

Notice of Privacy Practices

HIPAA

What are your rights?

Right to request information about you: You have the right to look at information about you and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care. To request information, submit a written authorization to the Individual Program Coordinator for medical information, and to the Business Office for your billing records. If you request a copy of your information, we may charge you for costs to copy the information. We will tell you in advance what the cost will be. You can view at your record at no cost. The law requires us to keep the original record.

Right to request to amend or supplement information about you which you believe is incorrect or incomplete: If you see information about you and believe that some of the information is incorrect or incomplete, you may ask us to amend your record. To do so, you must submit a written request to the Individual Program Coordinator for medical information changes or to the Business Office for your billing records.

Right to get a list of certain disclosures of information about you: You have the right to request from the Records Department a list of certain information disclosures we made about you. We will provide the first list to you at no charge, but we may charge you for any additional lists you request during a calendar year. We will inform you in advance what this list will cost.

Right to request confidential communications: You have the right to request us to communicate with you in a way that you feel is more confidential. We will accommodate reasonable requests including alternative addresses or alternative means. For example, you can ask us not to call your home, but to communicate only by mail. To do this, submit your written request to the Records Department.

Right to a copy of the Patient Notice of Privacy Practices: You have the right to a paper copy of the Notice at any time. You may obtain a copy of the Notice from our website, www.annecenter.org, or you may obtain a paper copy of the Notice in the Records Department, Home Life Services Nurses' Station or Therapy Services registration office.

Changes to this notice

We may amend or revise our practices concerning how we use or your medical information, or how we will implement your rights concerning your information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all information about you we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices.

Which healthcare providers does this notice cover?

This Notice of Privacy Practices applies to ACCC and its personnel, volunteers, students, and trainees. The Notice also applies to other healthcare providers that come to the Facility to care for you, including physicians, physician assistants, therapists, other health care providers that are not employed by ACCC, emergency service providers, medical transportation companies, and medical equipment suppliers. These health care providers will follow ACCC's guidelines regarding your information. Other health care providers may follow different guidelines at their own offices or facilities.

Do you have concerns or questions?

Contact the Facility Privacy Officer if you have any concerns with or questions about your privacy rights or how ACCC uses or discloses information about you.

If, for some reason, ACCC personnel cannot resolve your concern, you may also file a complaint with the federal government. To file a complaint against ACCC, contact the Regional Offices for Civil Rights at the following address:

Regional Manager
Office of Civil Rights
U.S. Dept of Health and Human Services
1961 Stout Street - Room 1185 FOB
Denver, CO 80294-3538
Voice Phone (303)844-2024
FAX (303)844-2025
TDD (303)844-3439

We will not penalize you or take any retaliatory action against you in any way for filing a complaint with the federal government.

Effective April 14, 2003 • Revised May 2, 2008

This notice describes how medical information about you may be used and disclosed, explains the rights you have concerning your own health information and how you can get access to this information. Please review it carefully.

Meaning of “You” and “We”

In this notice, when "we" is used, it references the ACCC. When "you" is used it references you as an individual and your family and/or guardian.

How will we use and disclose information about you?

Treatment: ACCC may use information about you to provide you with medical services and medical supplies. We may disclose information about you to others that need the information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment and for follow-up care.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that may assist him or her in treating you once you are discharged from ACCC.

Releasing records including Personal Health Information (PHI) by faxing and/or e-mail is discouraged unless transmitting through a secured fax line or e-mail account. Exceptions may be made in extreme cases of emergency on an individual basis. Psychological records are never faxed or e-mailed.

Teaching strategy videos of residents will only be released with your written permission.

Individuals Involved in Your Care or Payment for Care:

ACCC may disclose information about you to a family member or friend who is involved in your medical care and helps pay for your care. If you do not want ACCC to disclose information about you to family members or others, you must indicate in annual consents. In the event of a disaster, we may disclose information about you to help locate a family member or friend in a disaster.

Payment: ACCC may use and disclose information about you to receive payment for the medical services

and medical supplies we provide to you. For example, your health plan or health insurance company may request to see parts of your medical record before they will pay us for your treatment.

Health Care Operations: ACCC may use and disclose information about you, if necessary, to improve the quality of care we provide to students/resident/therapy outpatients or to run the health care operations. We may use information about you to conduct quality improvement activities, to obtain audit, accounting or legal services, licensing and certification activities, or to conduct business management and planning. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Fundraising: Many of our former students and their families and outpatients like to make contributions to a ACCC. An ACCC Foundation representative may contact you in the future to raise money for the Facility. ACCC does not give medical information to the Foundation staff.

Research: ACCC may use or disclose information about you for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your information.

Required by Law: Federal, state, or local laws do NOT require student/guardian/therapy outpatient consent to disclose information which is REQUIRED to be reported. For instance, we are required to report child abuse and neglect, gunshot wounds, etc. Public policy has determined that these types of needs outweigh the student/resident/therapy outpatient's right to privacy. ACCC is also required to give information to the state workers' compensation program for work-related injuries.

Public Health: ACCC also may report certain medical information for public health purposes. For instance, we are required by law to report births, deaths, and communicable diseases to the state. We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product recalls, repairs or replacement.

Public Safety: ACCC may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials or to the court in response to a search warrant or a valid subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the facility. We also may disclose information about you to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: ACCC may disclose medical information to a government or oversight agency that oversees ACCC such as the state's department of health services, or other federal agencies that oversee Medicaid, or licensing agencies who govern physicians and other healthcare professionals.

Funeral Directors: ACCC may disclose health information to funeral directors consistent with applicable laws to carry out their duties.

Organ and Tissue Donation: ACCC may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

Judicial Proceedings: ACCC may disclose medical information in a lawsuit where your health status is an issue. For example, ACCC may be ordered to do so by court order or search warrant.

Information with Additional Protection: Certain types of medical information may have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and court-ordered mental evaluation may be treated differently than other types of medical information. For those types of information, ACCC may obtain your authorization to release this information except as required by law.

Other Uses and Disclosures: ACCC will honor your requests to disclose medical information to others.