



## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (PHI)**

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

*Effective date: 1-1-2022*

**Northern Colorado Anesthesia Professionals PLLC (“NCAP”)** is required by applicable Federal and State laws to maintain the privacy of your health information. Protected health information (PHI) is the information we create and maintain in the course of providing our services to you. Such information may include documentation of your symptoms, examination findings, diagnoses and treatment protocols. It also may include billing documents for services provided. NCAP is permitted by federal privacy law (the Health Insurance Portability & Accountability Act of 1996 (HIPAA)), to use and disclose your PHI, without your written authorization, for purposes of treatment, payment, and health care operations.

#### **Examples of Using Your Health Information for Treatment Purposes:**

- NCAP physicians or certified nurse anesthetists (CRNA’s), (individually “Provider” or collectively (“Providers”) obtains prior medical history information about you and records it in your medical record.
- During the course of your treatment, a Provider may share your information with other specialists and obtain their input about your care.

#### **Example of Using Your Health Information for Payment Purposes:**

- We submit requests for payment to your health insurance company. We will respond to health insurance company requests for information about the medical care we provided to you.

#### **Example of a Using Your Information for Health Care Operations:**

- We may use or disclose your PHI in order to conduct certain business and operational activities, such as quality assessments or employee reviews. We may share information about you with our Business Associates, third parties who perform these functions on our behalf, as necessary to obtain their services.

### **Your Health Information Rights**

**The health and billing records we maintain are the physical property of NCAP and/or the facility in which you received services at. The information in them, however, belongs to you. You have a right to:**

- Obtain a paper copy of the Notice of Privacy Practices for PHI (“the Notice”) provided to you by the Facility where your care took place and on our website: [www.ncaphealth.com](http://www.ncaphealth.com);

- Receive Notification of a breach of your unsecured PHI;
- Request restrictions on certain uses and disclosures of your health information. We are not required to grant all requests, but we will comply with any request with which we agree. We will, however, agree to your request to refrain from sending your PHI to your health plan for payment or operations purposes if at the time an item or service is provided to you, you pay in full and out-of-pocket;
- Request that you be allowed to inspect and copy the information about you that we maintain in NCAP's designated record set. You may exercise this right by delivering your request, in writing, to NCAP;
- Appeal a denial of access to your PHI, except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to NCAP. We may deny your request if you ask us to amend information that (a) was not created by us (unless the person or entity that created the information is no longer available to make the amendment), (b) is not part of the health information kept by NCAP, (c) is not part of the information that you would be permitted to inspect and copy, or (d) 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 placed in your record;
- Request that communication of your health information be made by alternative means or at alternative locations by delivering a written request to NCAP;
- Obtain a list of instances in which we have shared your health information with outside parties, as required by the HIPAA Rules.
- Revoke any of your prior authorizations to use or disclose information by delivering a written revocation to NCAP (except to the extent action has already been taken based on a prior authorization).

### **Our Responsibilities**

#### **NCAP is required to:**

- Maintain the privacy of your health information as required by law;
- Notify you following a breach of your unsecured PHI;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods for communicating with you about your health information and comply with your written request to refrain from disclosing your PHI to your health plan if you pay for an item or service we provide you in full and out-of-pocket at the time of service.

We reserve the right to amend, change, or eliminate provisions of our privacy practices and to enact new provisions regarding the PHI we maintain about you. If our information practices change, we will amend

our Notice. You are entitled to receive a copy of the revised Notice upon request by phone or by visiting our website or NCAP office.

### **Other Uses and Disclosures of your PHI Permitted by HIPAA Without Your Written Authorization**

#### **Communication with Family**

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment for care, if you do not object or in an emergency. We may also do this after your death, unless you tell us before you die that you do not wish us to communicate with certain individuals.

#### **Notification**

- Unless you object, we may use or disclose your PHI to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care about your location, your general condition, or your death.

#### **Research**

- We may disclose information to researchers if an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We may also disclose your information if the researchers require only a limited portion of your information.

#### **Disaster Relief**

- We may use and disclose your PHI to assist in disaster relief efforts.

#### **Organ Procurement Organizations**

- Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation/transplant.

#### **Workers' Compensation**

- If you are seeking compensation from Workers Compensation, we may disclose your PHI to the extent necessary to comply with laws relating to Workers Compensation.

#### **Public Health**

- We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; or to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

### **As Required by Law**

- We may disclose your PHI as required by law, or to appropriate public authorities as allowed by law to report abuse or neglect.

### **Law Enforcement**

- We may disclose your PHI to law enforcement officials (a) in response to a court order, court subpoena, warrant or similar judicial process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) if you are a victim of a crime and we are unable to obtain your agreement; (d) about criminal conduct on our premises; and (e) in other limited emergency circumstances where we need to report a crime.

### **Health Oversight**

- Federal law allows us to release your PHI to appropriate health oversight agencies or for health oversight activities such as state and federal auditors.

### **Judicial/Administrative Proceedings**

- We may disclose your PHI in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

### **For Specialized Governmental Functions or Serious Threat**

- We may disclose your PHI for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, to public assistance program personnel, or to avert a serious threat to health or safety. We may disclose your PHI consistent with applicable law to prevent or diminish a serious, imminent threat to the health or safety of a person or the public.

### **Correctional Institutions**

- If you are an inmate of a correctional institution, we may disclose to the institution or its agents the PHI necessary for your health and the health and safety of other individuals.

### **Coroners, Medical Examiners, and Funeral Directors**

- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about our Patients to funeral directors as necessary for them to carry out their duties.

### **Business Associates**

- We may contract with third parties in the course of our business operations and they may access your health information to perform their tasks. We require our business associates to sign agreements to safeguard the privacy and security of your health information.

Other uses and disclosures of your PHI not described in this Notice will only be made with your authorization, unless otherwise permitted or required by law. Most uses and disclosure of psychotherapy

notes, uses and disclosures of your PHI for marketing purposes (except if communication is face-to-face by us or is a promotional gift of nominal value), and disclosures of your PHI that constitute a sale of PHI will require your authorization. You may revoke any authorization at any time by submitting a written revocation request to NCAP.

**To Request Information, Exercise a Patient Right, or File a Complaint**

If you have questions, would like additional information, want to exercise a Patient Right described above, or believe your (or someone else's) privacy rights have been violated, you may contact NCAP's Compliance Hotline at (970) 999-0278, or in writing to us at:

**Compliance Officer  
Northern Colorado Anesthesia Professionals, PLLC  
3702 Automation Way, #103  
Fort Collins, CO 80525**

Please note that all complaints must be submitted in writing to the Compliance Officer at the above address. You may also file a complaint with the Secretary of Health and Human Services (HHS), Office for Civil Rights (OCR). Your complaint must be filed in writing, either on paper or electronically, by mail, fax, or e-mail. The address for the Colorado regional office is: Office for Civil Rights, U.S. Department of Health and Human Services, 999 18th Street, Suite 417, Denver, CO 80202; or call (800) 368-1019. More information regarding the steps to file a complaint can be found at: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

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