



NOTICE OF PRIVACY RIGHTS

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION – PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, AllHealth Network will obtain, record, and use mental health and medical information about you that is protected health information (PHI). This information is confidential and will not be used or disclosed without your written authorization, except as described below.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

A. General Uses and Disclosures Not Requiring the Client's Consent

- 1) **Treatment.** Refers to coordination and management of your medical and mental health care and related services by any provider. AllHealth Network staff involved with your care may use your information to plan your treatment to make sure the most appropriate methods are being used to help you.
- 2) **Payment.** Activities we conduct to obtain or provide reimbursement related to your mental health and medical care. We will use your information for AllHealth Network financial purposes which may include information that identifies you and details of your treatment for bills we send to you and claims we send to your insurance company, other payer, or the State of Colorado Medicaid program.
- 3) **Health care operations.** Refers to activities by AllHealth Network having to do with regular administrative functions. We may use your health information to monitor service quality, staff training, medical chart reviews, audits, licensing, and other purposes directly related to how we run our business.
- 4) **Contacting the client.** AllHealth Network may contact you to remind you of appointments and tell you about other treatments and services that may help you.
- 5) **Required by law.** AllHealth Network will disclose PHI when required by law in any of the following situations (but not limited to):
 - a) Reporting child abuse or neglect
 - b) Court ordered
 - c) Legal duty to warn or take action regarding imminent danger to others
 - d) When client is a danger to self or others or gravely disabled
 - e) When required to report certain communicable diseases and certain injuries
 - f) When a coroner is investigating the client's death
- 6) **Health oversight activities.** AllHealth Network will disclose PHI to health oversight agencies as authorized by law and necessary for the oversight of any of the following:
 - a) The health care system (*insurers, doctors, hospitals, pharmacies, etc.*)
 - b) Government health care benefit programs (*Medicare, Medicaid, etc.*)
 - c) Regulatory programs (*Drug Enforcement Agency, State Medical Licensing, etc.*)
 - d) To determine compliance with program standards
- 7) **Crimes on the premises or observed by staff.** Crimes that are observed by AllHealth Network staff, directed towards staff, or that occur on the Network's premises, will be reported to law enforcement.
- 8) **Business associates.** Some of the functions of AllHealth Network are provided by contracts we have with other businesses. PHI will be provided to these businesses to perform tasks directly related to AllHealth Network client treatment. These businesses who work with AllHealth Network must enter into an agreement with AllHealth Network that they will maintain the privacy of your PHI.

- 9) **Research.** The Network may use or disclose PHI for research purposes.
- 10) **Involuntary clients.** To provide and coordinate the care of clients being treated involuntarily, PHI will be shared with other providers, legal offices, and others as the law allows.
- 11) **Family members.** Except for certain minors, incompetent or involuntary clients, PHI cannot be disclosed to family members without the client's consent. If family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, PHI may be disclosed in the course of that discussion. However, if the client objects, PHI will not be disclosed. Both parents of divorced children, regardless of awarded decision making, will have access to the child's record unless this action is specifically barred by a court order.
- 12) **Fundraising.** AllHealth Network may contact clients as part of its fundraising activities.
- 13) **Emergencies.** In life threatening emergencies, AllHealth Network staff will disclose PHI necessary to avoid serious harm or death.
- 14) **CORHIO Participation.** AllHealth Network endorses, supports, and participates in electronic Health Information Exchange (HIE) as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. However, you may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time. More information about CORHIO can be found at www.CORHIO.org

- B. Client Authorization or Release of Information.** AllHealth Network may not use or disclose your PHI in any way, other than those allowable by law, without a signed authorization or release of information from you. The authorization or release may be revoked by written request or documented verbal communication with you. The revocation will apply upon receipt of notice in writing unless AllHealth Network has already taken action on a verbal order.

II. YOUR RIGHTS AS A CLIENT

- A. Access to Protected Health Information (PHI).** Subject to certain limitations, you have the right to inspect and obtain a copy of PHI contained in your legal medical record. Those limitations will be explained to you at the time of your request. To make a request, ask AllHealth Network staff for the appropriate form.
- B. Amendment of Your Record.** You have the right to request that AllHealth Network amend (revise/correct) your PHI. It is not required to amend PHI if it is determined that the record is accurate and complete. There are other exceptions. Additional information will be provided to you at the time of your request, along with information about the appeal process available to you. To make a request, ask AllHealth Network staff for the appropriate form.
- C. Accounting of Disclosures.** You have the right to receive a list of disclosures AllHealth Network has made regarding your PHI in the 6 years prior to the date of the request. It does not include disclosures for the following:
 - 1) Treatment
 - 2) Payment
 - 3) Health care operations
 - 4) Disclosures made pursuant to a HIPAA-compliant authorization
 - 5) Disclosures made before April 14, 2003.

There may be other exceptions that will be provided to you should you request an accounting,

by asking AllHealth Network staff for a request form.

- D. **Additional restrictions.** You have the right to request additional restrictions regarding the use or disclosure of your PHI. However, AllHealth Network does not have to agree with the request. There are certain limits to any restriction. These can be explained to you at the time of your request. To make a request, ask AllHealth Network staff for the appropriate form.
- E. **Alternative Means of Receiving Confidential Communications.** You have the right to request that you receive communication of PHI from AllHealth Network by other means or at other locations. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask AllHealth Network staff for the appropriate form.
- F. **Copy of this Notice.** You have a right to obtain another copy of this Notice upon request.

III. ADDITIONAL INFORMATION

- A. **Privacy Laws.** AllHealth Network is required by state and federal law to maintain the privacy of PHI. AllHealth Network is also required by law to provide clients with notice of its legal duties and privacy practices regarding PHI.
- B. **Terms of the Notice and Changes to the Notice.** AllHealth Network is required to follow the terms of this Notice and reserves the right to change the terms of its Notice and make the new provisions effective for all PHI that it maintains. When the Notice is revised, it will be posted at AllHealth Network sites and will be available upon request.
- C. **Breach Notification.** The Network is required to notify you following an illegal release of your Protected Health Information.
- D. **Complaints Regarding Privacy Rights.** If you believe AllHealth Network has violated your privacy rights, you have the right to report this to AllHealth Network management by calling the AllHealth Network Privacy Officer at 720-707-6336. You also have the right to report this to the US Secretary of Health & Human Services by sending your written complaint to:

Office of Civil Rights
US Department of Health & Human Services
999 18th Street, Suite 417
Denver, CO 80202

It is the policy of AllHealth Network that there will be no retaliation if you file a complaint.

- E. **Additional Information.** For more information about your privacy rights at AllHealth Network, please call our Privacy Officer at 720-707-6336.
- F. **Effective Date.** This notice is effective April 27, 2016.

IV. CONFIDENTIALITY OF ALCOHOL AND DRUG USE CLIENT INFORMATION

Federal law 42 C.F.R. Part 2 protects the confidentiality of alcohol and drug use client records maintained by AllHealth Network and these records may not be released without your written consent unless:

- 1) The client consents in writing, OR
- 2) The disclosure is allowed by a court order, OR
- 3) The disclosure made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation, OR
- 4) The client commits or threatens to commit a crime either at AllHealth Network or against any person who works for AllHealth Network.

Violation of the federal law and regulations by AllHealth Network is a crime. Suspected violations may be reported to the United States Attorney in the District of Colorado.

Federal law and regulations do not protect any information about suspected child abuse or neglect being reported under Colorado law to appropriate state or local authorities.

