

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.

Hollister Healthcare Team is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Hollister Healthcare Team please contact:

Julie Tunney Office Manager, 4190 E. Woodmen Rd Ste 200, Colorado Springs, CO 80920. 719-265-6464

Effective Date of This Notice: April 27, 2009

I. How Hollister Healthcare Team (HHT) may Use or Disclose Your Health Information

HHT collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of HHT, but the information in the medical record belongs to you. HHT protects the privacy of your health information. The law permits HHT to use or disclose your health information for the following purposes:

1. Treatment. HHT may use or disclose your health information for the purpose of providing, or allowing others to provide treatment to you or any other individual. An example would be if your physician discloses your health information to another doctor for the purposes of a consultation. Also, we may contact you with appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

2. Payment. HHT may use and/or disclose your health information for the purpose of allowing this office, as well as other entities, to secure payment for the health care services provided to you. For example, HHT may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for payment for health care services provided to you.

3. Regular Health Care Operations. HHT may use and or disclose your information for the purposes of its day-to-day operations and functions. HHT may also disclose your information to another covered entity to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you or we have a Business Agreement to accomplish a specific task. For example, HHT staff will enter your information into our computer system for scheduling appointments.

4. Information provided to you.

5. 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 in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. 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.

6. Required by law. As required by law, we may use and disclose your health information.

7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child 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.

8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

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

13. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or HHT privacy board.

14. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

15. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits purposes.

16. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

17. Health plan. We may disclose your health information to the sponsor of your health plan.

18. Change of Ownership. In the event that HHT is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When Hollister Healthcare Team May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, HHT will not use or disclose your health information without your written authorization. If you do authorize HHT to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. HHT is not required to agree to the restriction that you requested.

2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. This means that you may, for example, designate that HHT staff contact you only at work rather than at home. To request communications via alternative means or at alternative locations, you must submit a written request. All reasonable requests will be granted.

3. You have the right to inspect and copy your health information. To arrange for access to your records, or to receive a copy of your records, you need to submit a HIPAA compliant records release form and your records will be copied and you will be notified when they are ready for you to pick up.

4. You have a right to request that HHT amend your health information that is incorrect or incomplete. HHT is not required to change your health information and will provide you with

information about HHT denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by HHT, except that HHT does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 15 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

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

Julie Tunney
Office Manager
Hollister Healthcare Team

IV. Changes to this Notice of Privacy Practices

HHT reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, HHT is required by law to comply with this Notice.

V. Complaints

Complaints about this Notice of Privacy Practices or how HHT's handles your health information should be directed to:

Julie Tunney
Office Manager
Hollister Healthcare Team

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

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.