friend that is involved in your care. The Practice Manager can tell you how to make these requests.
- We are not required to agree to your request and will notify you in writing of our decision within 60 days. Even if we agree to your request we may not follow it in an emergency situation and may change our decision in the future.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. The request must be in writing, and we will approve your request unless a law requires us to share that information.

*Get a list of those with whom we've shared information*

- You can ask for an accounting of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You should send your request to the Practice Manager for Premier Vein and Pain Clinic. We will usually act on your request within 60 days.

*Get a copy of this privacy notice*

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. A copy of the Notice is also available on our web site, [www.premierveinandpaincenter.com](http://www.premierveinandpaincenter.com)

*Choose someone to act for you*

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

*File a complaint if you feel your rights are violated*

- You can complain if you feel we have violated your rights by contacting the Practice Manager, Sandra Loucks, at Premier Vein and Pain Center, 4848 Thompson Parkway, Suite 300, Johnstown, Colorado 80534 or email: [sandy@premierveinandpaincenter.com](mailto:sandy@premierveinandpaincenter.com)
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights in Colorado by sending a letter to 999 18TH Street, South Terrace, Suite 417, Denver, Colorado 80202 or by calling 303-844-7915.

- Complaints to the U.S. Department of Health and Human Services must be filed within 180 days of when you learn of or should have known about the violation.
- We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Provide your religious affiliation to an outside member of the clergy, such as a priest, rabbi or pastor

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information for marketing purposes or sale of your information unless you give us written permission. We will not contact you for fundraising efforts.

### **How do we typically use or share your health information?**

We are permitted to use or share your health information in the following ways.

- *To treat you* - We can use your health information and share it with other professionals to provide, coordinate or manage your health care and related services. This may be accomplished electronically or through secure health information exchanges.
- *For our operations* - We can use and share your health information to run our organization, improve your care, and contact you when necessary.
- *To bill for your services* - We can use and share your health information to bill and get payment from health plans or other entities.

### **Other Uses and Disclosures**

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. 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)

#### Help with public health and safety issues

We can share health information about you for certain situations such as preventing disease, product recalls, adverse reactions to medications, suspected abuse, neglect or domestic violence and/or to prevent or reduce a serious threat to anyone's health or safety.

Do research - We can use or share your information for health research.

Comply with the law - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests - We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### Address workers' compensation, law enforcement, and other government requests

We can 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
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.