



## Our pledge to protect your privacy

Alpine Ear Nose & Throat PC., All about Hearing, Alpine Allergy Clinic and Alpine Balance and Rehabilitation Center (Referred collectively as “Alpine” for purposes of this Notice) is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you (“protected health information,” or “health information”) includes your medical record and other information relating to your care or payment for care.

### **We are required by law to:**

- Make sure that your health information is kept private. (with certain exceptions)
- Give you this Notice of our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.

### **Who will follow this notice:**

The following parties share Alpine’s commitment to protect your privacy and will comply with this Notice:

- Any health care professional authorized to update or create health information about you.
- All departments and units of Alpine.
- All employees, volunteers, trainees, students, and medical staff members of Alpine.
- All affiliated entities, sites and locations.

### **How we may use and disclose health information about you**

The following sections describe different ways that we use and disclose your health information:

#### **For Treatment:**

We may use health information to provide you with medical treatment or services. We may use and share health information about you with physicians, residents, nurses, technicians, medical students, hospital personnel and other Alpine personnel involved in your care.

- **For example:** a provider treating you for a condition may need to know what medications you are taking to assess risks related to drug interactions. Different departments of Alpine may also share health information about you to coordinate the services you need, such as pharmacy, lab work and x-rays.

We may also disclose your health information to providers not affiliated with Alpine to facilitate care or treatment they provide you.

- **For example:** we may disclose your health information to your personal physician for care coordination purposes. In addition, we may provide access to your health information to affiliated entities and locations, such as affiliated provider groups for care coordination purposes.

#### **For health care operations**

We may use and disclose health information for health care operations. This includes functions necessary to run Alpine or assure that all patients receive quality care, and includes many support functions such as appointment or procedure scheduling. We may also share your information with affiliated health care providers so that they may jointly perform certain business operations along with Alpine.

- **For Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

We may share information with doctors, residents, nurses, technicians, medical students, clerks and other personnel for quality assurance and educational purposes.

#### **Business Associates**

Alpine contracts with outside entities that perform business services for us, such as, management consultants, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your health information with a business associate so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

#### **Individuals involved in your care**

We may release health information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request made to



and agreed to by the Alpine privacy office from you, we may also notify a family member, personal representative or another person responsible for your care about your location and general condition.

### **Appointment reminders and other communication**

We may use and disclose health information to contact you as a reminder that you have an appointment for care at Alpine. We will communicate with you using the information (such as telephone number and email address) that you provide. Unless you notify us to the contrary, we may use the contact information you provide to communicate general information about your care such as appointment location, department, date and time.

### **To prevent a serious threat to health or safety**

We may use and disclose certain information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. However, any such disclosure will only be to someone able to prevent or respond to the threat, such as law enforcement, or a potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

### **For payment**

We may use and disclose your health information to bill and receive payment for health care services that we or others provide to you. This includes uses and disclosures to submit health information and receive payment from your health insurer, HMO, or other party that pays for some or all of your health care (payer) or to verify that your payer will pay for your health care.

- **For Example:** We give information about you to your health insurance plan so it will pay for your services.

We may also tell your payer about a treatment you are going to receive to determine whether your payer will cover the treatment. For certain services, if your permission is needed to release health information to obtain payment, you will be asked for permission.

### **Workers' compensation**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **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.

### **Public health activities**

We may disclose health information about you for public health activities. These activities include, but are not limited to the following:

- To prevent or control disease, injury or disability.
- To report the abuse or neglect of children, elders and dependent adults.
- To report reactions to medications or problems with products.
- To notify you of the recall of products you may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence; we will only make this disclosure when required or authorized by law.

### **Health oversight activities**

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.



## **Lawsuits and disputes**

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, legally enforceable discovery request, or other lawful process by someone else involved in the dispute.

## **Law enforcement**

We may release health information at the request of law enforcement officials in limited circumstances, for example:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, the victim is unable to consent.
- About a death we believe may be the result of criminal conduct.
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

## **Military and veterans**

If you are a member of the armed forces, we may release health information about you as required by military command authorities.

## **National security and intelligence activities**

Upon receipt of a request, we may release health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Officer has validated the request and reviewed and approved our response.

## **Other uses or disclosures required by law**

We may also use or disclose health information about you when required to do so by federal, state or local laws not specifically mentioned in this Notice. For example, we may disclose health information as part of a lawful request in a government investigation.

For more information see: <http://www.hhs.gov/>

## **Your rights regarding health information**

You have the following rights regarding health information we maintain about you:

### **Right to inspect and copy**

You have the right to inspect and obtain a paper or electronic copy of health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **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.

### **Right to amend**

If you believe that health information Alpine has on file about you is incorrect or incomplete, you may ask us to amend the health information. To request an amendment you must file an appropriate written request to Alpine. Additionally, you must provide a reason that supports your request. Alpine can only amend information that we created or that was created on our behalf. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Right to an accounting of disclosures**

You have the right to request an “accounting of disclosures” which is a list describing how we have shared your health information with outside parties. This accounting is a list of the disclosures we made of your health information for purposes other than treatment, payment, health care operations, and certain other disclosures (such as any you asked us to



make) and certain other purposes consistent with law. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Right to request restrictions**

You have the right to request restrictions on certain uses or disclosures of your health information. Requests for restrictions must be in writing. In most cases, we are not required to agree to your requested restriction. However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the law. If we do not agree to your request, we will reply to you in writing with the reason.

We are legally required to accept certain requests not to disclose health information to your health plan for payment or health care operations purposes as long as you have paid out-of-pocket and in full in advance of the particular service included in your request. If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, then you must pay in full for the related services. It is important to make the request and pay before receiving the care so that we can work to fully accommodate your request. We will comply with your request unless otherwise required by law.

### **Right to request confidential communications**

You have the right to request that we communicate with you about your health information or medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at your home. We will not ask you the reason for your request. We will work to accommodate all reasonable requests. Your request must be in writing and specify how and where you wish to be contacted.

### **Right to be notified of a breach**

Alpine is committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

### **Right to a copy of this notice**

You have the right to a copy of this Notice. It is available in check in areas, by mail and by clicking the link "Patient Privacy" on the bottom of our internet home page.

### **Request for copy of health information**

To obtain more information about how to request a copy of your health information, receive an accounting of disclosures, amend or add an addendum to your health information, please contact: Privacy Officer, Alpine Ear, Nose and Throat, PC, 1120 E. Elizabeth, F 101, Fort Collins, CO 80524, 970-221-1177.

### **Complaints**

If you believe your privacy rights have been violated, 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/). We will not retaliate against you for filing a complaint with us or the Director.

### **Changes to this notice**

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We post copies of the current Notice at all of our Alpine locations and on our Internet sites and copies are available at check in areas or by mail. If the Notice is significantly changed, we will post the new notice in our check in areas and provide it to you upon request. The Notice contains the effective date on the first page, in the bottom left-hand corner.



## **Acknowledgment receipt: HIPAA notice of privacy practices**

In signing this form, you agree that you have received our Notice of Privacy Practices. This Notice, among other points, explains how we plan to use and disclose your protected health information for the purposes of treatment, payment and health care operations. This applies to the privacy practices of Alpine Ear Nose & Throat PC and all affiliated covered entities of Alpine Ear Nose & Throat PC issuing this Notice. You have the right to review our Notice of Privacy Practices prior to signing this form. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested by anyone in our check in areas, by mail and by clicking the link "Patient Privacy" on the bottom of our internet home page.

By signing this form, you acknowledge you have received our Notice of Privacy Practices and that Alpine Ear Nose & Throat PC and all affiliated covered entities can use and disclose your protected health information in accordance with HIPAA.

---

**Name of patient (please print)**

---

**Signature of patient or patient representative**

---

**Relationship of representative**

---

**Date: mm/dd/yyyy**

The following family members or representatives have my authorization to obtain or relay medical information with Alpine Ear Nose & Throat PC.

---

**Name (please print)**

---

**Relationship**

---

**Name (please print)**

---

**Relationship**

---

**Name (please print)**

---

**Relationship**