



mountain mind

PRIVACY POLICIES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Mountain Mind respects your privacy. We understand that your personal health information is very sensitive. The law protects the privacy of the health information we create and obtain in providing care and services to you. Your Protected Health Information (PHI) includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services.

Understanding Your Health Record/Information

Each time you visit Mountain Mind a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Your Health Information Rights

The health and billing records we create and store are the property of Mountain Mind. The PHI in it, however, generally belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon written request.
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Mountain Mind is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

DISCLOSURES

In the following situations we may be ethically or legally obligated to use or disclose your personal information without authorization:

- **Serious Threat to Health or Safety:** We may disclose your health information to protect you or others from a serious threat of harm by you.
- **Abuse, Neglect, or Domestic Violence:** If you give us information which leads us to suspect child abuse, neglect, or death due to maltreatment of a child; or that a disabled adult is in need of protective services, we must report such

information to the county Department of Social Services. If asked by the Director of Social Services to turn over information relevant to a child protective services investigation, we must do so.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact our office at **(719) 207-4464**. If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

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

Examples of Disclosures for Treatment, Payment and Health Operations

We will use and share your health information as we:

- Treat you
- 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 workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions