THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: 04/14/2003

NOTICE OF PRIVACY PRACTICES

The Colorado Department of Human Services (CDHS) is required to follow the privacy practices described in this Notice. **We reserve the right to change our privacy practices and the terms of this Notice at any time and apply any changes to our privacy practice to all medical information we have**. If we do so, we will post a new Notice **on this website**. You may request a copy of the new notice from **CDHS Privacy and Security Officer, 1575 Sherman St, Denver CO 80203**.

CONFIDENTIALITY PRACTICES AND USES

CDHS, may access, use and or share medical information for:

- **Treatment -** to appropriately determine approvals or denials of your medical treatment. For example, CDHS health care professionals who may review your treatment plan by your health care provider for medical necessity.
- **Payment -** to determine your eligibility benefits and payment. For example, your health care provider may send claims for payment to the Medicaid fiscal agent for medical services provided to you, if appropriate.
- **Health Care Operations** - to evaluate the performance of a health plan or a health care provider. For example, CDHS contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.
- **Appointments** - CDHS may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fund Raising -** CDHS may use your information to contact you to raise funds for CDHS.

DISCLOSURES NOT REQUIRING YOUR PERMISSION

CDHS can make the following disclosures only if it is directly related to running of the medical assistance programs, a court orders CDHS to disclose the information, or another law requires CDHS to disclose the information.

- **Other Government Agencies and/or Organizations Providing Benefits, Services or Disaster Relief -** to disclose information with other government agencies and/or organizations for you to receive those benefits and/or services offered.
- **Public Health** - to disclose medical information to agencies for public health activities for disease control and prevention, problems with medical products or medications, and victims of abuse, neglect or domestic violence.
- **Health Oversight Activities** - to disclose information to approved government agencies responsible for the Medicaid program, the U. S. Dept of Health and Human Services, and the Office of Civil Rights.
- **Judicial and Administrative Hearings** - to disclose specific medical information in court and administrative proceedings.
- **Law Enforcement purposes** - to disclose specific medical information for law enforcement purposes.
- **Coroners, Medical Examiners, and Funeral Directors** - to disclose specific medical information to authorized persons who need it to administer their work.
- **Organ Donation and Disease Registries** - to disclose specific medical information to authorized organizations involved with organ donation and transplantation, communicable disease registries, and cancer registries.
- **Research Purposes** - in certain circumstances, and under supervision of a privacy board, we may disclose medical information to assist medical/psychiatric research.

DISCLOSURES NOT REQUIRING YOUR PERMISSION continued….

- **To Avert Serious Threat to Health, Safety or Emergency Situation** - to disclose specific medical information to prevent a serious threat to the health and safety of an individual or the public.
- **Specialized Government Functions** - to disclose medical information for national security, intelligence and/or protective services for the President. CDHS may also disclose health information to the appropriate military authorities if you are or have been a member of the U. S. armed forces.
- **Correctional Institutions** - to disclose medical information to correctional facility or law enforcement officials to maintain the health, safety and security of the corrections system.
- **Workers' Compensation** - to disclose medical information to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.
- **Disclosures to Family, Friends, and Others-** CDHS may disclose information to your family or other persons who are involved in your care. You have the right to object to the sharing of this information.

YOUR RIGHTS TO PRIVACY

Your medical information will not be shared and/or disclosed without your permission except as described in this notice or required by law. You may authorize other disclosures by completing an authorization form. You may also retract (in writing) this authorization at any time. CDHS has procedures to assist you with your rights to your medical information. You may ask CDHS staff for a copy of this notice at any time. An electronic copy of this notice is also available on CDHS's web site at *http://www.cdhs.state.co.us/*

Any requests you may have of CDHS **must** be submitted in writing. All required CDHS forms are available at CDHS offices and the CDHS website. You have the right to ask CDHS to:

- Limit the use and/or disclosure of your medical information. However, CDHS is not required by law to agree to your request.
- Contact you by email or fax, at a specific mailing address or phone number.
- Look at or have a copy of any part of the designated record set maintained by CDHS. You may be charged a processing and postage fee for this request.
- Change or add information to your designated record set. However, CDHS may not change its **original** document.

Provide a list of disclosures of your medical information made after April 14, 2003. This will not include disclosures for purposes of treatment, payment, health care operations; or disclosures made to you or with your permission.

If you need more information or feel your that CDHS violated your privacy rights. You may also file a complaint with:

You may contact:
CDHS Privacy Officer
1575 Sherman St
Denver, CO 80203-1714
303-866-5871

DHHS – Office of Civil Rights
1961 Stout St, Rm 1185 FOB
Denver, CO 80294-3538
303-844-2024

No one will punish you for filing a complaint

THIS NOTICE IS AVAILABLE IN BIGGER PRINT UPON REQUEST