



**Eagle County Health Service District  
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.

Contact our Privacy Office to get a copy of our currently effective Notice of Privacy Practices, exercise your rights, file a complaint, revoke an authorization, or to discuss privacy issues. Our Privacy Office can be contacted at:

Veronica Ross  
PO Box 990  
Edwards, CO 81632  
970-926-5270

Effective Date: March 19, 2021

**Protected Health Information (“PHI”)** is any information that directly identifies you (or can reasonably be expected to be used to identify you) that we create or receive relating to your past, present, or future physical or mental health or condition; the provision of health care to you; or, future payment for the provision of health care to you.

The law requires that we maintain the privacy of your PHI, prevent unlawful disclosure of it, and provide you with this Notice of Privacy Practices. We have a duty to abide by the terms of the Notice of Privacy Practices in effect at the time we use or disclose your PHI. This Notice describes your legal rights and the lawful uses and disclosures of your PHI that do not require your written authorization.

**YOUR PRIVACY RIGHTS**

You have the right to access, copy, or inspect your PHI and to receive it confidentially.

You may come to our business office to access, copy, or inspect your PHI that we created and maintain. If you wish, you can contact our Privacy Office to have a form sent to you so you can ask us to provide you a copy of your PHI, sending it confidentially to whatever location you specify (normally sent out within 30 days of receiving your request.)

We may charge you a reasonable fee for copies of your PHI. In limited circumstances we may deny you access to your PHI. If access is denied, we will give you our reason(s) for the denial and a statement of your appeal rights in writing. You have the right to ask to have your PHI amended.

You have the right to ask us to amend your PHI that we created and maintain.

We can deny your request in certain circumstances, such as when we believe the information you ask us to amend is already correct. Amendments will usually be made within 60 days of receiving your request, and we will give you written notice of the amendment.

You have the right to request an accounting of our use and disclosure of your PHI.

You may request that we account for certain uses and disclosures of your PHI made on or after April 14, 2003 and during the six years prior to your request.

We are not required to account for our use or disclosure of your PHI for treatment, payment, or health care operations purposes, when we disclose your PHI to our business associates, or for uses or disclosures you authorized in writing.

You have the right to ask us to restrict our use and disclosure of your PHI.

We are not required to agree to your request but we are bound to any restrictions we do agree to. You will be advised, in writing, of any restrictions we agree to.

If we agree to your request to restrict our use and disclosure of your PHI and your PHI is needed to provide emergency treatment to you, we may still use or disclose it to enable other health care providers or us to provide emergency treatment to you.

You have the right to file complaints.

You have the right to file a written complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

You have the right to obtain a paper copy of our Notice of Privacy Practices.

We may lawfully use and/or disclose your PHI without written authorization and without giving you an opportunity to object to our use and disclosure of you PHI in a variety of circumstances, such as for purposes of treatment, payment, health care operations, and a number of miscellaneous situations provided by federal regulation.

We may lawfully use and/or disclose your PHI for treatment purposes.

We may use and disclose your PHI in connection with providing services to you. We may exchange information with medical personnel such as doctors, nurses, etc., from or to whom we receive or transfer your care. Information may be exchanged in person, by telephone, fax, or by way of written or electronic documents.

We may lawfully use and/or disclose your PHI for payment purposes.

We may use and disclose your PHI in connection with our attempts to get paid for services we provide. We may use and disclose your PHI in bills submitted to insurance companies or health care plan, for management of claims, for medical necessity and/or utilization reviews and hearings, for collection on your bill, or other similar activities.

We may lawfully use and/or disclose your PHI for health care operations.

We may use and disclose your PHI for quality assurance activities, licensing, training programs to ensure our personnel follow applicable procedures, obtaining legal and financial services, conducting business planning, and processing complaints. We may also use your PHI to compile reports that do not, and cannot reasonably be expected to be used to identify you, and then use those reports for various purposes.

We may use your PHI in order to remind you of scheduled services, give you information about other services we provide, ask that you evaluate our services, or give you information about other health-related benefits and services that may interest you.

Since we are not required to have your authorization to use and/or disclose your PHI for purposes of treatment, payment, or health care operation, we will limit use and/or disclosure of your PHI for those purposes only if we have agreed, in writing, to a restriction on our use and/or disclosure of your PHI.

We may lawfully use and/or disclose you PHI for miscellaneous purposes.

We may use and/or disclose your PHI:

- To other health care providers in their treatment of you, obtaining payment for services provided, and in their health care operation.
- For health care fraud and abuse detection or other activities related to compliance with the law.
- To your family members and relatives, close personal friends, or other non-health care providers who are involved in your care if you give verbal consent to do so or if you do not object to disclosure after given an opportunity to object.
  - o We may disclose your PHI if we infer from the circumstances you would not object. For example, we may assume you agree to disclosure of your PHI to your spouse when your spouse is with you when discussing your health information with you.
  - o When you are not capable of objecting to disclosure due to incapacity or a medical emergency, we may, in our professional judgment, determine that disclosure to a family member, relative, or friend is in your best interest. We would only disclose information relevant to that person's involvement in your care, such as your symptoms and treatments we are providing.
- To report births, deaths or diseases, or to report abuse, neglect or domestic violence of a child, adult or handicapped person, as required by law; as part of a public health investigation; to report adverse events such as product defects; or, to notify persons about possible exposure to communicable diseases.
- For health oversight activities such as audits, inspections, disciplinary proceedings, and administrative or judicial actions undertaken by the government (or government contractors) or other regulatory bodies overseeing the health care system.
- For judicial and administrative proceedings required by court or administrative order, or in response to subpoena or other legal process.
- For law enforcement activities in limited situations.
- For national military, defense, security and other special government functions, or to avert serious threat to the health and safety of a person or the public at large.
- For workers' compensation or other insurance purposes to comply with workers' compensation or other insurance laws.

- So that coroners, medical examiners, and funeral directors can identify a deceased person, determine cause of death, or otherwise carry out their authorized duties.
- For research projects subject to strict oversight and approvals with your PHI released only when there is minimal risk to your privacy and adequate safeguards are in place in accordance with the law.
- In a way that does not, and cannot be used to personally identify you.
- In any manner not listed above that is specifically provided for by federal regulation.

We will not use or disclose your PHI other than listed above without written authorization identifying the PHI and the terms of use or disclosure. You may revoke that authorization at any time by providing us a written revocation, except to the extent we (1) already used or disclosed your PHI in reliance on your authorization or (2) are allowed to use or disclose your PHI without your authorization.

THIS NOTICE MAY BE REVISED AT ANY TIME

We reserve the right to revise this Notice at any time without giving you notice of any revision. Revisions will be effective immediately and will apply to all your PHI that we maintain. Any material revisions to this Notice will be posted in our business office.

You may obtain a copy of the Notice of Privacy Practices we have in effect by contacting our Privacy Officer.