



## **Notice of Privacy Practices for Protected Health Information**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

### **Understanding your protected health information (PHI)**

Each time you visit Glenwood Medical Associates (GMA), a record of your visit is created. This record usually contains your name and other information that may identify you, your symptoms, examination and test results, diagnoses, treatment, plan for future care, and financial information. This collected data is sometimes referred to as your “medical record”. This record allows doctors, nurses, and other health professionals to plan your treatment, or for GMA to measure the quality of care provided to you.

### **How we use and give out your PHI**

**Uses and disclosures:** Glenwood Medical Associates is permitted by federal privacy laws to use and disclose your health information for purposes of treatment, payment, and healthcare operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnosis, treatment, and applying for future care or treatment. It also includes billing documents related to those services.

**Example of use of your health information for treatment purposes:** During the course of your treatment, the physician determines whether he/she will need to consult with a specialist. If so, the physician may share the information with the specialist and obtain his/her input.

**Example of use of your health information for payment purposes:** We submit requests for payment to your health insurance company. The health insurance company requests information from us regarding the medical care we provide. We will provide information to them about you and the care we provided to you.

**Examples of use of your information for healthcare operations:** We may use or disclose your health information, as needed, to support the business activities of our medical practice. These activities include, but are not limited to, training and education, quality assessment and improvement activities, risk management, claims management, legal consultation, licensing, credentialing, medical review and insurance purposes.

### **Other Disclosures and Uses**

**Communication with Family:** Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any person you identify, health information relevant to that person’s involvement in your care or in payment for such care if you do not object or in an emergency.

**Notification:** Unless you object, we may use or disclose your health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

**Business Associates:** We enter into contracts with third-party entities known as business associates. These business associates provide services to or perform functions on our behalf, *e.g.*, accountants, consultants and attorneys. We may disclose your health information, as needed, to business associates once they have agreed in

writing to safeguard your medical information. Business associates are also required by law to protect the privacy of your health information.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research proposal.

**Fundraising:** We may use certain information to contact you as part of our fundraising efforts. If you receive such a communication from us, you will be provided an opportunity to opt-out of receiving such communications in the future.

**Required By Law:** Federal, state and local laws sometimes require us to disclose patients' health information. For example, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases.

**Disaster Relief:** We may use and disclose your health information to assist disaster relief efforts.

**Workers Compensation:** If you are seeking compensation for a work-related illness or injury, we may disclose your health information as required by applicable Workers' Compensation laws.

**Law Enforcement:** We may disclose your health information to law enforcement in limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of crime, to report deaths from crime, to report crimes on our premises or in emergency treatment situations.

**Legal Proceedings:** We may disclose your health information in a judicial or administrative proceeding if ordered to do so by a court or if we receive an appropriate subpoena or search warrant.

**Health Oversight:** We may disclose health information to a government agency that oversees our operations and personnel. These agencies need health information to monitor our compliance with state and federal laws.

**Public Health:** We may use your health information for public health activities such as reporting births, deaths, communicable diseases, injuries, or disabilities; ensuring the safety of drugs and medical devices; and for work place surveillance or work-related illness or injury.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose health information consistent with applicable law concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:** We may disclose health information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your health information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose medical information to authorized federal officials for intelligence and national security purposes.

**Correctional Institutions:** If you are an inmate, we may disclose information necessary for your health and the health and safety of other individuals in the institution or its agents.

**Other Uses and Disclosures:** If we wish to use or disclose your health information for a purpose not discussed in this notice, we will seek your authorization. Specific examples of uses and disclosures of health information requiring your authorization include: (i) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record); (ii) most uses and disclosures of your health information for marketing purposes; and (iii) disclosures of your health information that constitute the sale of your health information.

You may revoke your authorization at any time by delivering a written revocation to us, except to the extent we already have taken action in reliance on your authorization.

## **Your Health Information Rights**

The health and billing records we maintain are the physical property of Glenwood Medical Center. The information in it, however, belongs to you.

### **You have the right to:**

- Request access to your health information. Patients have a right to look at their own health information and get a copy of that information. Health information that is maintained electronically may be obtained in an electronic format. Any such request should be submitted in writing to the Privacy Officer. If you request a copy of your health information (paper or electronic), we may charge you a reasonable, cost-based fee.
- Request amendment to your medical information. If you examine your health information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. Any such request should be submitted in writing to the Privacy Officer. We may deny your request if you ask us to amend information that (i) was not created by us; (ii) is not part of the health information kept or for Glenwood Medical Associates; (iii) is not part of the information that you would be permitted to inspect or copy; or (iv) is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- Request restrictions. You have the right to request a restriction on uses or disclosures of any part of your health information for a particular reason related to treatment, payment or health care operations. We will consider your request, but we are not legally obligated to agree to a requested restriction except in the following situation: If you have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your health plan. We are required to abide by such a request, except where we are required by law to make the disclosure. Any request for a restriction should be submitted in writing to the Privacy Officer.
- Request to receive confidential communications. You have the right to receive confidential communications from us by alternative means or at an alternative location. Such a request should be submitted in writing to the Privacy Officer.
- Request an accounting of disclosures. You have the right to request a list of many of the disclosures we make of your health information. Any request for an accounting must be submitted in writing to the Privacy Officer. The first list will be provided to you for free, but you may be charged for any additional lists requested during the same year.
- Receive a paper copy of this notice. You have the right to receive a paper copy of the current Notice of Privacy Practices for Protected Health Information by making a request at our office location(s).

## Our Responsibilities

### Glenwood Medical Associates is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we cannot accommodate a requested restriction or request.
- Notify you following a breach of your health information that is not secured in accordance with certain security standards.

We reserve the right to change the terms of this notice and to make the provisions of the new notice effective for all health information that we maintain. If we change the terms of this notice, the revised notice will be made available upon request, posted to our website and posted in prominent locations at our practice location(s).

### Health Care Providers Covered By This Notice

This notice applies to Glenwood Medical Associates and its personnel, volunteers, students and trainees. This notice also applies to other health care providers that come to Glenwood Medical Associates to care for patients, such as physicians, physician assistants, therapists and other health care providers who are not employed by Glenwood Medical Associates. These health care providers will follow this notice for information they receive about you from Glenwood Medical Associates, but these providers may follow different practices at their own offices of facilities.

### To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Glenwood Medical Associates' Privacy Officer at (970) 945-8503, ext. 3311.

If you believe your privacy rights have been violated, you may file a complaint at our practice location(s) or by delivering the written complaint to Glenwood Medical Associates' Privacy Officer at 1803 Blake Avenue, Glenwood Springs, CO 81601. You may also file a complaint by contacting the Secretary of the U.S. Department of Health and Human Services (HHS) at:

**Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave. S.W.  
Room 509F HHH Bldg.  
Washington, DC 20201  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)**

We cannot, and will not, retaliate against you for filing a complaint. We cannot, and will not, require you to waive the right to file a complaint with HHS as a condition of receiving treatment from our practice.

**Website:** Notice is published on website at: [www.glenwoodmedical.com](http://www.glenwoodmedical.com)

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