



## ***Colorado State University Health Network***

### **THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Hartshorn Health Service and University Counseling Center integrated their services in July of 2008 to form the CSU Health Network. Medical and mental health providers work collaboratively to provide comprehensive health care. Information will be shared to the extent appropriate for your care.

The Department of Health and Human Services and CSU Health Network are committed to protecting your health information. The CSU Health Network is required by law to maintain the privacy of your personal health information by the terms of the most current Notice of Privacy Practices, and to provide you with notice of its legal duties and privacy practices with respect to your health information. CSU Health Network reserves the right to change the terms of this Notice of Privacy and to make any new Notice provisions effective for all Protected Health Information (PHI). CSU Health Network will inform patients of changes to this Notice by requesting that all patients read and sign a new and updated Notice of Privacy each time a change in content occurs (at patient's next visit).

### **Confidentiality Practices and Uses**

CSU Health Network may access, use, or share PHI under the following circumstances:

1. **Treatment.** During the course of your care, PHI may be used and disclosed to health care providers as appropriate/necessary to ensure the quality and continuity of your care.
2. **Payment.** We may use and disclose your health information to obtain payment for the services provided to you by us or another provider. We may also disclose information to allow your insurance provider to obtain reimbursement for the provision of health care. 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.
3. **Operation.** We may use or disclose, as needed, your PHI in order to support business activities of the CSU Health Network. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical/counseling students, licensing, and conducting or arranging for other business activities. We will share your PHI with third party business associates (BAs) that perform various activities (e.g., after hours care, billing, transcription) for our practice. Business Associate Agreements are created between our office and BAs in order to protect the privacy of your PHI.
4. **Information Provided Directly to You or Mailed to You.** For example, your provider may give you a copy of your lab results or you may receive a bill sent to your address on file for any outstanding balances.

### **Disclosures Not Requiring Your Permission**

1. **Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your emergency contact, or another person responsible for your care about your location, general condition, or in the event of your death. However, if you are able and available to agree or object, we will give you the opportunity to do so prior to making this notification. If

you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

2. **Required by Law.** As required by law, we may use and disclose your health information. We may disclose your PHI to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness, or missing person, and complying with a court order or subpoena, and other law enforcement purposes.
3. **Public Health.** As required by law, we may disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury, or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the FDA problems with products and reactions to medications, and reporting disease or infection exposure.
4. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
5. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
6. **Deceased Person Information.** We may disclose your health information to coroners, medical examiners, or funeral directors.
7. **Organ Donation.** We may disclose your information to organizations involved in procuring, banking, or transplanting organs and tissues.
8. **Research.** We may disclose your health information to researchers conducting approved research.
9. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent, lessen, or coordinate a response to a serious and imminent threat to the health/safety of a particular person, the campus community, or the general public.
10. **Specialized Government Functions.** We may disclose your health information for military; national security, intelligence, and/or protective services for the President; or prisoner and government benefits, as required by law.
11. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation laws.
12. **Legal Review.** In some instances, your health information may be released pursuant to the Family Educational Rights and Privacy Act (FERPA) under consultation from the Health Network's legal counsel to facilitate campus operations of the Health Network.

### **Disclosures Requiring Your Permission**

1. **Marketing.** We may contact you to provide appointment reminders or give you information about other treatments or health-related benefits and services that might be of interest to you.
2. **Fundraising.** We may contact you to participate in fundraising activities associated with the CSU Health Network.
3. **The sale of PHI.**
4. **The release of Psychotherapy notes.**
5. **Other releases not specified within the Notice of Privacy Practices.**

## Your Rights to Privacy

Except as described in this Notice of Privacy Practices, CSU Health Network will not use or disclose your health information without your written authorization. If you do not authorize CSU Health Network to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. CSU Health Network has procedures to assist you with your rights to your medical information. You may ask CSU Health Network staff for a hard copy of this Notice at any time. An electronic copy of this Notice is also available on our website at <http://health.colostate.edu>.

Any request you may have of CSU Health Network must be submitted in writing, including complaints. All required forms are available in the Medical Records Department. You have the right to:

1. Request restrictions on certain uses and disclosures of your health information. CSU Health Network is not required to agree to the restriction that you requested.
2. Request CSU Health Network to contact you by email or fax, at a specific address or fax number.
3. Inspect (at no charge) and receive a copy of your medical information. If copies are requested, you may be charged for copies made and any associated postage fees.
4. Change or add information to your designated records; however, CSU Health Network may not change the "original" documents.
5. Any accounting of disclosures of your health information made by the CSU Health Network; however, CSU Health Network does not have to account for disclosures related to treatment, payment, healthcare operations, information provided to the patient, specialized government functions, and disclosures authorized by the patient, as stated on the first page of this document.
6. Restrict disclosure of PHI to health plans if the fees required for services are paid in full at the time of service.
7. Notice of Rights in the event of a PHI breach.

## Complaints

If you need more information, have complaints, or feel that your privacy rights have been violated, contact:

Quality Assurance and Compliance Coordinator  
Colorado State University  
Health Network  
8031 Campus Delivery  
Fort Collins, CO 80523-8031

If you are not satisfied with how CSU Health Network handles your concern, you may submit a formal complaint to:

Department of Health and Human Services – Office of Civil Rights  
200 Independence Ave, S.W., Room 509F,  
HHH Building, Washington, DC, 20201

**If you file a complaint, we will not take any action against you or change our treatment of you in any way.**