

DRUG AND ALCOHOL ABUSE TREATMENT INFORMATION

The confidentiality of alcohol and drug abuse patient records maintained by our programs is protected by Federal law and regulations at 42 CFR Part 2. Generally, we may not say to a person outside a program that a patient attends a program or disclose any information identifying a patient as an alcohol or drug abuser unless:

- The patient consents in writing;
- The disclosure is allowed by court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal alcohol and drug abuse patient records law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program, or about any threat to commit such crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

OTHER USES AND DISCLOSURES REQUIRING YOUR WRITTEN PERMISSION

Except as stated above, we will make other uses and disclosures of your health information only after getting your written permission on an Authorization or Release of Information form. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to do so.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Subject to certain legal limits, you have rights regarding the use and disclosure of your health information, including the rights to:

- Request restrictions on certain uses and disclosures of your health information. We do not have to agree to that request, and there are certain limits to any restriction which will be provided to you at the time of your request.
- Receive confidential communications of your health information. You have the right to request that you receive communications of protected health information by alternative means or at alternative locations.
- Inspect and copy your health information. There are some limitations to this right which will be provided to you at the time of your request if any such limitation applies.
- Request an amendment to your health information. We are not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions which will be provided to you at the time of your request, if relevant, along with the appeal process available to you.
- Receive an accounting of our uses and disclosures of your health information. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization or Release of Information, or disclosures made prior to April 14, 2003.
- Obtain a copy of this Notice of Privacy Practices.

ADDITIONAL INFORMATION

- **Privacy Laws:** We are required by State and Federal law to maintain the privacy of protected health information. In addition, we are required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of the Notice.
- **Terms of the Notice and Changes to the Notice:** We are required to abide by the terms of this Notice, or any amended Notice that may follow. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. When the Notice is revised, the revised Notice will be posted in all service delivery sites and will be available upon request.

QUESTIONS, CONCERNS, AND COMPLAINTS

If you have any questions or concerns about this Notice, or believe your privacy rights have been violated, you may contact any of the organizations listed below:

- To file a complaint with the SummitStone Health Partners, contact the Consumer Advocate at (970)494- 4359. The address is 125 Crestridge Street, Fort Collins, CO 80525.
- To file a complaint with the Health District of Northern Larimer County, contact the Privacy Officer at (970)-224-5209. The address is 120 Bristlecone Street, Fort Collins, CO 80524.
- To file a complaint with the Secretary of Health & Human Services, contact the Office for Civil Rights, U.S. Department of Health & Human Services, 1961 Stout Street, Room 1426, Denver, CO 80294; phone: (303) 844-2024; TDD: (303) 844-3439; fax: (303) 844-2025.
- To file a complaint with Genoa, A QoL Healthcare Company, contact the Pharmacy Administrator at (412) 613-4434. The address is 4900 Perry Highway, Building 2, Pittsburgh, PA 15229.
- To file a complaint with Sunrise or Loveland Community Health Centers, call (970)292-1522. The address is 302 SE 3rd Street #150, Loveland, CO 80538.
- To file a complaint with Estes Park Salud, call the Business Manager at 970-586-9230, or if unable to resolve the issue locally all complaints are referred to the Director of Patient Services, at 303-892-6401. The address is Center Manager, Estes Park Salud, 1950 Redtail Hawk Dr., Estes Park, CO. 80517.
- To file a complaint with the Associates in Family Medicine, contact the Compliance Officer at (970)495- 6201. The address is 3702 Automation Way, Suite 103, Fort Collins, CO 80525.
- To file a complaint with Family Medicine Center, contact the Patient Representative at (970) 495-7346.

WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.

**ACKNOWLEDGEMENT OF
JOINT NOTICE OF PRIVACY PRACTICES**

Name of Patient (Please Print)

Date of Birth

**I hereby acknowledge that I received
the Joint Notice of Privacy Practices.**

Signature of Patient or Patient Representative

Date

(For use when acknowledgement cannot be obtained from the patient.)

The patient presented to **SummitStone Health Partners, the Health District of Northern Larimer County, Salud Family Health Center, Sunrise Community Health Center, Loveland Community Health Center, Family Medicine Center, Associates in Family Medicine, and Genoa, A QoL Healthcare Company** on _____ (date) and was provided with a copy of the Joint Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. However, such acknowledgement was not obtained because:

_____ Client refused to sign.

_____ Client was unable to sign or initial because: _____

_____ The client had a medical emergency, and an attempt to obtain the acknowledgement will be made at the next available opportunity.

_____ Other reason (state here): _____

Signature of Employee

Date