



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Terrain Integrative Medicine respects your privacy. We understand that your personal health information is very sensitive. We will not give out your information to others unless you tell us to, or unless the law allows or requires us to do so.

We are required by law to keep your protected health information (PHI) private, to give you this notice, and follow the terms of this notice. We also have the right to change our practices. If we make changes to this notice, you will receive the updated notice upon your next visit. If we change this notice, we will post the revised notice in the waiting area of our office and on our website at www.terrain-med/forms.com.

PHI is any information that includes your personal information, as well as health and billing information. For more information about our privacy practices, or for additional copies of this notice, please contact us.

USING AND RELEASING PROTECTED HEALTH INFORMATION

- **Without your written permission** we have the right to use and share your health information for the following reasons:
 - **Treatment:** Information obtained by a nurse, doctor or other member of our healthcare team, recorded in your medical record, may be used to help decide your future care.
 - **Health Care Operations:** We may use and share PHI for our health care operations, such as quality improvement activities, training programs, accreditation, certification, billing for services, work with a medical examiner or funeral director, address worker's compensation, law enforcement, or other governmental requests, respond to lawsuits and legal actions, licensing or credentialing activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff.
 - **Required or Permitted by Law:** We may share PHI when we are required or permitted to do so by law. For example, we may release PHI to proper authorities if we believe that you are a possible victim of abuse, neglect or domestic violence. We may also share PHI necessary to stop a serious threat to the health or safety of you or others. Other releases could include: public health activities; requests from state or federal agencies; law enforcement; court order or other lawful process; approved research; workers' compensation claims; military or national security agencies, corners, medical examiners and correctional institutions.
- **Without your permission, and you may object.**
 - **Fundraising:** We may use PHI to contact you in an effort to raise money for our operations. We may also release PHI to a foundation that is related to us so that the foundation may contact you in an effort to raise money for its operations. Any fundraising communications with you will include a description of how you may opt out of receiving any further fundraising communications.

6650 Vine St, Suite 120, Centennial, CO 80121
P: 720.502.4191 | F: 720.541.7159

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- **Family and Other Persons Involved in Your Care:** Unless you object, we may share your PHI with a family member, relative, close friend or any other person you identify is involved in your medical care. We may share information to notify the person of your location, general condition or payment related to your care.
- **Disaster Relief Efforts:** We may share your PHI to a public or private entity authorized by law or its charter to assist in disaster relief efforts for coordinating notification of family members of your location, general condition or death.
- **Needs your written permission.**
 - **Psychotherapy Notes:** We must get permission to use or release psychotherapy notes, unless the psychotherapy notes are:
 - By the creator of the psychotherapy notes for treatment purposes.
 - For our own training programs in which mental health students, trainees or practitioners learn to improve their counseling skills.
 - To defend ourselves in a legal proceeding initiated by you.
 - To a health oversight agency for oversight of the creator of the psychotherapy notes.
 - To a coroner or medical examiner.
 - To prevent or lessen a serious and imminent threat to the health or safety of the general public.
 - **Minors:** We will follow Colorado State law when using or sharing PHI of minors. Minors who receive health care services related to HIV/AIDS; STDs; mental health treatment; drug/alcohol testing and treatment; or reproductive health may request that another person receive that information on their behalf. If the minor does not give permission in writing to anyone, we will only release that information to the minor.
 - **Marketing Communications/Sale of PHI:** We must have your written permission before using or sharing PHI for marketing or the sale of PHI, consistent with the related definitions and exceptions set forth in HIPAA.
 - **Other Uses and Releases:** Any requests for information besides those described in this notice will need your written permission. For example, you will need to sign a permission form before we can send PHI to your life insurance company or to your attorney. You may revoke your permission at any time by providing us with written request.

YOUR INDIVIDUAL RIGHTS

- **Right to Inspect and Copy:** You may request to see your medical records or billing records in order to inspect and/or request copies of the records. All requests to view records must be in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the cost of copying and sending records you request.
- **Right to Alternative Communications:** You may request in writing to receive PHI by alternative means of communication or at alternative locations.
- **Right to Request Restrictions:** You have the right to limit PHI we used or share for treatment, payment or healthcare operations. You must request limitations in writing. We are not required to agree to limitations you request, **unless** your request is to limit releasing PHI to a health plan payment or health operations

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that PHI directly relates to a health care item or service that you or another person, or entity on your behalf, paid in full.

- **Right to Accounting Releases:** You may request in writing an accounting of releases of PHI made by using the last six years, subject to certain restrictions and limitations.
- **Right to Request Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
- **Right to Obtain Notice:** You have the right to obtain a paper copy of this notice by submitting a request to us at any time.
- **Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a specific address.
- **Right to Receive Notification of a Breach:** We are required to notify you if we discover a breach of your unsecured PHI, according to requirements under federal law.
- **Questions and Complains:** If you have any questions about your privacy rights, or are concerned that we have violated your privacy rights, you may contact us. You may also file a written complaint with the Director of Office for Civil Rights of the US Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office.
- **For more information:** For more information you can visit the following website:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

CHANGES TO THIS NOTICE

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

DATA BREACH NOTIFICATION

- We will promptly notify you if a data breach occurs that may have compromised the privacy or security of your PHI. We will notify you within the legally required time frame. Most of the time, we will notify you in writing, by first-class mail, or we may email you if you have provided us with your current email address and you have previously agreed to receive such notices electronically. In certain limited circumstances when we have insufficient or out-of-date contact information, we may provide notice in a legally acceptable alternative form.