

HIPAA Privacy Policy for Castle Rock Family Physicians, PC

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.**

If at any time you have questions about our privacy policies, please do not hesitate to contact our privacy officer, Kristine Beck PA-C, who can be reached at 303-688-8989, or request a copy of this policy from one of our staff.

Information We Collect About You

We collect personal information about you and your family as part of our registration process, during the course of your care, and from other health care entities you utilize such as: hospitals, labs, other physicians, imaging facilities and your insurance company. This personal information includes items such as: your name, date of birth, address, phone number, social security number, employer, health history, insurance policy, and any information you provide via our website. During the course of your treatment we will collect health information regarding diagnosis, treatment plan, progress and any test results or imaging studies.

Your Rights In Managing Your Health Information

When it comes to your personal or health information, you have certain rights to request restrictions to our uses or disclosures; however we are not required to agree to those restrictions. You may request an electronic or paper copy of your medical record or ask us to correct your medical record if you feel it is incorrect or incomplete. You may also ask for a list of all the times we have shared your health information for 6 years prior to your request and the reason it was shared. You have the right to specify how we contact you about your health information and with whom else we share that information. Along these lines, you can ask us to limit the health information we use or share for treatment, payment, or our operations, although we may say refuse if it would affect your care. You may also pay for a service or health care item out-of-pocket and in full at the time of service, and ask us not to share that information with your health insurer, unless the law requires us to do so. In the following specific cases we never share your information unless you give us written permission: marketing purposes, sale of your information, most sharing of psychotherapy notes. It is our office policy not to contact you for fundraising efforts, but if that policy changes you can tell us not to contact you again.

How Your Health Information Is Used

The personal and health information gathered may be used and disclosed for the purposes of treatment, payment, or routine healthcare operations. This means we may send your information to other physicians or facilities involved in your treatment, as well as to your insurance company or a collection agency to obtain payment. Other uses of your information require a signed authorization by you or your guardian and can be revoked at any time with a written request. In certain cases of public health interest, we may legally be required to disclose certain information to local, state, or national health

organizations or government agencies. We may also use or share your information for health research, but we will never sell patient information to marketing or pharmaceutical companies.

Our Responsibility To Safeguard Your Personal and Health Information

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you give us permission, in writing, to do so. Even if you give such permission, you may at any time revoke it by submitting a written request. If you feel that your privacy has been violated, you have the right to file a complaint with the Department of Health and Human Services Office of Civil Rights. Castle Rock Family Physicians, PC will not retaliate against you for filing a complaint.

Changes to the Terms of this Notice

All new patients will receive a copy of our privacy policy. Castle Rock Family Physicians, PC occasionally reviews its privacy policy and reserves the right to amend it. Notifications of changes will be available at the front desk prior to the effective date of any changes.

Patient Acknowledgement

I, _____ have received a copy of the Castle Rock Family
PleasePrint Date of Birth Physicians, PC privacy policy.

Signed Date