



6801 S. Yosemite St., Centennial, CO 80112
3260 E. 104th Ave., Thornton, CO 80233
4809 Argonne St., Suite 260, Denver, CO 80249

Office: 303.773.9000
Toll Free: 877.8IMMUNE
Fax: 303.770.1449

Email: info@IMMUNOe.com
Web: www.IMMUNOe.com

HIPPA Compliance Information

IMMUNOe Health Centers has always protected the confidentiality of health information. Today, state and federal laws also attempt to ensure the confidentiality of this sensitive information. The federal government published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals, other health care providers and health plans.

All health information including paper records, oral communications, and electronic formats (such as e-mail) are protected by the privacy rule also provides you certain rights, such as the right to have access to your medical records. However, there are exceptions; these rights are not absolute. We also take precautions in our office to safeguard your health information such as training our employees and employing computer security measures. Please feel free to ask your physician or our office privacy officer about exercising your rights or how your health information is protected in our office.

The Notice of Privacy Practices below explains our privacy practices. It contains very important information about how your confidential health information is handled by our office. It also describes how you can exercise your rights with regard to your protected health information. Please let us know if you have any questions about our Notice of Privacy Practices. You may contact our Office Administrator and Privacy Officer at (303) 773-9000.

USES AND DISCLOSURE OF HEALTH INFORMATION TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

IMMUNOe Health Centers uses and discloses your protected health information for treatment, payment and health care operations. Some examples of when our office may use or disclose your health care information for these purposes include:

- ▶ Sharing test results with other health care providers for confirmation of a diagnosis;
- ▶ Providing your diagnosis or other information about your health to your insurance provider or our billing service to obtain payment for the health care services we provide;
- ▶ Reviewing information as part of our quality improvement program.

OTHER USES AND DISCLOSURES

IMMUNOe Health Centers may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

- ▶ Providing you with information related to your health;
- ▶ Contacting you regarding appointments, information about treatment alternatives, or other health related services;
- ▶ Incidental uses of disclosures (e.g., listing your name on a sign –in sheet, etc.);
- ▶ Compliance with all laws (including reports of suspected abuse, neglect or violence);
- ▶ Providing certain specified information to law enforcement or correctional institutions;
- ▶ Providing information to coroner, medical examiner, funeral director or organ procurement organizations;
- ▶ Public health activities when requested by a public health authority of the FDA;
- ▶ Responding to health oversight agencies;
- ▶ Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful process;
- ▶ Research activities (such as screening charts for possible candidates for Research studies.);
- ▶ When necessary to avert a serious threat to health or safety;
- ▶ Military affairs, veterans affairs, national security intelligence, Department of State, or private disaster relief agencies;
- ▶ Informing a family member, other relative, or close personal friend when:
 - Information is relevant to the individual's involvement with your care;
 - Notification of your location, general condition or death;
 - To assist in your health care (e.g., pick up prescriptions or other documents, note follow up care instructions, etc.).

AUTHORIZAITON FOR OTHER USES

IMMUNOe Health Centers will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization.

YOUR RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

- ▶ Request restrictions on certain uses and disclosures. However, IMMUNOe Health Centers is not obligated to agree to requested restrictions;
- ▶ Receive confidential communications of protected health information;
- ▶ Inspect and copy your protected health information with some limited exceptions:
 - Amend your health information;
 - Receive an accounting of disclosures of your health information;
 - Obtain a copy of this notice.

DUTIES REGARDING THE PRIVACY OR YOUR HEALTH INFORMATION

Subject to limitations outlined by law, IMMUNOe Health Centers has duties related to your protected health information, including:

- ▶ IMMUNOe Health Centers is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to health information;
- ▶ IMMUNOe Health Centers is required to abide by the terms of the privacy notice that is currently in effect;
- ▶ IMMUNOe Health Centers reserves the right to change a privacy practice described in this notice and to make such a change effective for all protected health information. Revised notice will be posted in our office and available on request.

CONCERNS

If you believe your privacy rights have been violated, you may make a complaint by contacting our Office Administrator/Privacy Officer at (303) 770-9000 or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

Signature _____ Date _____

