

Digestive Diseases Specialists Pueblo Endoscopy Suites
Notice of Health Information Privacy Practices
Effective Date of this Notice: April 1, 2003

Digestive Diseases Specialists of Colorado (DDS) and Pueblo Endoscopy Suites (PES) are required by law to maintain your personal/medical information and to provide you with this notice of its privacy policies.

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED WITHIN THIS ORGANIZATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE READ THIS CAREFULLY.

Uses and Disclosures:

Treatment: DDS and PES may use your information to provide or coordinate your care. We may disclose all or any portion of your medical information to any of our physicians, other consulting or referring physicians, nurses or nurse practitioners, physician assistants, and other employees who have a legitimate need for such information.

Payment: We may release your information to determine coverage by an insurer for our services, billing and claims processing. This information may be released to an insurance company, third party payor or other organization involved in the payment of your bill. This information may include copies or excerpts of your medical information necessary to receive payment.

Research: Under certain circumstances we may disclose your information within approved clinical studies. Most clinical research studies require specific patient consent; however there may be some cases where a review of your information without patient contact may be conducted by researchers.

Routine operations: We may use and disclose your information during routine operation of the practice. An example of routine operations would be to contact you to remind you of an appointment or to disclose information to transcriptionist, attorneys, or consultants working for our practice. These entities are called "Business Associates." Our practice requires our Business Associates to treat your information in the same manner that we do.

Regulatory Agencies: We may disclose your information to state, local or federal agencies to conduct inspections, audits, or investigations of the practice.

Law Enforcement/Litigation: We may disclose your information for valid law enforcement purposes as required by law or in response to a court order or subpoena.

Public Health: We may disclose your information to public health authorities as authorized by law and related prevention or control of certain diseases.

Worker's Compensation: We may release your information to Worker's Compensation agencies in the event your illness or injury may be related to your work.

Military/ Veterans: If you are a member of the armed forces or a veteran, we may release your information as required by military command authorities.

As Otherwise Required: We may use your information in any situations in which such disclosure is required by law (for example, child or domestic abuse).

Prohibited Uses: We will not disclose your information to persons outside the practice for purposes other than treatment, payment, or healthcare operations without your authorization in writing. If you provide such an authorization to us, you may revoke it in writing at any time, in the future and we will honor that request.

Your Rights to your Health Information: Although all records concerning your treatment are at DDS/PES, are the property of DDS/PES, you have certain rights concerning this information as follows:

Right to Confidentiality: You have the right to receive confidential communication of your health information by alternative means or at alternative locations.

Right to Inspect and Copy: You generally have the right to inspect and receive a copy of your health information from DDS/PES, unless the information is restricted by law or your physician, you will need to make payment for copies of any records we provide.

Right to amend: You have the right to request an amendment or correction to your health information. If we agree that the information is appropriate, we will include that information in your health information.

Right to Accounting: You have the right to obtain a record of disclosures that we make of your health information for other than treatment, payment or routine operation of the practice.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information. We will abide by these requests to the extent that we are able.

Right to Revoke Authorization: You have the right to revoke your prior authorization to release your health information except to the extent action was taken in reliance of your original authorization.

For more information regarding this policy contact Office Manager at 719-543-3500 or 719-546-2500

Changes to this Notice: DDS/PES will abide by the terms of this Notice currently in effect. However, DDS/PES reserves the right to change the terms of the Notice at any time. Any new notice provisions will be effective for all health information from the time that the changes are effective within DDS/PES.