



NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

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.

Foothills Family Practice (FFP) is required by law to maintain the privacy of your health information and is strongly committed to maintaining your privacy. Additionally, FFP is required to provide you with a notice of its legal duties and privacy practices.

FFP will not use or disclose your health information except as described in this Notice. This Notice applies to all of the health information generated by FFP, as well as information we receive from others, including health care providers and health plans.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:

TREATMENT: FFP may use and disclose your health information to provide and coordinate your healthcare treatment. We may disclose all or part of your health information to your attending physician, consulting physicians, nurses, technicians, or other health care providers who have a legitimate need for such information in your care and treatment. FFP may also use or disclose your health information to tell you about or recommend treatment alternatives that may interest or benefit you, or to remind you about an appointment.

PAYMENT: FFP may use and disclose health information about you for payment purposes, including determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, third party or other entity (or their authorized representatives) involved in the payment of your medical bill, and may include copies or excerpts of your medical record that are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedures and supplies used.

ROUTINE HEALTHCARE OPERATIONS: FFP may use and disclose your health information for routine healthcare operations, including but not limited to quality assurance, medical review, internal auditing, licensing or credentialing activities of FFP, and educational purposes. FFP may engage outside companies ("business associates") to carry out certain aspects of these healthcare operations. FFP may need to disclose your health information to the business associates to enable them to perform their duties. Examples of business associates include, but are not limited to, medical transcriptionists, third-party billing companies, accountants, and lawyers. FFP requires the business associate to also sign an agreement to protect the confidentiality of your health information.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

FFP will obtain a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. You have the right to revoke any

authorization you have previously given by submitting a written statement of revocation to FFP.

USES AND DISCLOSURES TO WHICH YOU MAY OBJECT

FFP may disclose your health information to a friend or family member who is involved in your medical care and for disaster relief purposes. If you have any objection to the use and disclosure of your health information in this manner, please tell us.

USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED WITHOUT AUTHORIZATION

REGULATORY AGENCIES: FFP may disclose your health information to government and certain private health oversight agencies, e.g., the Department of Public Health and Environment, the Joint Commission on Accreditation of Healthcare Organizations or the Board of Medical Examiners, for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary to monitor compliance with the requirements of government programs.

LAW ENFORCEMENT/LITIGATION: FFP may disclose your health information for law enforcement purposes, judicial proceedings, and other disputes as required by law or in response to a court order.

PUBLIC HEALTH: As required by law, FFP may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

WORKERS' COMPENSATION: FFP may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

MILITARY/VETERANS: FFP may disclose your health information as required by military command authorities, if you are a member of the armed forces.

CORONERS: Upon your death, FFP may disclose your health information to a coroner or medical examiner for purposes of identifying you or determining a cause of death, and to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY: FFP may disclose health information about you to authorized officials for intelligence, counterintelligence, and any other national security activities authorized by law.

RESEARCH: FFP may use and disclose your health information for reviews preparatory to research and, if approved by a privacy board or institutional review board, research studies.

AS OTHERWISE REQUIRED BY LAW: FFP will disclose your health information in any situation in which such disclosure is required by law

(E.g., child abuse, domestic abuse, or to prevent harm to you or other individuals).

YOUR RIGHTS RELATED TO YOUR HEALTH INFORMATION

Although all records concerning your treatment obtained at FFP are the property of FFP, you have the following rights concerning your health information:

RIGHT TO CONFIDENTIAL COMMUNICATIONS: You have the right to receive confidential communications of your health information by alternative means or at alternative locations. For example, you may request that FFP only contact you at work or by mail.

RIGHT TO INSPECT AND COPY: You generally have the right to inspect and copy your health information, except as restricted by law.

RIGHT TO AMEND: You have the right to request an amendment or correction to your health information. If we agree that an amendment or correction is appropriate, we will ensure that the amendment or correction is attached to your medical record.

RIGHT TO AN ACCOUNTING: You have the right to obtain a statement of the disclosures that have been made of your health information, except for the purposes of treatment, payment or routine operations (as detailed above), or if you have provided an authorization.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your health information. FFP generally is not required to abide by your requested restrictions. However, if you pay in full out of pocket for a health care item or service, we must comply with your request to restrict the disclosure of health information related to that health care item or service to a health plan for payment or health care operations purposes.

RIGHT TO RECEIVE COPY OF THIS NOTICE: You have the right to receive a paper copy of this Notice, upon request.

RIGHT TO REVOKE AUTHORIZATION: You have the right to revoke your authorization to use or disclose your health information, except to the extent that action has already been taken in reliance on your consent or authorization.

RIGHT TO RECEIVE CERTAIN NOTICES: You have a right to receive notice of certain breaches of the security of certain protected health information.

FOR MORE INFORMATION REGARDING HOW TO EXERCISE THESE RIGHTS

If you have questions or would like more information regarding any of the rights listed above, please contact FFP's Executive Director at the address or telephone number listed below.

IF YOU BELIEVE THAT YOUR RIGHTS HAVE BEEN VIOLATED

You may file a complaint with FFP, or with the Secretary of the Department of Health and Human Services. To file a complaint with FFP, please contact:

Executive Director
Foothills Family Practice
850 East Harvard Avenue, Suite 265
Denver, Colorado 80210
(303) 986-2274

All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE

FFP will abide by the terms of the Notice currently in effect. FFP reserves the right to change the terms of this Notice at any time. Any new notice provisions will be effective for all protected health information that it maintains. You have the right to review this Notice at any time. FFP will make its Notice, including any revisions, available at FFP and on the FFP web site (www.foothillsfamilypractice.com).

EFFECTIVE DATE:

The effective date of the Notice is March 6th, 2013



Foothills Family Practice

comprehensive, compassionate & comfortable care for every generation

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received Foothills Family Practice's Notice of Health Information Privacy Practices.

_____	____/____/____
Patient Name (Please Print)	Date of Birth (mm/dd/yyyy)
SIGN HERE →	____/____/____
Signature of Patient or Authorized Representative (Attach Power of Attorney)	Date (mm/dd/yyyy)

Contact persons with whom we may discuss your care and give test results to (this must include spouses and significant others, and children).

Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

We may leave confidential information on voice mails or answering machines listed below:

_____	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
Work Voice Mail	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
Cell Voice Mail	Yes	No