

## NOTICE OF 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.**

If you have any questions about this Notice of Privacy Practices (this “notice”) or matters covered by this notice, please contact the Privacy Officer by telephone at (303) 597-5000, or by mail at Jewish Family Service of Colorado, 3201 South Tamarac Drive, Denver, CO 80231-4394.

We are required by law to maintain the privacy of your health information, to provide you with notice of our legal duties and privacy practices, and to follow the information practices that are described in this notice.

This notice explains how we may use and disclose your health information and your rights related to this your health information. This notice applies to all health information about you, that is obtained by or on behalf of us. Health Information is information that relates to your past, present or future physical or mental health or condition, the provision of related health care products and services to you, or payment for such services.

We will notify you of any breach involving your health information in accordance with applicable law.

This notice is effective February 23, 2015 We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain. A copy of the revised notice will be posted in the waiting rooms at the agency and on our website at [www.jewishfamilyserivce.org](http://www.jewishfamilyserivce.org). You may request a copy of the current notice at any time by calling our Privacy Officer at (303) 597-5000 or asking for one at the time of your next appointment.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.** The following categories describe the way Jewish Family Service of Colorado may use and disclose your health information, except where prohibited by federal or state laws that require special privacy protection.

- **For Treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose your health information to staff members, volunteers and other service delivery personnel who are involved in your care or health care decisions. For example, we may disclose your health information as necessary to a home health agency that provides care for you. We may also disclose health information to other physicians or therapists that should assist him or her in making decisions regarding your care.
- **For Payment:** We may use and disclose information in order to bill and collect payment for our services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, approval for extended counseling sessions may require that your relevant protected health information be disclosed to the health plan to obtain approval for the payment of these sessions.
- **For Operations:** We may use or disclose your protected health information in the course of operating our agency. For example, we may use protected health information for quality assurance activities, employee review activities, training of interns, licensing, communications and fundraising activities, and conducting or arranging for other business activities. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use and disclose your protected health information for other communications activities. For example, you name and address may be used to send you a newsletter about Jewish Family Service of Colorado.

- **For Fundraising:** We may use or disclose your demographic information in order to contact you about our fundraising activities and support for Jewish Family Service of Colorado. You may contact our Privacy Officer to request these materials not be sent to you.

**USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR WHICH YOUR WRITTEN AUTHORIZATION IS REQUIRED.** We will not use or disclose protected health information in the following instances unless we have a written authorization from you to use and disclose protected health information.

- Use and disclosure of psychotherapy notes, unless such use or disclosure is (1) to carry out certain treatment, payment, or health care operations, (2) required by law, (3) permitted for health oversight activities with respect to the oversight of the originator of the psychotherapy notes, (4) to a coroner or medical examiner, (5) is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or (6) is required to investigate or determine our compliance with these privacy practices.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law, as described below. You may revoke this authorization, at any time, in writing, except to the extent that Jewish Family Service has already taken an action upon your authorization.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING AN OPPORTUNITY FOR AN INDIVIDUAL TO AGREE OR TO OBJECT:** We may use and disclose your protected health information in the following instances. You have the opportunity to agree to or prohibit or restrict the use or disclosure of all or part of your protected health information. If you wish to object or limit protected health information disclosures, we must receive your written request or objection.

- **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative or a close friend or any other person you identify, your protected health information that directly related to that person's involvement in your health care or payment related to your health care. If you are not present or not able to agree or object to such a disclosure, for example if you are unconscious, we may disclose such protected health information if we determine as necessary that it is in your best interest, based on professional judgment. In this case, only the protected health information that is directly relevant to that person's involvement with your health care or payment for health care will be disclosed.
- **Others Responsible for Your Healthcare.** Unless you object, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. If you are not present or not able to agree or object to such a disclosure, for example if you are unconscious, we may disclose such protected health information if we determine as necessary that it is in your best interest, based on professional judgment. In this case, only the protected health information that is directly relevant to that person's involvement with your health care or payment for health care will be disclosed.

**USES AND DISCLOSURES FOR WHICH AN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT ARE NOT REQUIRED:** We may use or disclose your protected health information in the following situations without your consent or authorization, or providing you with the opportunity to agree or object. These situations include:

- **Required by Law:** We may use or disclose protected health information when a law requires that we report information (1) to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence (if you agree or as authorized by law), (2) to a law enforcement official for certain law enforcement purposes (as required by law or as required for compliance with court orders, subpoenas or administrative requests), or (3) in response to a court order of lawful process. We must also disclose protected health information to authorities who monitor compliance with these privacy requirements.

- **Worker's Compensation:** We may disclose protected health information as authorized by and for purposes of complying with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** Law or public policy may require us to disclose protected health information about you for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. Protected health information may be disclosed for the following activities and purposes:
  - to prevent or control disease, injury or disability
  - to report child abuse or neglect
- **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, or proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Coroners, Funeral Directors and Medical Examiners:** We may disclose protected health information to a coroner or medical examiner. We may also disclose protected health information to funeral directors as necessary to carry out their duties.
- **Serious Threat to Health or Safety:** We may use or disclose protected health information when necessary to prevent or reduce a serious and imminent threat either to your specific health and safety or the health and safety of the public or another person or when necessary for law enforcement authorities to identify or apprehend an individual in specific circumstances. If we believe the use or disclosure of protected health information is necessary for law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime that we reasonably believe may have caused serious physical harm to the victim, we may not use or disclose protected health information if the information described in the individual's statement is learned by us (1) in the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure, or counseling or therapy or (2) through a request by the individual to initiate or to be referred for such treatment, counseling or therapy.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official.
- **Military activity, National Security, and Medical Suitability Determinations:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate command authorities or (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. We may also disclose your protected health information to authorized federal officials for conducting national security activities, intelligence activities, and medical suitability determinations.
- **To Business Associates:** We may use or disclose your protected health information to business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **For Data Breach Notification.** We may use your contact information to provide legally required notices of unauthorized acquisition, access or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your insurance plan through which you receive coverage.
- **Lawsuits and Disputes.** We may disclose your protected health information in response to a court order or lawful process.
- **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your protected health information to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence (if you agree or as authorized by law).

**OTHER USES OF PROTECTED HEALTH INFORMATION:** Other uses and disclosures of medical information not covered by this notice or the laws of the State of Colorado will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above. If you have provided us with your permission to use or disclose

protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you. Your revocation of authorization to disclose protected health information will not compromise your receipt of services.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice in the waiting room at Jewish Family Service of Colorado, 3201 S. Tamarac Drive, Denver, CO 80231. The notice will contain on the last page, the date of the last revision and effective date. In addition, each time you visit Jewish Family Service of Colorado for treatment or health care services you may request a copy of the current notice in effect.

## CLIENT RIGHTS

### **This section describes your rights and the obligations of Jewish Family Service of Colorado Regarding the Use and Disclosure of Your Protected Health Information**

**You have the right to inspect and copy your protected health information.** You have the right to inspect and copy protected health information that we maintain in our records for as long as the protected health information is maintained in our records. This includes your own medical and billing records, but **does not include psychotherapy notes**. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. To inspect or copy your protected health information record, you must submit your request in writing to our Privacy Officer. We will respond to your request in 30 days. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other costs associated with your request.

We may deny your request to inspect or copy protected health information in certain very limited circumstances. If you are denied access to protected health information because it is determined that the access requested is likely to endanger the life or safety of or cause substantial harm to you or another person, you may request that a licensed health care professional review the denial. The licensed health care professional will be designated by us and will not be the person who denied your request. The recommendation and final decision of the professional will be honored. We will comply with the outcome of the review.

**You have the right to an electronic copy of the Electronic Medical Record.** If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If the protected health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**You have the right to request a restriction of your protected health information.** You have the right to restrict our use or disclosure of protected health information (1) about you to carry out treatment, payment or health care operations, (2) that directly relates to the involvement of the following individuals in your health care or payment related to your health care: your family members, relatives or close friends or any others you identify, or (3) to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. You have the right to ask that we limit how we use or disclose your protected health information. We will consider your request, but are not legally bound to agree to the restriction, unless the disclosure is for the purpose of carrying out payment or health care operations and is not required by law, and you (or another person other than the health plan) have paid for services out of pocket, in full. To the extent that we do agree to any restriction on our use or disclosure of your protected health information, we will put the agreement in writing and abide by it except in emergency situation. We cannot agree to limit uses or disclosures that are required to investigate or determine our compliance with these privacy requirements or for which your authorization is not required or for which you have no right to object or agree. To request restrictions, you must make your request in writing to our Privacy Officer. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**You have the right to choose how we contact you.** You have the right to ask that we send you protected health information communications at an alternative address or by an alternative means. We may agree to your request as long as it is reasonably easy for us to do so.

**You have the right to amend your protected health information.** If you believe there is a mistake or missing information in our record of your protected health information, you may request, in writing, that we correct or add to the record. You must provide information that supports your request. We will respond within 30 days of receiving your request. We may deny the request if we determine the protected health information is (1) correct and complete; (2) not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment; (3) not part of our records; or (4) not permitted to for inspection. Any denial will state the reasons for denial, explain your rights to have the request and denial, along with any statement in response that you provide, appended to your protected health information, and explain your right to file a complaint with us about our policies, procedures, and/or compliance with such policies or requirements. If we approve the request for amendment, we will change the protected health information and so inform you, and tell others that need to know about the change in the protected health information.

**You have the right to find out what disclosures have been made.** You have the right to get a list of when, to whom, for what purpose, and what content of your protected health information has been released for other than disclosures (1) for treatment, payment, and health care operations, (2) to your family, a relative, a close friend, personal representative, or any other person you identify, (3) that were made pursuant to your authorization, (4) for national security purposes, (5) to law enforcement official or correctional facilities, or (6) before April 14, 2003. We will respond to your written request for such a list within 30 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list per year. There may be a charge for more frequent requests.

**You have the right to pay for your services out-of-pocket.** If you are required to pay for any services JFS provides to you and if you pay for services in full out-of-pocket, you may request that we not bill your health plan. You have the right to request that your protected health information with respect to the services provided and paid for out-of-pocket not be disclosed to a health plan.

**You have the right to receive this notice.** You may ask for a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**You have the right to Breach Notification.** You have the right to be notified of any breach of your unsecured protected health information.

**COMPLAINTS:** If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your protected health information, you may file a complaint with:

- Our Privacy Officer by telephone at (303) 597-5000, by mail at Jewish Family Service of Colorado; 3201 South Tamarac Drive, Denver, CO 80231-4394; or by email at [privacy@jewishfamilyservice.org](mailto:privacy@jewishfamilyservice.org) or
- The U.S. Department of Health and Human Services Office for Civil Rights by telephone at 1-877-696-6775, by mail at 200 Independence Avenue, S.W. Washington, D.C. 20201, or by email at [www.hhs.gov/hipaa/filing-a-complaint](http://www.hhs.gov/hipaa/filing-a-complaint)

All complaints must be submitted in writing, and all complaints shall be investigated without repercussion to you. **You will not be penalized for filing a complaint.**

Revised and approved by the Board of Directors: February 23, 2015