

**Highlands Health For Life**  
**Notice of Patient Privacy Practices**  
**(Condensed Version)**

**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.**

**Use and Disclosures**

Highlands Health For Life is permitted to use and disclose your private and confidential health information for treatment, payment and health care operations of the practice. For example, the practice may disclose your protected health information to other physicians to facilitate treatment, and the practice may use health information about you so that the practice may bill and collect payment from an insurance company, health plan, or other third party payor. The practice may disclose your health information to review treatment and services to evaluate performance of practice staff and other management and administrative purposes. In addition, the practice may use or disclose your protected health information, which is incident to a permitted use of disclosure. "Protected Health Information" is information about you that may identify you and relate to your past, present, or future physical or mental health or condition and related health services.

**Use and disclosures requiring an opportunity for you to agree or object:**

The practice may use and disclose your health information in the following instances. In each of these examples, you have the opportunity to agree or prohibit or restrict the use or disclosure. If you are not present or able to agree or object to the use or disclosure, the practice may determine whether the disclosure is in your best interest. Emergency disclosures may also be made- due to your incapacity or emergency treatment situation- if disclosure is consistent with your prior expressed preference and in your best interest as determined by the practice.

**Family Members:** Unless you object, the practice will disclose your health information to a family member, other relative, close friend, or other person you identify; such information disclosed will be directly relevant to such person's involvement with your health care. If you are unable or unavailable to agree or object, the practice may disclose information necessary if the practice determines it is in your best interest. The practice may use or disclose information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or other responsible person for your care, your address or phone number, general condition, or death.

**Disclosures made without your authorization or consent:**

The following is a description of other purposes for which the practice is permitted or required to use or disclose your protected health information without your consent, authorization or your opportunity to object; this is not a complete list of all possible disclosures.

1. By the practice for training or to defend itself in a legal action or other proceeding brought by you.
2. For public health activities, social service or protective service agencies, and to a health oversight agency for oversight activities.
3. In the course of any judicial or administrative proceeding and for law enforcement purposes.
4. For identifying a deceased person, and to organ procurement organizations.
5. As authorized to comply with laws relating to workers' compensation, or similar programs, that provide benefits for workplace injuries.

Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization at any time, provided that the revocation is in writing, except that (i) the practice has taken action in reliance thereon; or (ii) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

**Certain Uses Or Disclosures-** The practice may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Individual Rights-** The following are statements of your privacy rights. In each case, you may exercise these rights by filing a written request to the privacy contact listed below.

- A. You have the right to request restrictions on certain uses and disclosures of your protected health information; the practice is not required to agree to a requested restriction.
- B. You have the right to receive confidential communications of your protected health information.
- C. You have the right to inspect and copy your protected health information.
- D. You have the right to amend your protected health information.
- E. You have the right to receive an accounting of certain disclosures of your protected health information.
- F. You have the right to obtain a paper copy of this notice from the practice.

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**Practice Duties:**

- A. The practice is required by law to maintain the privacy of your protected health information and to provide you with this notice of its legal duties and privacy practices with respect to protected health information.
- B. The practice is required to abide by the terms of the privacy notice currently in effect.
- C. The practice reserves the right to change the terms of its privacy notice and to make the new notice provisions effective for all protected health information that practice maintains. Any such revised notice shall be provided to individuals in the same manner this notice is given.

**Complaints and Contact:** If you believe that your HIPAA privacy rights have been violated, you may make a written complaint by delivery to the practice. You will not be retaliated against if you file a complaint. You should file your complaint at the following address and you may also request further information by written request to:

Whitney Kennedy M.D.  
Highlands Health For Life  
4104 Tejon St.  
Denver, CO 80211

**Effective Date**

This Privacy Notice is effective April 14, 2003.

\*\*\* The Notice of Privacy Practices in its entirety is available upon request.