



Notice of Privacy Practices

8.7408.A:

3. Protected Health Information (PHI)a. Provider Agencies shall have written policies governing access to duplication and dissemination of information from the Member's records in accordance with Section 26-1-144(3), C.R.S. and 42 C.F.R. §164.502.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact Sang Wilson, Privacy Official, at 303-920-9279.

Who will follow this notice?

This notice describes ABLE practices and that of:

- Any care professional authorized to access and/or enter information into your folders.
- All departments and units of ABLE.
- Any member of a volunteer group we allow to help you at ABLE.
- All employees, staff, and other personnel of ABLE.
- All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share information with each other for program, payment, or ABLE operations purposes described in this notice.

Our Pledge Regarding Information

We understand that information about you and your health is personal. We are committed to protecting information about you. We created a record of the care and services you receive at ABLE; we need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by ABLE. Other agencies may have different policies or notices regarding use and disclosure of your information.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information.

We are required by law to:

- Make sure that information that identifies you is kept private.

- Give you this notice of our legal duties and privacy practices with respect to information about you, and follow the terms or the notice that is currently in effect.

As required by law, we will disclose information about you when required to do so by federal, state, or local law.

To avert a serious threat to health or safety:

We use and disclose information about you when we have a “Duty to Report” under state or federal law, because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public health risk:

We will disclose medical information about you for public health reporting required by federal or state law. These activities generally include the following: To prevent or control disease; injury or disability; to report abuse or neglect; to report reactions to medications or problems with products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

To notify the appropriate government authority if we believe a Client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities:

We will disclose medical information as required by law to a health oversight agency for activities authorized by law. These oversight activities include, but is not limited to, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with Civil Rights laws.

Lawsuits and Disputes:

If you are involved in a lawsuit or a dispute, we will disclose medical information about you when properly ordered to do so by a court.

Law Enforcement:

We will release medical information if asked to do so by a law enforcement official, and if permitted by law: In response to a court order; If required by state or federal law; To identify or locate a suspect, fugitive, material witness, or missing person; About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; About a death we believe may be the result of criminal conduct; About criminal conduct at a ABLÉ facility; and In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Protective Services for the President and Others:

We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

How We May Use and Disclose Information About You:

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment:

We may use information about you to provide you with services. We may disclose information about you to doctors, psychologists, nurses, Case Managers, therapists, technicians, medical students, or other ABLE personnel who are involved in taking care of you. Different departments of ABLE also may share information about you in order to coordinate the different services you need. We also may disclose information about you to people outside of ABLE, such as other health care providers involved in providing medical treatment for you and to people who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care.

For Payment:

We may use and disclose information about you so that the services you receive at ABLE, or other health care providers from whom you receive treatment, may be billed to, and payment may be collected from, you, a Community Centered Board (CCB), or a third party.

For Health Care Operations:

We may use and disclose information about you for ABLE operations or to health care providers with whom you have a relationship. These uses and disclosures are necessary to run ABLE and ensure that all of our Clients receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Clients to decide what additional services ABLE should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, Case Managers, therapists, nurses, psychologists, technicians, medical students, and other personnel for review and learning purposes.

Appointment Reminders:

We may use and disclose medical information to contact you as a reminder that you have an appointment.

Treatment Alternatives:

We may use and disclose medical information to tell you about or recommend possible service options or alternatives that may be of interest to you.

Health-Related Benefits and Services:

We may use and disclose information to tell you about services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care:

We may release certain limited information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

SPECIAL SITUATIONS

Coroners, Medical Examiners, and Funeral Directors:

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about Clients of ABLE to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities:

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Your Medical Information

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy medical and/or non-medical information that may be used to make decisions about your care or services with ABLE. Usually, this includes service records, but does not include psychotherapy notes.

To inspect and copy medical and/or non-medical information that may be used to make decisions about you, you must submit your request in writing to Sang Wilson, Privacy Official. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. To review records in-person, a request in writing to Sang Wilson, Privacy Official must be received prior to any attempts to schedule the appointment. A representative from ABLE may be present to ensure the safeguarding of documentation; original documentation should not be removed from the premises or from the file on record. Legal documentation, such as guardianship paperwork

with a court-designation, must be present in the individuals' record prior to the request of review; access may be denied if such documentation is not on record to maintain confidentiality and standards of care. To review records via an electronic source, records will be forwarded using an encrypted service to maintain confidentiality. ABLE is no longer responsible for the safe record-keeping of duplicated sources of material.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to information, under some circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by ABLE will review your request for medical information and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. ABLE reserves the right to redact or deny access to non-medical records in very limited circumstances, which may include, but is not limited due to criminal, illegal or nefarious intent as deemed by ABLE administration. A written record of such a denial will be reviewed by the company President and forwarded to the inquiring party.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for ABLE.

To request an amendment, your request must be made in writing and submitted to Sang Wilson, Privacy Official.

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information kept by or for ABLE;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an "Accounting of Disclosures." This is a list of the disclosures we made of information about you.

To request this list of accounting disclosures, you must submit your request in writing to Sang Wilson, Privacy Official. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost

involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for service, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment session you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency services.

To request restrictions, you must make your request in writing to Sang Wilson, Privacy Official. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Sang Wilson, Privacy Official. We will not ask you the reason for your request. We will accommodate all requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, <http://www.ablecolorado.com/>

To obtain a paper copy of this notice, you may request a copy from any employee of ABLE.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in

the future. We will post a copy of the current notice in each of our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to ABLE for services as a client, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with ABLE or with the Secretary of the Department of Healthcare Policy and Finance. To file a complaint with ABLE, contact Sang Wilson 303-920-9279, for further instructions. All complaints must be submitted in writing.

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

OCR Hotlines-Voice: 1-800-368-1019

We will never retaliate against you for filing a complaint.

Other Uses of Information:

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the service that we provided to you.