



Jewish Family Service

Improving lives. Restoring hope.

NOTICE OF PRIVACY PRACTICES

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 the Privacy Officer at (303) 597-5000. Jewish Family Service provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website: www.jewishfamilyservice.org, calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU: Your protected health information may be used and disclosed by your therapist, our office staff and others outside our office that are involved in your care and treatment and for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and for the operation of Jewish Family Service of Colorado. Following are some examples of the types of uses and disclosures of your protected health care information that Jewish Family Service of Colorado is permitted to make once you have signed the consent form. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office once you provide consent.

- **For Services:** We may disclose your protected health information to staff members, volunteers and other service delivery personnel who are involved in providing you services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose the minimum necessary protected health information to a home health agency that provides care for you. We may also disclose protected health information to other physicians that may be treating you when we have the necessary authorization from you to disclose your protected health information.
- **For Payment:** We may use/disclose minimum necessary protected health information in order to bill and collect payment for our services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, approval for

extended counseling sessions may require that your relevant protected health information be disclosed to the health plan to obtain approval for the payment of these sessions.

- **For Service Operations:** We may use or disclose your protected health information in the course of operating our agency. For example, we may use protected health information for quality assurance activities, employee review activities, training of interns, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we will share protected health information with third party business associates that perform various activities, i.e. billing services for Jewish Family Service of Colorado. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about Jewish Family Service of Colorado. We may use or disclose your demographic information in order to contact you about our fundraising activities and support for Jewish Family Service of Colorado. You may contact our Privacy Officer, to request these materials not be sent to you.

USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION UPON YOUR

WRITTEN AUTHORIZATION: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law, as described below. You may revoke this authorization, at any time, in writing, except to the extent that Jewish Family Service has already taken an action upon your authorization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you wish to object or limit PHI disclosures, we must receive your written request or objection. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your counselor may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

- **Others involved in your healthcare:** Unless you object, we may disclose to a member of your family, a relative or a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest, based on professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- **Emergencies:** We may use or disclose your protected health information about you when necessary to prevent a serious threat either to your specific 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.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT: We may

use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

- **Required by Law:** We may disclose protected health information when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities who monitor compliance with these privacy requirements.
- **Worker's Compensation:** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** Law or public policy may require us to disclose protected health information about you for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. These activities may include the following:
 - to prevent or control disease, injury or disability
 - to report child 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 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:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **For Research Purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose PHI to other agencies in order to assist medical/psychiatric research.
- **Coroners, funeral directors and medical examiners:** We may release protected health information to a coroner or medical examiner. We may also release protected health information to funeral directors as necessary to carry out their duties.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official.
- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

CHANGES TO THIS NOTICE: We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we may receive from you in the future. We will post a copy of the current notice at Jewish Family Service of Colorado, 3201 S. Tamarac Drive; Denver, CO 80231. The notice will contain on the last page, the date of the last revision and effective date. In addition, each time you visit Jewish Family Service of Colorado for treatment or health care services you may request a copy of the current notice in effect.

OTHER USES OF PROTECTED HEALTH INFORMATION: Other uses and disclosures of medical information not covered by this notice or the laws of the State of Colorado will be made only with your written permission, unless those uses can be reasonably inferred from the

intended uses above. If you have provided us with your permission to use or disclose protected health information, 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 care that we provided you. Your revocation of authorization to disclose PHI will not compromise your receipt of services.

CLIENT RIGHTS

THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF JEWISH FAMILY SERVICE OF COLORADO REGARDING THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

You have the right to inspect and copy your protected health information. You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your own medical and billing records, but ***does not include psychotherapy notes***. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed. To inspect or copy your protected health information record, you must submit your request in writing to our HIPAA Compliance Officer. We will respond to your request in 30 days. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other costs associated with your request.

We may deny your request to inspect or copy protected health information in certain very limited circumstances. If you are denied access to protected health information, you may request that our HIPAA Compliance Officer review the denial. Another licensed health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. The recommendation and final decision of the professional and the Compliance Officer will be honored.

You have the right to request a restriction of your protected health information. You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restriction on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

You have the right to choose how we contact you. You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

You have the right to amend your protected health information. If you believe there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine the PHI is (a) correct and complete; (b) not created by us and/or not part of our records; or (c) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

You have the right to find out what disclosures have been made. You have the right to get a list of when, to whom, for what purpose, and what content of your PHI has been released for other instances than that of disclosure for treatment, payment, operations, to you or your family. The list will not include any disclosures made for national security purposes, to law enforcement official or correctional facilities, or before April 14, 2003. We will respond to your written request for such a list within 30 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list per year. There may be a charge for more frequent requests.

You have the right to be notified of a Breach in Privacy. A “breach” is defined as the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain the information. Should such a breach occur, JFS will notify you in the most efficient manner possible and provide information on the steps you may take to protect yourself from further harm as well as the steps JFS is taking to investigate and mitigate harm.

You have the right to receive this notice. You may ask for a paper copy of this notice at any time. If you request an electronic copy via e-mail, you must sign a consent form to allow us to communicate with you in that manner.

COMPLAINTS: If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your PHI, or you disagree with the breach notification process, you may file a complaint with our HIPAA Compliance Officer; Debra Zimmerman, Jewish Family Service of Colorado, 3201 S. Tamarac Drive; Denver, CO 80231, or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing, and all complaints shall be investigated without repercussion to you. **You will not be penalized for filing a complaint.**

HIPAA Compliance Officer (Debbie Zimmerman): Dzimmerman@jewishfamilyservice.org or (303) 597-5000

EFFECTIVE DATE: This notice was published and becomes effective on April 14, 2003.

Revised: November 2009