

Notice of Privacy Practices

AgeWell Medical Associates, PC

Effective Date: 3/1/2013

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

This notice applies to all of the records of your care generated by our practice, whether made by practice personnel, agents of the practice, or your personal provider. If you have any questions about this notice, please contact the Privacy Officer by dialing 719/475-5065

OUR RESPONSIBILITIES

We are required by the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of your health information and provide you with a description of our privacy practices. We will abide by the terms of this notice and notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

USES AND DISCLOSURES

How we may use and disclose medical information about you.

For Treatment: We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to nurses, technicians, medical students, other providers, and/or hospital personnel who are involved in your care. For example: sharing test results with other health care providers for confirmation of a diagnosis. We may also provide other healthcare providers with copies of various reports that should assist them in treating you.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example: providing your diagnosis or other information about your health to your insurance provider to obtain payment for the health care services we provide.

For Health Care Operations: Members of our staff may use information in your health record to assess the care and outcomes in your case and others like it to continually improve the quality of care for all patients we serve. For example: disclosing information to our malpractice carrier for annual site review and risk management. We may combine medical information we have with that of other practices or hospitals to see where we can make improvements. When required, we will remove information that identifies you from this set of medical information to protect your privacy.

OTHER USES AND DISCLOSURES:

Providing you with information about your health;

Contacting you regarding appointments, information about treatment alternatives, or other health related services;

Incidental uses or disclosures (i.e. using an appointment sign in sheet, patient satisfaction surveys);

Informing a family member or other relative, caregiver, or close personal friend:

When information is relevant to the individual's involvement with your care;
Upon notification of your location, general condition, or death;
To assist in your health care (i.e. pick up prescriptions or samples, care instructions or other documents, etc.)

Providing information to business associates we have contracted with to perform a specific service. However, to protect your health information, we require the business associate to appropriately safeguard your information;

For research activities as approved by an institutional review board;

For military affairs, veterans' affairs, national security and intelligence, Department of State, or presidential protective service activities;

To comply with all laws (including reports of suspected abuse, neglect, or violence);

Providing certain specified information to law enforcement or correctional institutions;

Providing information to a coroner, medical examiner, funeral director, or organ procurement organization;

Public health activities when requested by a public health authority or the FDA;

Responding to health oversight agencies;

Responding to court or administrative tribunal orders, subpoenas, discovery requests, or other lawful process;

Providing information to public or private disaster relief agencies regarding your location, general condition, or death.

AUTHORIZATION FOR OTHER USES

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the practice practitioner or facility that compiled it, you have the **right to**:

Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances.

Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request a list of disclosures (that are unauthorized or are unrelated to treatment, payment, or operations) containing your medical information.

Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or location. We will agree to the request to the extent that it is reasonable for us to do so.

A Paper Copy of This Notice: You have the right to request a paper copy of this notice.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing. We may assess appropriate fees to accommodate some requests.

THE USE OF AN ELECTRONIC HEALTH RECORD (EHR) SYSTEM

AgeWell Medical Associates uses an electronic health record system so that our providers can provide you with high quality, comprehensive and coordinated care. Access to your electronic record is expressly restricted to those clinicians and staff involved in your health care, or to those who need the information for payment, healthcare operations or other purposes as set forth in this notice. The privacy obligations of AgeWell Medical Associates and your health information rights set forth in this notice also apply to the information maintained in your electronic health record.

Electronic Insurance Eligibility and Verification: We utilize the electronic eligibility and benefits verification system in our electronic health record to validate your insurance coverage and benefits.

Electronic Medication History: To assist us in managing your medications in a safe manner, we obtain your medication history from your pharmacies. This enables us to get an accurate and complete listing of all your medications, even if they are not prescribed by our office. You may choose to opt-out of participation in the electronic medication history function of our record at any time.

Electronic Health Information Exchange (HIE): We endorse, support, and participate 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 your clinical information electronically with other health care providers who 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 HIE, or cancel an opt-out choice, at any time

CHANGES TO THIS NOTICE

We reserve the right to change this notice as appropriate. The revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the office and include the effective date. In addition, each time you visit the practice, you may request a copy of the current notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the practice, a complaint must be submitted in writing and directed to the attention of the Privacy Officer. Complaint forms are available upon request. You will not be penalized for filing a complaint.

PRIVACY OFFICER

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