NOTICE OF PRIVACY PRACTICES

DOCTORS CARE
Alisa Spilman, Privacy Officer
Effective Date: 3/13/2025

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

A. How This Medical Practice May Use or Disclose Your Health Information
This medical practice collects health information about you and stores it in a chart and on a computer and in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you.

We use health information about you to provide your medical/behavioral health and dental care. We disclose medical/behavioral health/dental information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other medical, behavioral or dental health providers who will provide services that we do not provide by referring you or consultation with these other health care providers. Doctors Care participates in an Organized Health Care Arrangement (OHCA) with AllHealth Network (Arapahoe Douglas Mental Health Network) and may share information with members of the OHCA. The behavioral health provider at Doctors Care may be an employee of AllHealth Network (Arapahoe Douglas Mental Health Network).

The law permits us to use or disclose your health information for the following purposes:

1. Medical/behavioral health information. We may share this information with other health care providers, such as a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

2. Payment. We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

3. Health Care Operations.We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff.Or we may use and disclose this information to get your health plan to authorize services or referrals.We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management.We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us.We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your medical information. We may also share your information with other health care providers, health care

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clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share medical information about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.

4. Appointment/Other Reminders. We may use and disclose medical information to contact and remind you about appointments or health care issues. If you are not home, we may leave this information on your answering machine, email, text or in a message left with the person answering the phone.

5. Sign In Sheet. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

6. Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death.In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts.We may also disclose information to someone who is involved with your care or helps pay for your care.If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances.If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

7. Marketing. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you, provided we do not receive any payment for making these communications We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, recommend that you participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

8. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information to the extent that you revoke that authorization.

9. Required by Law.As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

10. Public Health.We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to:preventing or controlling disease, injury or disability; reporting

child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

11. Health Oversight Activities. We may and are sometimes required by law to disclose your health information to health oversight agencies during audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

12. Judicial and Administrative Proceedings. We may, and are sometimes required by law, to disclose your health information during any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

13. Law Enforcement. As required by law, we may disclose your health information to a law enforcement official for purposes such as identifying of locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

14. Coroners.We may, and are often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

15. Organ or Tissue Donation.We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

16. Public Safety.We may, and are sometimes required by law, to disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

17. Proof of Immunization. We will disclose proof of immunization to a school that is required to have it before admitting a student if you have agreed to the disclosure on behalf of yourself or your dependent.

18. Specialized Government Functions.We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

19. Worker's Compensation.We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

20. Change of Ownership. If this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

21. Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

22. Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to

health oversight activities concerning your psychotherapist, 6) to avert a serious threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

23. Reproductive Health Services. Special protections exist when we receive a request for PHI potentially related to reproductive health care, for any of the following reasons:

    i. Health oversight activities.
    ii. Judicial and administrative proceedings.
    iii. Law enforcement purposes.
    iv. Disclosures to coroners and medical examiners.

    In the above situations, Doctors Care will require a signed attestation from persons requesting PHI that their requests are not for a prohibited purpose.

24. Research. We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

25. Fundraising.We may use or disclose your demographic information, the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status in order to contact you for our fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

26. Bright By 3. At the 4 Month Well Child Check, your child's contact information, your name, and language preference will be shared with Bright By 3, unless you specifically request that Doctors Care does not share this information. Bright By 3 is an early childhood development program. The purpose of the program is to support you in promoting your child's language and social-emotional development before age 3. Their goal is to help you improve your child's future school readiness and performance. A member of Bright By 3 will contact you to discuss your child and opportunities Bright By 3 offers. You may request not to have your information shared during your visit or opt out of the program by contacting Bright By 3 at 303-433-6200.

27. Health Information Exchange. Doctors Care endorses, supports, and participates in electronic Health Information Exchange (HIE) to improve the quality of your health and healthcare experience. HIE provides us with a way to share patients' clinical information electronically securely and efficiently with other physicians and health care providers that participate in the HIE network. Using HIE helps your health care providers to share information and provide you with better care more effectively. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. Doctors Care participates in multiple HIE provider networks. However, you may choose to opt-out of participation in one or all of the HIE providers that Doctors Care partners with, or cancel an opt-out choice, at any time. Information that Doctors Care may access or share with other healthcare providers includes, but is not limited to:

    - Visit information
    - Medical and surgical history
    - Medications, including information about when and where a prescription is filled
    - Demographics information such as your address, phone numbers, language, race, and ethnicity
    - Immunization history
    - Family medical history
    - Labs Diagnostic Imaging Results

28. Colorado Immunization Information System. Doctors Care endorses, supports, and participates in electronic Colorado Immunization Information System (CIIS) to improve the quality of your or your child's health and healthcare experience. CIIS provides us with a way to share patients' immunization information electronically securely and efficiently with other physicians and health care providers that participate in the CIIS network. Using CIIS helps your health care providers identify which immunizations are needed and verify your immunization history. Making your/your child's immunization information available to your health care providers through CIIS can also help reduce your costs by eliminating unnecessary duplication of immunizations. Under Colorado law, you have the option to exclude your/your child's immunization information from the Colorado Immunization Information System at any time.

    - If you change your mind, you can always have your health care provider re-enter your/your child's immunization record into CIIS at a later time.
    - If you choose not to participate in CIIS, you are responsible for keeping track of your/your child's shot record.

    If you wish to Opt out of CIIS please let our staff know and we can help you with this process.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections.You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed.If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request and will notify you of our decision.

2. Right to Request Confidential Communications.You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

3. Right to Inspect and Copy.You have the right to inspect and copy your health information, with limited exceptions.To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format.We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, we will provide your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, as allowed by federal [and state] law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

4. Right to Amend (Change). You have a right to request that we amend your health information that you believe is incorrect or incomplete.You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete.We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial.We may deny your request if we do not have the information, if we did

not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is.If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures.You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 18 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. Right to a Paper or Electronic Copy of this Notice. You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice.After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.]

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the way this office handles a complaint, you may submit a formal complaint to:

Office for Civil Rights-U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, CO 80202
Voice Phone (800) 368-1019

or OCRMail@hhs.gov

The complaint form may be found at:**www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf**.
You will not be penalized in any way for filing a complaint.

F. Use of Clinic Patient Portal (Online Communication)
Doctors Care provides a patient portal for the exclusive use of its established patients. The patient portal is designed to enhance patient/provider communications. We strive to keep all information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify the Privacy Officer immediately. Additionally, by using the patient portal, the user agrees to provide factual information.

The patient portal provides:

1. Medication refill requests
2. Communication of laboratory results from staff to patients
3. Review of patient's medical summary, medication list, treatment history and visit dates
4. Limited communication regarding on-going treatment

The patient portal is not intended to provide internet-based diagnostic medical services.

The following limitations apply:

1. No internet-based triage or treatment will be provided. Diagnosis can only be made and treatment rendered after the patient has been seen by the provider
2. **No emergency communication or services. For emergencies patients should call 911**
3. No request for new or refilled prescriptions of controlled substances will be accepted
4. No requests for medication refills from providers outside of Doctors Care, including prescriptions from Community Partner Providers through the Doctors Care Program, will be accepted.

The patient portal is provided as a courtesy to our valued patients and there is never a fee for participating or accessing your information through the patient portal. However, if abuse or negligent usage of the patient portal persists, we reserve the right at our own discretion to terminate patient portal offering, suspend user access, or modify services offered through the patient portal. The patient portal is provided in partnership with eClinicalWorks, our electronic health record software vendor. The data is provided through a secure connection that meets or exceeds HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. To the extent that it is possible, Doctors Care has undergone rigorous IT implementation and security standards, which meet industry recommendations.

By signing the NOTICE OF PRIVACY PRACTICES, you acknowledge that you have read about the Patient Portal and understand the risks and benefits to online communications. In addition, you agree to adhere to any other instructions or guidelines that Doctors Care may impose for online communication. You further agree to immediately inform Doctors Care if you change your e-mail address, and to keep your password secure. If you have a password breach, you agree to immediately log into the patient portal and change your password, and to notify the Privacy Officer at (303) 730-1313. You may choose to opt-out of participation in the Doctors Care Patient Portal, or cancel an opt-out choice, at any time.

Patient/Client Account#_____

Doctors Care Notice of Privacy Practices

HIPAA is a U.S. law that protects your medical records and other personal information. HIPAA is important because it protects your privacy. Please carefully review the Doctors Care Notice of Privacy Practices as it describes how and when we can share your information and what organizations we partner with to provide your care. This includes CORHIO (Colorado's Health Information Exchange), the Colorado Immunization Information System (immunization record information) and other Health Information Exchanges. By law and Doctors Care policy, this signature page must be updated every year and include a copy of a photo ID.

My signature confirms I have been offered a copy of and that I understand the Doctors Care Notice of Privacy Practices policy. This policy explains how my health information may be used, shared, or obtained by Doctors Care. This includes Doctors Care accessing and sharing health information with outside providers. It also confirms a current copy of the Doctors Care Notice of Privacy Practices is available at each appointment and on the Doctors Care website at www.doctorscare.org.

Patient/Client Name_____ Patient/Client Date of Birth_____

Patient/Parent/Guardian/Client Signature: _____Date: _____

If not signed by the patient/client, please indicate relationship:

☐ Parent or guardian of minor patient/client ☐ Guardian or conservator of an incompetent patient/client

☐ I was provided a copy of the Notice of Privacy Practices and had the opportunity to ask questions. I understand that I have the right to receive a copy of this Notice at any time and that it is available at https://doctorscare.org/newpatients/#NewPatientForms. I choose not to sign or acknowledge receipt of the Notice at this time. *I have been informed of my right to receive a copy of the Notice of Privacy Practices. I understand that refusing to sign this form does not affect my ability to receive care.*

Reason for refusal:
