



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

During the process of providing services to you, The Colorado Coalition for the Homeless (CCH) will obtain, record, and use mental health, substance use, and medical information about you that is protected health information (PHI). This information is confidential and will not be used or disclosed, except as described below. You have the right to receive a copy of this notice at your request, and to request the notice to be provided to you or a designated third party in a manner you specify, such as a paper copy, email attachment, or fax. CCH does not charge a fee for copies of your records, either delivered to you or to a designated third party. You may discuss the contents of this notice with our Privacy Officer, Monday to Friday, 8 am to 3 pm at 303-312-9660, by email at [mmay@coloradocoalition.org](mailto:mmay@coloradocoalition.org), or onsite by in person appointment. You may file a complaint if you feel your rights have been violated. Instructions on how to do this can be found in this notice.

### **I. How the Colorado Coalition for the Homeless may Use or Disclose Your Health Information**

A. CCH collects health information about you and stores it in an electronic health record (EHR). This is your medical record. The EHR is the property of this medical practice, but the information in it belongs to you. The law permits us to use or disclose your health information for the following purposes, with or without authorization:

1. *Treatment.* Treatment refers to the provision, coordination, or management of health care (including mental health and substance use disorder treatment) and related services by one or more health care providers.
2. *Payment.* Payment refers to the activities undertaken by a healthcare provider (including a behavioral health provider) to obtain or provide reimbursement for the provision of health care. The information provided to insurers and other third-party payers may include information that identifies you, your diagnosis, type and date of service, provider name/identifier, and other information about your condition and treatment. If you are covered by Medicaid, this information will be provided to the State of Colorado's Medicaid program.
3. *Health Care Operations.* Health Care Operations refers to activities undertaken by CCH that are regular functions of management and administrative activities. Such activities include coordination of care and case management services provided to you. This may include disclosure to social service agencies, community-based organizations, home and community-based service providers, or other third-parties that provide or coordinate health-related services that are needed for your care.

4. *Contacting the Client.* CCH may contact you to remind you of appointments and to tell you about treatments or other services that might benefit you.

5. *Sign In Sheet.* We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

6. *Required by Law.* CCH will disclose protected health information (PHI) when required by law. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) elder abuse or neglect (c) when court ordered to release information; (d) when there is a legal duty to warn or act regarding a serious and reasonably foreseeable danger to others; (e) when the client is a danger to self or others or gravely disabled; (f) when required to report certain communicable diseases and certain injuries; and (g) when a Coroner is investigating the client's death.

7. *Health Oversight Activities.* CCH will disclose PHI to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, regulatory programs or determining compliance with program standards.

8. *Health Information Exchange.* CCH endorses, supports, and participates in electronic Health Information Exchange (HIE) to improve the quality of your health and healthcare experience. HIE provides us with a way to share patients' clinical information electronically securely and efficiently with other physicians and health care providers that participate in the HIE network. You may choose to opt-out of participation in the CORHIO HIE, or cancel an opt-out choice, at any time, by requesting and completing an opt-out form available at check in.

9. *Crimes on the Premises or Observed by the Colorado Coalition for the Homeless Personnel.* Crimes that are observed by CCH workforce members, which are directed toward workforce members, CCH clients, or occur on CCH's premises, will be reported to law enforcement.

10. *Business Associates.* Some of the functions of CCH are provided by contracted business associates. In those situations, PHI will be provided to those contractors as needed to perform their contracted tasks. Business associates must enter into an agreement maintaining the privacy of the PHI released to them.

11. *Marketing.* Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. CCH will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

12. *Research.* CCH may use or disclose PHI for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed as stated in 45 CFR § 164.512(i).

13. *Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others as necessary to provide the care and management coordination needed.

14. *Family Members.* Except for certain minors, incompetent clients, or involuntary clients, PHI cannot be provided to family members without your consent. We may disclose information to someone who is involved with your care, or helps pay for your care, if we have a good faith belief that such disclosure would be in your best interest. If you object to such disclosure, please notify your provider of your objection.

15. *Fund Raising.* CCH may contact you as a part of its resource development activities. You have the right to opt out of fund-raising communications.

16. *Emergencies.* In life threatening emergencies CCH workforce members will disclose information necessary to avoid serious harm or death.

17. *Prescription Drug Monitoring Program.* If you are prescribed a controlled substance, CCH pharmacy workforce members will enter your identifying information into the Prescription Drug Monitoring Program database for certain healthcare providers to review.

18. *Sale of Health Information.* We will not sell your health information without your prior written authorization and we will stop any future sales of your information if you revoke that authorization.

19. *Breach Notification.* In the case of a breach of unsecured PHI, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods, such as US Mail.

20. *Proof of Immunization.* We will disclose proof of immunization to a school that is required to have it before admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.

B. CCH may not use or disclose PHI in any other way without a signed authorization or release of information. CCH has 15 calendar days to respond to any such request. When you sign an authorization, or a release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent CCH has already acted in reliance thereon. Any uses and disclosures not described in this Notice of Privacy Practices require an authorization by the individual. Most uses and disclosures of psychotherapy notes require an authorization by the individual.

C. *Confidentiality of Alcohol and Drug Use Client Records.* The confidentiality of alcohol and drug use client records is protected by Federal law. Generally, we may not communicate to a person outside the program that a client attends an identifiable alcohol or drug use program or disclose any information identifying a client as an alcohol or drug user, unless the client consents in writing, the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation. The protection does not apply to information regarding

observed crimes, crimes in the facility, or releases of information required by law, such as a court order or child abuse reporting. Violation of the Federal law is a crime and may be reported to appropriate authorities. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

## **II. YOUR RIGHTS AS A CLIENT**

1. *Access to Protected Health Information.* You have the right to inspect and obtain a copy of the protected health information (PHI) CCH has regarding you in the designated record set. This includes personally inspecting your records, taking notes, or using other resources to view and capture images of your PHI. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies.

2. *Request for Electronic Release.* If you request release of electronic records, such release will be limited to the information that is readily available in electronic format. This includes information that is transmitted and received via our EHR, and release to your Personal Health Application.

3. *Amendment of Your Record.* You have the right to request that CCH amend or correct your PHI. CCH is not required to do so if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you.

4. *Accounting of Disclosures.* You have the right to receive an accounting of certain disclosures CCH has made regarding your PHI. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. There are other exceptions that will be provided to you, should you request an accounting.

5. *Restrictions For Out-of-Pocket Payments.* You have the right to request to restrict disclosures for items and services to your health plan provider that you have paid for out of pocket and in full.

6. *Additional Restrictions.* You have the right to request additional restrictions on the use or disclosure of your health information. CCH may not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request.

7. *Alternative Means of Receiving Confidential Communications.* You have the right to request that you receive communications of PHI from CCH by a specific or alternative means or at alternative locations. There are limitations to the granting of such requests, which will be provided to you at the time of the request.

8. *Personal Representative or Power of Attorney.* You have the right to designate a personal representative to make decisions regarding your PHI, or your medical Power of Attorney make act on your behalf.

## **III. ADDITIONAL INFORMATION**

1. *Privacy Laws.* CCH is required by State and Federal law to maintain the privacy of PHI. In addition, CCH must provide clients with notice of its legal duties and privacy practices with respect to PHI. That is the purpose of this Notice.

2. *Changes to This Notice of Privacy Practices.* We reserve the right to amend this Notice of Privacy Practices at any time in the future. CCH must abide by the terms of this Notice, or any amended Notice that may follow. After an amendment is made, the revised Notice of Privacy Protections will apply to all PHI that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our service delivery sites, and a copy will be available at each appointment, or upon request. We will also post the current notice on our website.

3. *Complaints Regarding Privacy Rights.* If you believe CCH has violated your privacy rights, you may file a formal grievance with The Colorado Coalition for the Homeless Health Information Management department. To file your complaint, call (303) 312-9660 and ask for the HIPAA Privacy Officer. You may file the complaint electronically by email to [mmay@coloradocoalition.org](mailto:mmay@coloradocoalition.org). You may also direct your complaint to the Office for Civil Rights, U.S. Department of Health & Human Services, 1961 Stout Street, Room 1426, Denver, CO 80294, (303) 844-2024; (303) 844-3439 (TDD), (303) 844-2025 FAX. There will be no retaliation for your filing of such complaints.

4. *Additional Information.* If you need additional information about your privacy rights at CCH, please call (303) 312-9660 and ask for the CCH Privacy Officer.

5. *Effective Date.* This Notice is effective January 1, 2022.