

# LUTHERAN FAMILY SERVICES OF COLORADO

## NOTICE OF PRIVACY PRACTICES

Effective Date: September 15, 2004

**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.**

### **YOUR HEALTH INFORMATION IS PRIVATE**

Lutheran Family Services of Colorado (LFS) is required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. LFS will abide by the terms of this Notice. We will keep your health information from others who do not need to know it.

### **WHO SEES MY HEALTH INFORMATION?**

We use health information about you for treatment, to obtain payment for treatment from your health plan, for administrative purposes, and to evaluate the quality of care that you receive. Your private health information may be used by the counselors, care managers and caseworkers who take care of you. Your records may be shared with other healthcare providers to whom you are referred to help you get the services you need. We may also use your information to contact you about appointments, to tell you about service alternatives, or to send a consumer satisfaction survey.

Lutheran Family Services of Colorado is required to use or disclose your health information when required by law, and to the Secretary of the United State Department of Health and Human Services, if necessary, to help ensure that your privacy is protected.

### **WHAT IF MY HEALTH INFORMATION NEEDS TO GO SOMEWHERE ELSE?**

In some situations we will ask for you to sign an authorization form allowing your health information to go somewhere else if:

- Your healthcare provider needs to send it to other places
- You want us to send it to another healthcare provider, or
- You want it sent to a family member or another person who legally acts for you.

The authorization form tells us what, where and to whom the information must be sent. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. Your authorization is good until the end of your treatment or until the date that you put on the form. You can revoke or limit the amount of information sent at any time by letting us know in writing, however, we may not be able to agree to all limitations you ask for.

If you are less than 18 years old, your parents or guardians will receive your private health information, **unless by law you are able to consent for your own healthcare treatment.** If you are, then your private health information will not be shared with parents or guardians unless you sign an authorization form. You may also ask to have your health information sent to a different person that is helping you with your healthcare.

## CLIENT RIGHTS

### **MAY I SEE MY HEALTH INFORMATION**

You may see your health information unless it is the private notes taken by a mental health provider or it is part of a legal case. Most of the time you may receive a paper or electronic summary of services if you ask for it in writing. You may be charged a small amount to cover copying and postage costs. Your request to see your information may be denied for some reason, and if it is denied, you have the right to ask in writing for the denial to be reviewed.

If you think some of the information is wrong, you may ask in writing that it be changed or that new information be added. You may ask that the changes or new information be sent to others who have received your health information from us. You may ask for a list of any places where health information about you has been sent, unless it was sent for treatment, payment, quality review, or to make sure we are following the laws protecting your privacy.

### **COULD MY HEALTH INFORMATION BE RELEASED WITHOUT MY AUTHORIZATION?**

When private health information is released without an authorization, it is normally used for Treatment, Payment or Operations (managing our business and reporting to agencies that oversee our business). The release of health information for this purpose is not tracked and we are not accountable to you for it. Any other release made without your authorization is tracked and recorded and you may receive an accounting of it if we receive a request from you in writing.

We may give out health information without your authorization for:

- Public health purposes such as reporting contagious diseases, birth defects, births, deaths, injuries, child abuse or neglect and domestic violence
- Reactions and problems with medicines
- To the government agency that oversees our business for audits and investigations
- To prevent serious threat to your or other's health and physical safety
- Work-related injuries for Worker's Compensation
- Court orders, subpoenas, or other law enforcement needs
- National security activities or to military authorities
- Approved research studies that ensure the privacy of your information.

### **MAY I HAVE A COPY OF THIS NOTICE?**

This notice is yours to keep. If we change anything in it, you will get a new notice in the mail. You can obtain additional copies of this notice by asking your counselor, care manager or caseworker. You can also obtain a more detailed version of the notice by calling Dianne Reyer, the LFS Privacy Officer at (303) 217-5851.

### **WHAT IF I HAVE A QUESTION OR A COMPLAINT?**

If you have questions about this notice, or if you think that we have not protected your private health information and you wish to complain about it, please write to: Privacy Officer, Lutheran Family Services of Colorado, 363 South Harlan Street, Suite 200, Denver, CO 80226-3552. You may also complain in writing to the Secretary of the United States Department of Health and Human Services. **You will not be penalized for filing a complaint.**