



**Organized Health Care Arrangement (OHCA)  
Joint Notice of Privacy Practices for Protected Health Information  
Revised and Effective as of October 18, 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!

**Who Will Follow This Notice**

This Notice is the required Privacy Notice of Denver West Endoscopy Center LLC and its Organized Healthcare Arrangement (OHCA). This notice applies to and will be followed by:

- All employees, staff, volunteers and other personnel of Denver West Endoscopy Center
- The physicians and other practitioners who are not employed by Denver West Endoscopy Center, but who perform services at the center and who are members of the Denver West Endoscopy Center Organized Healthcare Arrangement. This includes the physicians of Boulder Valley Gastroenterology, Inc d/b/a Gastroenterology of the Rockies, Colorado Gastroenterology and may also include other physician practices.

The OHCA consists of separate legal entities that provide clinically integrated care at the Denver West Endoscopy Center as defined under federal privacy rules. The Denver West Endoscopy Center and these practitioners need to share medical information freely to provide care to patients, and to conduct health care operations for the Denver West Endoscopy Center. This “Organized Healthcare Arrangement” only covers information practices related to services rendered at the Denver West Endoscopy Center. **It does not cover the information practices of the practitioners in their offices or at other care settings. It does not alter the independent status of the Denver West Endoscopy Center and the practitioners or make the Denver West Endoscopy Center and the practitioners jointly responsible for the clinical services either provide. In other words, neither the Denver West Endoscopy Center or the practitioners are responsible for each others’ negligence, mistakes or violations of your privacy rights.**

The Denver West Endoscopy Center and other members of its OHCA (all referred to in this Notice as the “Surgery Center”) are permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documentation of your symptoms, procedure, and lab results; and information concerning future care or treatment. It also includes documents related to billing for those services.

**The following are examples of how we may use and disclose your health information. They are only some of the ways in which we are permitted to use and disclose information under the law:**

## **Examples of Uses of Your Health Information for Treatment Purposes are:**

- A nurse or medical assistant obtains treatment information about you and records it in your health record.
- During the course of your treatment, the physician determines he/she will need to consult with your primary care physician. He/she will share information with the physician to obtain his/her input.
- We may contact you to confirm a scheduled procedure, and provide you with information concerning treatment alternatives.

## **Examples of Use of Your Health Information for Payment Purposes:**

We may submit requests for payment to your health insurance company. We will provide information about you and the care given to you to the health insurance company or other business associate helping us obtain payment for your care.

## **Example of Use of Your Information for Health Care Operations:**

We may use information about you to evaluate the quality of care given at the surgery center and to develop standards of care for our patients. We may share information about you with our business associates who help us perform these tasks.

## **Your Health Information Rights**

**The health and billing records we maintain are the physical property of the surgery center. The information in it, however, belongs to you. You have the right to:**

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our office--we are not required to grant the request, but we will comply with any request we do decide to grant;
  - Obtain a paper copy of the current Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
  - Request that you be allowed to inspect and copy your health record and billing record--you may exercise this right by delivering the request to our office;
  - Appeal any denial of access to your protected health information, except in certain circumstances;
  - Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask to amend information that:
    - Was not created by the surgery center, unless the person or entity that created the information is no longer available to make an amendment;
    - Is not part of the health information kept by or for the surgery center;
    - Is not part of the information that you would be permitted to inspect or copy; or,
    - 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 maintained with your records;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office;

- Obtain an accounting of certain disclosures of your health information that we are required to maintain by delivering a request to our office. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our office, except to the extent information or action has already been taken.

### **Our Responsibilities**

#### **The surgery center is required to:**

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices concerning the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and to establish new provisions regarding the protected health information we maintain. If our privacy practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our Notice or by visiting our office and picking up a copy.

#### **To Request Information or File a Complaint**

If you have questions, would like additional information, want to report a problem regarding the handling of your information, or want to exercise any of your rights as outlined in this Notice, you may contact the Surgery Center's Privacy Officer by mail, phone, fax or in person during regular business hours at:

Denver West Endoscopy Center  
382 S. Arthur Avenue  
Louisville, CO 80027  
Phone: 303-604-5000  
Fax: 720-890-0502

[S]he will inform you of the steps that need to be taken to exercise your rights.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer at the address indicated above. You may also file a complaint by mailing or e-mailing it to the Secretary of Health and Human Services (HHS), whose street address is: Office for Civil Rights-U.S. Department of Health and Human Services -200 Independence Avenue S.W. -Room 509F, HHH Building-Washington D.C., 20201.

- 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 the Surgery Center.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

## **Other Disclosures and Uses**

### **Communication with Family**

- If you do not object, or in an emergency, we may, using our best judgment, 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 in payment for such care.

### **Notification**

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

### **Research**

- We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

### **Disaster Relief**

- We may use and disclose your protected health information to assist in disaster relief efforts.

### **Organ Procurement Organizations**

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

### **Food and Drug Administration (FDA)**

- We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products, and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

### **Workers Compensation**

- If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

### **Public Health**

- As authorized by law, we may disclose your protected health information 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.

### **Abuse & Neglect**

- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

### **Employers**

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

## **Correctional Institutions**

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

## **Law Enforcement**

- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

## **State Health Information Exchange**

- Your physician may participate in the State-designated Health Information Exchange (HIE) as a means to improve the quality of your health care experience. The HIE allows us to securely and efficiently share clinical information electronically with other physicians and health care providers. The HIE also allows emergency medical personnel and other providers to have immediate access to your medical data during time-sensitive critical situations. Making your health information available to your health care providers may also reduce your costs by reducing unnecessary testing and paper communications. You may choose to opt-out of the system, or opt back into the system at any time. If you would like to learn more or change your status within the HIE, please ask us.

## **Health Oversight**

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

## **Judicial/Administrative Proceedings**

- We may disclose your protected health information 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.

## **Serious Threat**

- To avert serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

## **For Specialized Governmental Functions**

- We may disclose your protected health information for specialized government functions as authorized by law such as Armed Forces personnel, for national security purposes, or to public assistance program personnel.

## **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 a cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

## **Other Uses**

- Others uses and disclosures, besides those identified in this Notice, will be made as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in the Notice under "Your Health Information Rights."

## **Website**

- If we maintain a website that provides information about our entity, this Notice will be on the website.