

# HIPAA Notice of Privacy Practices

## Your Information Your Rights Our Responsibilities

Boulder County Public Health (BCPH) respects your privacy. We maintain records containing your protected health information (PHI) that are protected by law. This notice describes how your PHI may be used and disclosed (i.e. shared) and how you can get access to that information in compliance with the Health Information Portability & Accountability Act (HIPAA).

**Please review this notice carefully.**



### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you. You have the right to:

Get an electronic or paper copy of your health information	<ul style="list-style-type: none"> <li>You can ask to see or get an electronic or paper copy of the health information we have about you. Ask us how to do this.</li> <li>We will provide you with a copy or a summary of the health information, usually within 30 days of your request. We may charge you a reasonable, cost-based fee.</li> </ul>
Ask us to correct your health information	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you feel is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we will provide you with an explanation, in writing, within 60 days.</li> </ul>
Request method of confidential communications	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (e.g. home or mobile phone, text message, email, etc.) or to send your mail to a different address. Ask us how to do this.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
Ask us to limit what information we use or share	<ul style="list-style-type: none"> <li>You can ask us to not use or share certain health information about you for treatment, payment, or our health operations. <ul style="list-style-type: none"> <li>We are not required to agree to your request, and we may say “no” if it will affect your care.</li> </ul> </li> <li>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 or our operations with your health insurer. <ul style="list-style-type: none"> <li>We will say “yes” unless a law requires us to share that information.</li> </ul> </li> </ul>
Get a list of who we’ve shared your information	<ul style="list-style-type: none"> <li>You can ask for an accounting (listing) of the times we’ve shared your health information, who we shared it with, and why for up to six years prior to the date of your request.</li> <li>We will include all of the disclosures except those regarding treatment, payment, and health care operations and certain other disclosures (such as any you had asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another copy within 12 months.</li> </ul>

## Your Rights *continued*

Get a copy of this privacy notice

- You can ask us for a paper copy of this notice at any time, even if you've agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices and decisions about your health information.
- We will make sure that the person has the proper authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you feel that we've violated your rights. Contact our Security & Compliance Manager (contact information on page 4).
- You can 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, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference on how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In the following cases, you have both the right and the choice to tell us to:

- Share or restrict information with your family, close friends, or anyone else involved in your care.
- Share your information during a disaster relief or emergency situation.
- Contact you for fundraising or marketing efforts.
- If you are incapable or unable to tell us your preference, we may use our best judgement and share your information that we believe is in your best interests. We may also share your information when it's needed to lessen a serious and imminent threat to health or safety.

In the following cases, we never share your information unless you've given us written permission.

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways to:

Treat you (“Treatment”)	<ul style="list-style-type: none"> <li>We can use your health information to remind you of upcoming appointments or share it with your doctor or other professionals, agencies, or our business associates that have a relationship with you.</li> </ul>	<p><b>Example:</b> Our nurse asks your doctor about your health condition or we are working with other providers to coordinate your care.</p>
Bill for your services (“Payment”)	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and get payment from health plans (e.g. Medicaid) or other entities.</li> </ul>	<p><b>Example:</b> We send your health information to Medicaid so we can be reimbursed for services we have provided to you.</p>
Run our organization (“Health Care Operations”)	<ul style="list-style-type: none"> <li>We can use and share your health information to evaluate our practice, improve your care, and contact you when necessary.</li> </ul>	<p><b>Example:</b> We use your health information to help manage your health care treatment and services.</p>

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research, but we must meet many legal conditions before we can share your information for those purposes. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html). Examples of sharing include:

Assisting with public health and safety issues	<ul style="list-style-type: none"> <li>We can share health information about you for certain situations, such as:               <ul style="list-style-type: none"> <li>Preventing disease.</li> <li>Helping with product recalls or for public health investigations, such as foodborne illness or communicable disease outbreaks.</li> <li>Reporting adverse reactions to medications.</li> <li>Reporting suspected abuse, neglect, or domestic violence.</li> <li>Preventing or reducing a serious threat to anyone’s health or safety.</li> </ul> </li> </ul>
Complying with workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> <li>We can use or share health information about you:               <ul style="list-style-type: none"> <li>For workers’ compensation claims.</li> <li>For law enforcement or legal/court-ordered purposes or with law enforcement or legal officials.</li> <li>With health oversight agencies for activities authorized by law.</li> <li>For special government functions, including military, national security, and emergency preparedness services.</li> </ul> </li> </ul>
Complying with the law	<ul style="list-style-type: none"> <li>We will share information about you if state or federal laws require it, including requests from the U.S. Department of Health and Human Services to ensure that we are complying with federal privacy laws.</li> </ul>
Data sharing, or participating in a health information exchange (HIE)	<ul style="list-style-type: none"> <li>We participate in data-sharing and health information exchanges (HIE) (e.g. Colorado Regional Health Information Organization, CORHIO), to share and coordinate health care services with other health care providers. This can significantly improve the quality and effectiveness of your health, your health care experience, and your well-being.               <ul style="list-style-type: none"> <li>You can opt out of (i.e. stop) or opt back into an HIE at any time.</li> </ul> </li> </ul>

## Our Uses and Disclosures

*continued*

Doing research	<ul style="list-style-type: none"><li>• We can use or share your information to conduct or participate in public health research.</li></ul>
Proof of immunization	<ul style="list-style-type: none"><li>• We can share your immunization information with schools.</li></ul>
Work with medical examiner or funeral director	<ul style="list-style-type: none"><li>• We can share your health information with a coroner, medical examiner, or funeral director in the event of death.</li></ul>
Change of ownership	<ul style="list-style-type: none"><li>• If we transfer or sell our program services with another agency, your health information will become the property of the new provider.<ul style="list-style-type: none"><li>○ You can still request copies of your health information from the new provider.</li></ul></li></ul>

## 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 has occurred that compromises the privacy or security of your protected health information.
- We must follow the duties and privacy practices described in this notice.
- At a minimum, we must give you a copy of our current privacy practices notice when you become a client in one of the programs listed below and upon request thereafter.
- We will not use or share your information other than as described in this notice unless you have given us written permission to do so. You can always change your mind about how we can/cannot share your protected health information by contacting us to request the proper form to complete, or you may tell us, in writing, what changes you wish to make.

For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of This Notice

We may need to change the terms of this notice, and such changes would apply to all protected health information we already have about you. The new notice will be provided to you, upon request, and will be posted in our office and on our website.

**EFFECTIVE DATE:** *September 27, 2022 (as revised)*

Boulder County Public Health (BCPH) is designated as a hybrid entity, per HIPAA. As such, this Notice of Privacy Practices shall only apply to the following BCPH programs:

- GENESIS Program
- GENERATIONS Program
- Immunization Program
- Nurse-Family Partnership (NFP) Program
- Former Addiction Recovery Centers (ARC) Programs for services provided before January 5, 2015.\*  
(\*ARC services transitioned from BCPH to Mental Health Partners [MHP] effective 1/05/2015).

### Contact Information:

*Boulder County Security & Compliance Manager*

*P.O. Box 471, Boulder, CO 80306*

*Phone: 720-289-1234*

*Email: [hipaaofficer@bouldercounty.org](mailto:hipaaofficer@bouldercounty.org)*