



## Notice of Privacy Practices

Grand Junction Gastroenterology is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information.

**Effective Date of This Notice: January 1, 2020**

- I. **How Grand Junction Gastroenterology may Use or Disclose Your Health Information**

Grand Junction Gastroenterology collects health information from you and stores it on a computer. This is your medical record. The medical record is the property of Grand Junction Gastroenterology, but the information in the medical record belongs to you. Grand Junction Gastroenterology protects the privacy of your health information. The law permits Grand Junction Gastroenterology to use or disclose your health information for the following purposes:

  1. **Treatment.** Health information will be disclosed to appropriate staff and fellow medical providers in order to offer comprehensive medical care and provide for your continuity of care. For example, we may share medical information with other physicians who are treating you, or with a pharmacist who is filling a prescription on your behalf.
  2. **Payment.** We will disclose health information to health plans or other parties who provide you with health insurance and services coverage to secure payment. We may also disclose information to other health care providers who have treated you to assist them in obtaining payment.
  3. **Regular Health Care Operations.** We may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may share information with a local regional health information organization for purposes of continuity of care and reviewing quality of care. We may also share your medical information with our "business associates", that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them to protect the confidentiality of your medical information
  4. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this

information on your answering machine or in a message left with the person answering the phone.

5. Sign in sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. The sign in sheet will contain only minimal information. We may also call out your name when we are ready to see you.
6. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, assistance in your health care, or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Required by law. As required by law, we may use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.
8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order,
11. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors, or valid personal representatives or those with legal authority.
13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or valid privacy board.

14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
15. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits purposes.
16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
17. Health plan. We may disclose your health information to the sponsor of your health plan or your health plan as required by our participating agreement.
  - a) You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
  - b) 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. We will say "yes" unless a law requires us to share that information.
18. Marketing. When we see you, we may give information about other treatments or health-related benefits and services that may be of interest to you or we may provide small promotional gifts. If we receive any remuneration from any party we will disclose this. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization which may be revoked at any time.

II. **When Grand Junction Gastroenterology May Not Use or Disclose Your Health Information** Except as described in this Notice of Privacy Practices, Grand Junction Gastroenterology will not use or disclose your health information without your written authorization. If you do authorize Grand Junction Gastroenterology to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. **Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Grand Junction Gastroenterology is not required to agree to the restriction that you requested.
2. You have the right to request that you receive your health information in a specific way or at a specific location. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications
3. You have the right to inspect and copy your health information with limited exceptions. Grand Junction Gastroenterology may charge you a reasonable cost-based fee for copies.
4. You have a right to request that Grand Junction Gastroenterology amend your health information that is incorrect or incomplete. Grand Junction Gastroenterology is not required to change your health information and will provide you with information about Grand Junction Gastroenterology denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by Grand Junction Gastroenterology, except that Grand Junction Gastroenterology does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you) or where you have in writing authorized a disclosure, and 16 (certain government functions) of section I of this Notice of Privacy Practices, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.
  6. You have a right to a paper copy of this Notice of Privacy Practices; even if you have previously received this Notice electronically. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact: HIPAA Compliance Officer 970-257-6927.
- IV. **Changes to this Notice of Privacy Practices.** Grand Junction Gastroenterology reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Grand Junction Gastroenterology is required by law to comply with this Notice. All revisions will be posted in the office locations.
- V. **Complaints.** Complaints about this Notice of Privacy Practices or how Grand Junction Gastroenterology handles your health information should be directed to the HIPAA Compliance Officer at: 970-257-6927. You will not be penalized or retaliated against for making a complaint. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:
- o Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201
  - o You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at [www.hhs.gov](http://www.hhs.gov).