



**EVEXIAS MEDICAL DENVER/DENVER VEIN CENTER
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.

If you have questions about this notice or want more information, please contact: Kristin Davis, HIPAA Compliance Officer, Evexias Medical Denver/Denver Vein Center.

To appropriately treat you, we need to obtain information from you including your full name and address, insurance company, family medical history, current medical history, and current medical condition. We will use and disclose this information and other information we collect in the ways described below. To help you understand how we will use and disclose your information we have put the different uses and disclosures into categories and give examples of each. All of the ways we use or disclose your information will fit into one of the categories listed below, but we cannot list all of the uses and discloses in each category.

We may use and disclose your health information for treatment, payment, and health care operations.

- **Treatment.** We may use and disclose your information to provide you with medical treatment and services. Your information may be disclosed to individuals and facilities providing care to you. These individuals and facilities need your information to provide care, and to coordinate and provide services (such as prescriptions, lab tests)
- **Health Care Operations.** We may use and disclose your information for health care operation purposes. Health care operations includes review of the care you receive for quality assessment, educational, business planning, and compliance plan purposes.

We may disclose and use your health information and you authorize EVEXIAS MEDICAL DENVER/DENVER VEIN CENTER to use and disclose your information for:

- **Appointment Reminders.** We may provide appointment reminders to you. You may request in writing that we send reminders to a confidential or alternative address.
- **Treatment Alternatives.** We may provide you with information about treatment alternatives and other health related benefits and services.

We may also disclose your health information to outside entities without your consent or authorization in the following circumstances:

- **Required by Law.** We disclose information as required by law. For example, we are required to report gunshot wounds to the police.
- **Public Health Purposes.** We disclose information to health agencies as required by law for preventing or controlling disease. Examples are reporting of sexually transmitted, communicable, and infectious diseases.

- **To Prevent a Serious Threat to Health or Safety.** We may disclose information about you to law enforcement or an identified victim to prevent a serious threat to your health or safety or the health or safety of another individual or the public.
- **Research.** Your information may be used by or disclosed to researchers for research approved by a privacy board or an institutional review board.
- **Health Oversight Activities.** Your health information may be disclosed to governmental agencies and boards for investigations, audits, licensing, and compliance purposes.
- **Judicial and Administrative Proceedings.** We may be required to disclose your health information to a court or for an administrative proceeding.
- **Law Enforcement Activities.** We may be required to disclose your information as required by law, pursuant to a court order, warrant, subpoena, or summons.
- **In Emergency Circumstances.**
- **Deceased Individual.** We may disclose information for the identification of the body or to determine the cause of death.
- **Military and Veterans.** If you are a member of the armed forces we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Protective Services for the President and Others.**
- **National Security and Intelligence Activities.** We may release information about you to authorized Federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

We will give you the opportunity to object to the following uses and disclosure of your information:

- **Notification.** We may tell your friends, relatives and other caretakers information which is relevant to their involvement in your care.
- **Disaster Relief.** We may disclose information about you to public or private agencies for disaster relief purposes.

Except as provided above, we will obtain your written authorization prior to disclosure of your information for any other purpose. Specifically, written authorization is required prior to the disclosure of your information:

- **Marketing.** We will not use or disclose your information for marketing purposes, other than face-to-face communications with you or promotional gifts of nominal value, without your written authorization.
- **Sale of Information.** We will not sell your PHI without your written authorization, including notification of the payment we will receive.

Where a disclosure is made under your written authorization, you have the right to revoke the authorization at any time. Revocation of an authorization must be in writing. The revocation is effective as of the date you provide it to EVEXIAS MEDICAL DENVER/ DENVER VEIN CENTER and does not affect any prior disclosures made under the authorization.

If a state or federal law provides additional restrictions or protections to your information, we will comply with the most stringent requirement.

Your Rights

- You have the right to request a restriction on how information about you is used and disclosed. If you want to request a restriction of a use or disclosure of your information, contact your EVEXIAS MEDICAL DENVER/DENVER VEIN CENTER directly or our Privacy Officer at the number listed at the end of this form.
- You have the right to request communications with you be made at an alternative address or phone number. To request that communication be made at a different address or phone number contact EVEXIAS MEDICAL DENVER/DENVER VEIN CENTER directly or our Privacy Officer at the number listed at the end of this form to obtain the form to make your request.
- You have the right to inspect and copy your medical record. To inspect and copy your medical record a request must be made in writing on the form provided by EVEXIAS MEDICAL DENVER/DENVER VEIN CENTER. To obtain a form contact EVEXIAS MEDICAL DENVER/DENVER VEIN CENTER directly or our Privacy Officer at the number listed at the end of this form.
- If you believe the information we have about you is incorrect or incomplete you may request that we amend your medical record. Your request must be made in writing on the form provided by EVEXIAS MEDICAL DENVER/DENVER VEIN CENTER. To request a form contact EVEXIAS MEDICAL DENVER/DENVER VEIN CENTER or our Privacy Officer at the number listed at the end of this form.
- You have the right to receive an accounting of disclosures, a list of individuals and entities that received your health information for reasons other than treatment, payment, or healthcare operations. You may receive one (1) free accounting during a twelve (12) month period. If you request more than one (1) accounting in a twelve (12) month period, you will be charged a fee. To request an accounting of disclosures, contact EVEXIAS MEDICAL DENVER/DENVER VEIN CENTER directly or our Privacy Officer at the number listed at the end of this form.
- You have the right to request a paper copy of this Notice.

Our Duties

- We are required by law to maintain the privacy of PHI and to provide individuals with this Notice of our legal duties and privacy practice regarding health information.
- We are required to notify you if there is a breach of your unsecured PHI.
- We are required to follow the terms of the current Notice.
- We may change the terms of this Notice and the revised Notice will apply to all health information in our possession. If we revise this Notice, a copy of the revised Notice will be posted and a copy may be requested from our Privacy Officer at the number listed at the beginning of this form.

Complaints

If you believe your privacy rights have been violated you may contact:

Kristin Davis, Privacy Officer at (720)625-8043 or the Office of Civil Rights. You will not be penalized for filing a complaint.