

HIPAA Notice of Privacy Practices

Effective March 1, 2019

To our clients: This notice describes how health information about you, as a client of this practice, may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy: Our center is dedicated to maintaining the privacy of your health information. Alternatives Pregnancy Center is required by law to maintain the confidentiality of your health information. Alternatives Pregnancy Center realizes that these laws are complicated, but we must provide you with the following important information.

Use and disclosure of your health information in certain special circumstances

The following circumstances may require us to use or disclose your health information:

Treatment: Alternatives Pregnancy Center may consult with other health care providers regarding your treatment, to coordinate and manage your health care with others. Alternatives Pregnancy Center may disclose protected health information about your treatment to another health care provider.

Cooperating with outside legal entities: Alternatives Pregnancy Center may give your health information: 1)To public health authorities and health oversight agencies that are authorized by law to collect information; 2)To lawsuits and similar proceedings in response to a court or administrative order; 3)If required to do so by a law enforcement official; 4)When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of the public (in this case, health information will be disclosed only to a person or organization able to help prevent the threat); 5)If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities; 6)To federal officials for intelligence and national security activities authorized by law; 7)To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official; 8)For Workers Compensation and similar programs.

Health Care Operations: Alternatives Pregnancy Center may use or disclose protected health information to allow us to improve the quality of care Alternatives Pregnancy Center provides and to reduce health care costs, which may include training programs for our staff.

Your rights regarding your health information

Communications. You can request that Alternatives Pregnancy Center communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that Alternatives Pregnancy Center contact you at home, rather than work. Alternatives Pregnancy Center will accommodate reasonable requests.

You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that Alternatives Pregnancy Center restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. Alternatives Pregnancy Center is not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you.

Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time.

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Official. In accordance with the standards of

implementation specifications of 45 C.F.R. § 164.524, Alternatives may grant an individual access to inspect and obtain a copy of protected health information about the individual in a designated record set. The designated record set that is subject to access by an individual is as follows:

Medical Records

You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Official. You must provide us with a reason that supports your request for the amendment.

Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources: Alternatives Pregnancy Center also uses non-identifying protected health information for the following reasons:

Fundraising and promotional purposes that are directly related to our mission, marketing, internal referral, testimonials, sending newsletters or information unrelated to healthcare and other marketing materials. (You may opt out of this authorization. Special initial authorization is required and attached).

If you have any questions regarding this notice or our health information privacy policies, please contact: Linda Saccomano, Privacy Official, at the following location. If Linda Saccomano is not available, contact Anya Masse.

Alternatives Pregnancy Center, Inc.

1440 Blake Street, Suite 200 • Denver, CO 80202
303-298-8815

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) email or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We use or share your health information in the following ways:

Treat you

We use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Advertising & Promotion

For advertising and promotion, we may use your story and ultrasound images with all identifying information removed or de-identified to protect your privacy.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- **We are required by law to maintain the privacy and security of your protected health information.**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**
- **We must follow the duties and privacy practices described in this notice and you are entitled to a copy of it upon request.**
- **We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

For more information:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.