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**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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**PRIVACY NOTICE**

**Effective Date: April 14, 2003 (revised January 9, 2015)**

This page describes the type of information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your protected health information and the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this Notice meet your expectations, there is nothing you need to do. If you prefer that we not share information we may honor your written request in certain circumstances described below. If you have any questions about this notice, please contact our [Privacy Officer](#) at the address on the last page.

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**WHO WILL FOLLOW THIS NOTICE**

This notice describes Rocky Mountain Human Services' practices regarding the use of your protected health information and that of:

- Any case management professional authorized to enter information into your master record.
- All programs and services of Rocky Mountain Human Services that you may visit.
- All employees, staff and other personnel who may need access to your information.
- All entities, sites and locations of Rocky Mountain Human Services follow the terms of this notice. In addition, these entities, sites and locations may share protected health information with each other for treatment, payment or health care purposes described in this notice.

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**OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

We understand that protected health information about you and your health is personal. Protecting protected health information about you is important. We create a record of the case management services that you receive through Rocky Mountain Human Services. We need this record to provide you with quality services and supports, and to comply with certain legal requirements. This notice applies to all of records generated or maintained by Rocky Mountain Human Services.

This notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

We are required by law to:

- Keep your protected health information private;
- Give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- Follow the terms of the notice that is currently in effect.

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**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU**

The following categories describe different ways that we may use and disclose protected health information. For each category of uses or disclosures we will try to give some examples. Not every use or disclosure in a category will be listed, or applicable, depending on program or services.

**For Services and Supports.** We may use and disclose protected health information about you to qualified professional personnel of community centered boards, regional centers and other service agencies including boards of directors, and Human Rights committee members to the extent necessary for the acquisition, provision, oversight, or referral for services and supports.

**For Treatment.** We may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, psychologists, therapists, or other health care professionals who are involved in taking care of you. For example, a psychologist providing anger management therapy may need to know what medications you are taking in order to recognize any undesirable side effects. In addition, the psychologist may need to tell your care provider if the medication is not working properly. Rocky Mountain Human Services also may share protected health information about you with other providers from whom you receive treatment or services in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

**For Payment.** We may use and disclose protected health information about you in order to bill for monthly case management, comprehensive and support services, and to obtain reimbursement from the Medicaid fiscal agent, and/or the State of Colorado Developmental Disability Services (DDS). We may also disclose protected health information to your insurance company or a third party for reimbursement of clinical services. For example, DDS may need to know your complete diagnoses in order to justify payment for an assistive device. We may also use and disclose protected health information about you to obtain prior approval or to determine your eligibility for case management, comprehensive and support services.

**For CCB Operations.** We may use and disclose protected health information about you for Rocky Mountain Human Services' operations. This is necessary to make sure that all of our consumers receive quality care and services. For example, we may use protected health information in our review of the services you are receiving to make certain that you are receiving services appropriate to your needs. Your protected health information may be shared with survey reviewers and other accreditation bodies in accordance with current and ongoing operation procedures. We may also disclose information to doctors, psychologists, nurses, technicians, therapists, and other health care personnel or service providers for review and learning purposes. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific consumers are.

**Appointment Reminders.** We may use and disclose protected health information to contact you, your guardian, family

member, service provider, or authorized representative if within his/her scope of authority, as a reminder that you have an appointment for treatment or medical care, Interdisciplinary Team meetings and/or Individualized Plan meetings, or other appointments or meetings.

**Treatment and Care Alternatives.** We may use and disclose protected health information to tell you, your guardian, or authorized representative if within the scope of his/her authority, about or recommend possible treatment or care options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose protected health information to tell you, your guardian, or authorized representative if within the scope of their authority, about health-related benefits or services that may be of interest to you.

**Resource Coordination Directory.** We may include certain limited information about you in a Resource Coordination directory while you are in services with Rocky Mountain Human Services. This information may include your name, residential facility location, and the name of your Resource Coordinator. The directory information is utilized internally by Rocky Mountain Human Services to identify your Service Provider and Resource Coordinator.

**Individuals Involved in Your Care or Payment for Your Care.** We may release protected health information about you to a service provider, guardian, authorized representative, friend, or family member who is involved in your care, to the extent necessary to provide for your care and if access to confidential information is within the scope of their authority. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family, guardian, or authorized representative can be notified about your condition, status and location.

**Governmental Agencies and Programs.** We may release information to the Colorado Department of Human Services, Developmental Disabilities Services, or its designees as deemed necessary to comply with their specific statutory authority. With your permission, we may also provide information to other local, state and federal government agencies, such as Department of Education, Human Services, Vocational Rehabilitation, or the Social Security Administration, in order to determine program eligibility or procure benefits and services for you.

**Protection and Advocacy.** We may disclose confidential information about you to the entity designated as the protection and advocacy system for Colorado, pursuant to 42 U.S.C. 604, when a complaint has been received on your behalf, or if you do not have a legal guardian, or if the state or the designee of the state is your legal guardian.

**Research.** Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the success of a seizure protocol provided to consumers who received one practice to those who received another, for the same condition. All research projects, however,

are subject to a special approval process. This process evaluates a proposed research project and its use of protected health information, trying to balance the research needs with consumer's need for privacy of their protected health information. Before we use or disclose individually identifiable health information for research, the project will have been approved through this research approval process. We may, however, disclose protected health information about you to people preparing to conduct a research project, for example, to help them look for consumers with specific medical needs, so long as the protected health information they review does not leave the agency. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care or service provision.

**As Required By Law.** We will disclose protected health information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Fundraising Activities.** We may use protected health information about you in an effort to raise money for Rocky Mountain Human Services and its operations. We may disclose protected health information to a foundation or consultant related to Rocky Mountain Human Services so that they may raise money for Rocky Mountain Human Services and/or its operations. We only would release contact information, such as your name, address and phone number. If you do not want Rocky Mountain Human Services to contact you for fundraising efforts, you must notify our [Privacy Officer](#) in writing at the address listed on the last page.

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### SPECIAL SITUATIONS

**Organ and Tissue Donation.** If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

**Workers' Compensation.** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose protected health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;

- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** We may disclose protected health information about you in response to a subpoena, discovery request, or other lawful order from a court.

**Law Enforcement.** We may release protected health information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

**Coroners, Medical Examiners and Funeral Directors.** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about consumers to funeral directors as necessary to carry out their duties.

**Protective Services for the President, National Security and Intelligence Activities.** We may release protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

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### OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. Examples of disclosures requiring your authorization include disclosures to your partner, your spouse, your children and your legal counsel.

We also will not use or disclose your health information for the following purposes without your specific, written Authorization:

**Any disclosure of your psychotherapy notes.** These are the notes that your behavioral health provider maintains that record your appointments in notes form with your provider, for the official record, and are not stored with your medical record

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### YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes information from your master record, but will not include psychotherapy notes. If we use or maintain the requested information electronically, you may request that information in electronic format

To inspect and copy protected health information that may be used to make decisions about you, you must contact our [Privacy Officer](#) listed on the last page. You are entitled by law to one free copy of any information contained in your record. If you or other authorized persons request additional copies of this information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another individual chosen by Rocky Mountain Human Services will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. This counter-information is appended to the original documentation and whenever the original documentation is used or disclosed, your amendment will accompany any released copies.

To request an amendment, your request must be made in writing and submitted to our [Privacy Officer](#). In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by Rocky Mountain Human Services;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of protected health information about you.

To request an accounting of disclosures, you must submit your request in writing to our [Privacy Officer](#).

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or case management operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care, like a service provider, family member, guardian, authorized representative, or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment, or;

An exception is that we must agree to a request not to send Protected Health Information to a health plan for purposes of payment or health care operations if you have paid in full for the related product or service (any Opt Out). If we agree to all or part of your request, we will put our agreement in writing and obey it except in emergency situations. We cannot limit uses or disclosures that are required by law

To request restrictions, you must make your request in writing to our [Privacy Officer](#) at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at your residential facility or by mail, or through electronic means (example: e-mail).

To request confidential communications, you must make your request in writing to our [Privacy Officer](#). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**To find out what disclosures have been made.** You may get a list describing when, to whom, why, and what of your Protected Health Information has been disclosed during the past six years. We must respond to your request within sixty days of receiving it. We will only charge you for the list if you request more than one list per year. The list will not include disclosures made to you or for purposes of treatment, payment, health care operations if we do not use electronic health records, or it involves national security, law enforcement, and certain health oversight activities.

**To receive notice if your records have been breached.** RMHS will notify you if there has been an acquisition, access, use or disclosure of your Protected Health Information in a manner not allowed under the law and which we are required by law to report to you. We will review any suspected breach to determine the appropriate response under the circumstances

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: [www.rmhumanservices.org](http://www.rmhumanservices.org)

To obtain a paper copy of this notice, please request one in writing from our [Privacy Officer](#) at the address below.

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### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The effective date is found on the first page of the Notice.

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### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Rocky Mountain Human Services, or with the Office of Civil Rights. To file a complaint with Rocky Mountain Human Services, contact our [Privacy Officer](#) at the address and phone number listed below. All complaints must be submitted in writing. If Rocky Mountain Human Services cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Human Services at the address below.

***You will not be penalized for filing a complaint.***

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### OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

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### PRIVACY OFFICER:

Robert J. Michael, RHIA, CAPM  
Records Information Manager / HIPAA Privacy  
Managed Services Department  
Rocky Mountain Human Services  
9900 E. Iliff Ave., Denver, CO 80231-3462  
P: (303) 636-5848 | F: (303) 636-5648 | TDD: (303) 636-5602  
Email: [bmichael@rmhumanservices.org](mailto:bmichael@rmhumanservices.org)

Office for Civil Rights  
US Dept of Health & Human Services  
1961 Stout St., Room 1185 FOB, Denver, CO 80294-3538  
P: (303) 844-2024 | F: (303) 844-2025 | TDD: (303) 844-3439

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**You will be asked on a separate form to acknowledge that you have received this (your) copy of the Rocky Mountain Human Services Notice of Privacy Practices (NPP) regarding my right to privacy. I understand that I may contact Rocky Mountain Human Services' [Privacy Officer](#) in the event that I have any questions about the Notice or if I have any concerns regarding the use or disclosure of my personal health information.**