

NOTICE OF PRIVACY PRACTICES

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

USES AND DISCLOSURES

Denver Department of Public Health & Environment – Substance Misuse Program may use or disclose your protected health information for the following uses:

- **For Treatment:** We may use personal health information about you to provide you with medical treatment or services.
- **For Health Care Operations:** We may use and share your health information for operations necessary to make sure our clients receive quality care. For example, we may share your personal health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- **Future Communications:** We may use your health information to contact you with information on health care programs and health care choices as well as provide you with appointment reminders.
- **Legal Requirements:** We will share personal health information to prevent serious threat to your health and safety or the health and safety of others.
- **Research:** Under certain circumstances, we may share your health information for research purposes. All research projects must be approved and have your consent, and the project must keep your information confidential.
- **Public Health:** We may share your health information with public health agencies to prevent or control the spread of diseases.
- **Health Oversight Activities:** We may share your health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections.
- **Lawsuits and Disputes:** We may share your health information in response to a valid judicial or administrative order.
- **Coroners, Medical Examiners, and Funeral Directors:** Consistent with applicable law, we may share your health information to a coroner, medical examiner, for funeral director so that they may carry out their duties. ***Other uses or sharing of your health information will be made only with your written authorization.**

YOUR RIGHTS

The following are your rights with respect to your personal health information:

- **You have the right to ask us to restrict how** we use or disclose your information for treatment, payment, or health care operations. All requests must be made in writing and state the specific restriction requested. We will try to honor your request, but we are not required to agree to a restriction. Please see contact information at the end of this notice.
- **You have the right to ask to receive confidential communications** of information. For example, if you believe you would be harmed if we send information to your current mailing address (for example, in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example, by telephone) or to an alternative address. We will accommodate a reasonable request if the normal method or disclosure could endanger you and you state that in your request. Any such request must be made in writing.
- **You have the right to inspect and obtain a copy** of information that we maintain about you in your designated record set. A “designated record set” is a group of records that may include enrollment, payment, claims adjudication, and case or medical management records. *However, you do not have the right to access certain types of information* such as psychotherapy notes and information compiled for legal proceedings. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

You have the right to ask us to amend the information we maintain about you in your designated record set (as defined above). Your request must be made in writing and you must provide a reason for the request. If we agree to your request, we will amend our records accordingly. We will also provide the amendment to any person that we know has received your health information from us, and to other persons identified by you. If we deny your request, we will notify you in writing of the reason for the denial. Reasons may include that the information was not created by us, is not part of the designated record set, is not information that is available for inspection, or that the information is accurate and complete.

You have the right to receive an accounting of certain disclosures of your personal health information. Under the law, your personal health information may be used and shared for particular reasons, like making sure doctors give good care, making sure nursing homes are clean and safe, reporting when the flu is in your area, or making required reports to the police, such as reporting gunshot wounds. In many cases, you can ask for and get a list of who your health information has been shared with for these reasons. Please make requests to the DHS Privacy Officer. **You have a right to receive a copy of this notice** upon request at any time.

COMPLAINTS

If you believe your information was used or shared in a way that is not allowed under the privacy law, or if you were not able to exercise your rights, you can file a complaint by submitting a written request to the DHS Privacy Officer. You can also file a complaint with U.S. Government by contacting the following website: www.hhs.gov/ocr/hipaa/.

You will not be penalized for filing a complaint.

Denver Department of Public Health & Environment – Substance Misuse Program RESPONSIBILITIES

Denver Department of Public Health & Environment – Substance Misuse Program is committed to protecting the privacy of health information maintained by our divisions and programs. In this notice, the terms of your “medical information” or your “health information” mean personal information that identifies you and that relates to your past, present, or future physical or behavioral health; the provisions of health care services to you; or the payment of health care services provided to you. The terms “we”, “us”, and “our” in this notice refer to Denver Department of Public Health & Environment – Substance Misuse Program

This notice explains how we use your health information and when we can share that information with others. It also informs you of your rights with respect to your health information and how you can exercise those rights. We are required to follow the terms of this notice until the notice is replaced. We reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain. Once revised, we will provide you with a copy of the new notice.

If you have questions about this notice, please contact:

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Denver Department of Public Health & Environment – Substance Misuse Program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

