



Colorado Center for
BONE RESEARCH

Paul D. Miller, M.D. FACP

Colorado Center for Bone Research, P.C.
Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Legal Duty

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all individually identifiable health information (protected health information) used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your protected health information.

Uses and Disclosures of Protected Health Information

Without specific written authorization, we are permitted to use and disclose your protected health care records for the purposes of treatment, payment and health care operations.

Treatment: We may use or disclose your protected health information to another physician or healthcare provider, hospital or clinic to provide, coordinate or manage your health care.

Payment: We may use or disclose your protected health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your protected health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competency or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

In addition, your protected health information may be used to remind you of an appointment (by voicemail message, phone or mail) or provide you with information about treatment options or other health-related services including release of information to friends and family members that are directly involved in your care or who assist in taking care of you. We will use and disclose your protected information when we are required to do so by federal, state or local law. We may release your protected health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donations and transplantation if you are an organ donor. We may use and disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or make disclosure to a person or organization able to help prevent the threat. We may disclose your protected health information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. We may disclose to a correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances. We may disclose your protected health information to federal officials for intelligence and national security activities authorized by law. We may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations. We may release your protected health information for worker's compensation and similar programs.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Patient Rights

You have certain rights with regard to your protected health information, which you can exercise by requesting the appropriate form from our office, completing the form and presenting it for consideration by the Privacy Officer.

You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. We will charge you a reasonable cost-based fee for expenses such as copies and staff time (\$.50 for each page copied and \$14.00 per half hour of staff time). You may also request access by sending us a letter requesting copies of your health information.

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency.

You have the right to request that we communicate with you about your health information by alternative means or to an alternative location. Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location as you request.

You have the right to request that we amend your health information. We may deny your request under certain circumstances.

You have the right to receive a copy of this notice in written form.

We are required by law to maintain the privacy of the protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it. We reserve the right to change our privacy practices and terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effects for all health information that we maintain, including health information we created or received before we made the changes. Revisions to this Notice will be available on the effective date and you may request a written copy of the revised notice from this office at any time.

You have the right to file a formal, written complaint with us at the address below, or with the U.S. Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We support your right to the privacy of your protected health information. We will not retaliate against you in any way if you choose to file a complaint.

For more information about our Privacy Practices, please contact:

Abby Erickson, Business Manager
Colorado Center for Bone Research, P.C.
3190 S. Wadsworth Blvd., #250
Lakewood, CO 80227
303-980-9985



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Patient Receipt of Notice of Privacy Practices

Your signature on this form is verification of your receipt of the Notice of Privacy Practices effective on the date recorded below, provided by the Colorado Center for Bone Research, P.C.

Patient Name (printed): _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Name of Responsible Party (if applicable): _____

Relationship to Patient: _____

Responsible Party Signature (if applicable): _____

Date: _____