



SMOKY HILL
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CHERRY CREEK
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Privacy Policies and Practices

Your Rights: As a patient, you have the rights to access a copy of your paper or electronic medical record, and if necessary, correct your paper or electronic medical record. We will provide a copy or a summary of your health information, usually within 30 business days of your request. With certain circumstances, there may be a fee associated with this. You have the right to request confidential information, ask us to limit the information we share, and get a list of those with whom we've shared your information. We will include all disclosures if you request who we have shared information with: this could be an accounting of the times and who we've shared your health information with 6 years prior to the date of asking, we will include all disclosures except for those about treatment, payment, health care operations, and other certain disclosures; we'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another within 12 months. If you feel something is incorrect or incomplete about your medical records, you can ask for a correction; we may say "no," but we will tell you why in writing within 60 days. If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment with the insurer; we will say "yes" unless law requires us to share that information. If necessary, you have the right to choose someone to act as your medical power of attorney; if that is the case or someone is your legal guardian, that person can exercise your rights.

Your Choices: You have the choice to decide who you share and allow us to share your condition with. This may include during disaster relief scenarios, in a hospital directory, to mental health providers, raising funds, and marketing our services and information. *If you are unable to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.* Relief of information for marketing purposes, sale of your information, fundraising, and most sharing of psychotherapy notes will never be done without your written permission.

Other Uses and Disclosures: We may share and use your information as we treat you in order to properly run our organization, bill for your services, help with public health and safety issues, do research, comply with the law, respond to organ and tissue donation requests, work with a medical examiner or funeral director, address worker's compensation/law enforcement/government requests, or respond to lawsuits and legal actions. We can use your health information and share it with other professionals who are treating you; ie. A doctor treating you for injury asks another doctor about your overall health condition. When we bill and get payment for services, we are required to provide health information in order to ensure your health insurance plan will pay for your services. In order to health with public health and safety issues, we can share health information for certain situations such as preventing disease, product recalls, reporting adverse reactions to medications, reporting suspected abuse/neglect/domestic violence, preventing or reducing a serious threat to anyone's health/safety. If state or federal law requires it, we will share information about you; this also includes Department of Health and Human Services. For workers' compensation claims, for law enforcement purposes, health oversight agencies for activities authorized by law, and for special government functions such as military/national security/presidential protective services we may use or share your health information. If a court order, administrative order, or a subpoena is received, we can share health information about you.

Our Responsibilities: 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 tell us we can in writing. If you tell us we can, you may at any time rescind this in another dated written document.

We can change the terms of this notice at any time, and the changes will apply to all information we have about you. The new notice will be available at any time you request it and at all office visits.

If you feel that we violated your rights, contact this office. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, DC 20201, by calling 877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Dr. Edward Hepworth • Alison Love, NP • Jordan Fisher, PA