



Specialty Medicine with Commitment and Compassion
Caring Partners in Health

Notice of Privacy Practices

This notice describes how your health information may be used and disclosed as well as how you may access this information

Please review it carefully

Our Legal Duty

We are required by applicable federal and state 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. This notice takes effect May 1st, 2015 and will remain in effect until updated or replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. The new terms of our notice will be effective for all health information we maintain, including health information that we created or received before we made the changes.

You may also request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Health Information

We may use and disclose your health information for treatment, payment, and healthcare operations. For Example:

Treatment: We may use and disclose your health information to a physician or other healthcare professional providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connections with our healthcare operations. This may include quality assessment and improvement activities, reviewing the competence and qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, and credentialing activities.

Authorization: In addition to our use of your healthcare information for treatment, payment, or healthcare operations, you may give us in writing, your authorization to use your health care information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

Your Family & Friends: We must disclose your health information to you as outlined in the Patient's Rights section of this notice. We may disclose your information to a family member, friend, or other person to the extent necessary to help with your healthcare, but only if you agree that we may do so. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited private health information (PHI) with such individuals.

Other Uses & Disclosures: We may make certain other uses and disclosures of your health information without your authorization. These may include uses and disclosures for/to:

- Purposes required by law.
- Public health activities, such as reporting of disease, injury, and death for public health investigations.
- Reporting to appropriated authorities if we reasonably believe you are a possible victim of abuse, neglect, or domestic violence.



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- Audits, investigations, civil, or criminal proceedings as authorized by law.
- Avert a serious threat to health or safety.
- If you are a member of the military as required by the armed forces services.
- Workers' compensation benefit determination.

Patient Rights

Access: You have the right to inspect or request a copy of your protected health information. Your request must be in writing. Forms are located at the front desk of the clinic. If you request copies, we will charge you a reasonable fee to cover the cost of the supplies and staff time.

Disclosure Accounting: You have the right to receive a list of instances in which we have disclosed your health information for purposes other than treatment, payment, and healthcare operations. Your request must be in writing. The first accounting in any 12-month period is free. Additional requests within the same 12- month period may result in a reasonable fee.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. For example, you may request that we not disclose your PHI to your spouse. Your request must be in writing and describe in detail the restriction you are requesting. We are not required by law to agree to your request, but will accommodate reasonable requests when appropriate.

Request for Confidential Communications: You have the right to request that communications regarding your health information be made by alternative means or at alternative locations. Requests for confidential communications must be in writing and signed by you or your representative.

Amendments: You have the right to request that we amend or correct your health information. We are not obligated to make the amendments but will give the request careful consideration. To be considered, your amendment request must be in writing, be signed by your or your representative, and must state the reason for the amendment/correction.

Complaints: If you believe your privacy right have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. There will be no retaliation for filing a complaint.

For further information: If you have any questions or need further assistance regarding this notice please contact:

Ascent Pain & Injury Specialists

9351 Grant St

Suite 100

Thornton, CO 80229

Phone: 720-598-5468

Effective Date: This notice is effective May 1st, 2015. In the event that this form is updated, the most current copy will be available at <https://www.ascentmc.com/patient-resources/privacy-policy/>.