

NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information

PLEASE REVIEW IT CAREFULLY

At Elevated Community Health, we recognize that your health information is private and confidential. We are fully committed to safeguarding it in accordance with applicable laws and regulations.

Our privacy practices comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). These regulations govern the use and disclosure of protected health information across written, oral, and electronic formats.

This notice outlines the terms under which your health information may be accessed and shared. These practices authorize Elevated Community Health to use your information solely for the purpose of delivering high-quality care and ensuring the best possible health outcomes.

Understanding Your Health Information

Each time you visit Elevated Community Health, an electronic record of your visit is created. This record typically includes identifying information such as your name, symptoms, examination and test results, diagnoses, medications, treatment plans, future care recommendations, and financial details. Collectively, this is referred to as your “health record.”

Your health record serves several essential purposes:

- Enables medical, dental, and behavioral health providers to coordinate and plan your care.
- Allows Elevated Community Health to process payment for services rendered.
- Supports our efforts to evaluate and improve the quality of care we provide.

We are deeply committed to maintaining the confidentiality of your health information. We will not use or disclose your information without your written consent, except as permitted or required by law and as outlined in this notice.

How We Will Use and Share Your Health Information

a. Treatment, Payment, and Health Care Operations. Elevated Community Health may use and disclose your health information to support your care, facilitate payment, and manage our operations effectively.

- **Treatment:** We may share your health information—verbally, in writing, or electronically—with healthcare professionals outside our organization, such as physicians, pharmacists, and hospital staff, to coordinate and deliver your care.
- **Payment:** We may use your information to bill you, your insurance provider, or other third parties for services rendered.
- **Health Care Operations:** We may review your health record to assess the quality of care we provide, improve our services, and ensure compliance with regulatory standards.

b. Organized Health Care Arrangements

- **Elevated Community Health (ECH)** is part of an organized healthcare arrangement that includes other participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of ECH, OCHIN provides information technology and related services to ECH and other participating organizations.

In addition to technical support, OCHIN conducts quality assessment and improvement activities on behalf of its participants. These include coordinating clinical reviews to establish best practice standards,

evaluating the benefits of electronic health record systems, and facilitating collaboration among providers to improve referral management.

Your personal health information may be shared with other OCHIN participants or through a health information exchange when necessary for medical treatment or health care operations within the organized arrangement. Health care operations may include, for example, geocoding your residence to enhance the clinical services you receive.

Shared information may include past, present, and future medical data, as well as other details defined under the Privacy Rules. Any disclosures will be made in accordance with applicable laws and regulations, including amendments to the Privacy Rules.

You have the right to withdraw your consent at any time by submitting a written request. However, any information already disclosed under your prior consent may not be retracted. Upon request, ECH will provide a list of entities to which your information has been shared.

- **CONTEXTURE and Health Information Exchange** As a patient of Elevated Community Health (ECH), your health information is automatically entered into an electronic health information exchange accessible to other authorized healthcare providers. This system enhances the quality and continuity of care by allowing providers to view your health history and make more informed treatment decisions.

Participation in the exchange is voluntary. You may choose to opt out at any time and may opt back in if you change your mind. For assistance with this process, please speak with our front desk staff.

In the event of a breach involving unsecured protected health information, ECH will notify you as required by law. If you have provided a current email address, we may use email to communicate details related to the breach. In certain cases, our business associates may issue the notification on our behalf. Additional notification methods may be used as appropriate to ensure timely and effective communication.

- **Colorado Immunization Information System (CIIS)** you/your child's immunization information is being entered into CIIS, a confidential, secure, statewide immunization registry. You may choose to exclude your/your child's immunization information from the CIIS at any time. Please see your health care provider for further information or visit us at www.ColoradoIIS.com – (1-888-611-9918)

c. Vendors

- Elevated Community Health (ECH) partners with trusted vendors—including MyChart, Feedtrail, Lighthouse, Artera, Text Request, Constant Contact, CoPro, automated scribe technology and other platforms—to enhance your care experience and streamline communication.
- Some interactions with ECH and its providers may be recorded using an automated scribe tool. This technology enables accurate and efficient documentation of your discussions and appointment outcomes. By reducing the need for manual notetaking, it allows your provider to focus more fully on your conversation, ultimately improving the quality of care you receive. You may opt out of automated scribe recording at any time during your appointment by informing your provider.

d. Other Uses and Disclosures Allowed or Required by Law

- Public health activities, disclosures about victims of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, information about deceased persons, organs, eye or tissue donation purposes, research purposes, to avert a serious threat to health or safety, specialized government functions, workers' compensation and when required by law.

e. Limited circumstances We may use or share your health information for the following purposes:

- To people who are involved in your care or who help pay for your care, such as your family, your close personal friends, or any other person chosen by you, to notify of your location, general health, and to assist you in our healthcare (such as to pick up medicine or help with follow-up care)



- To government agencies that oversee our community health center (such as license and certification inspectors).
- To government agencies that have the right to receive and collect health information (such as to control disease outbreaks).
- When we are ordered by a court or judge.
- To workers' compensation programs when your health problem is from a work-related injury.
- When law enforcement requests information (such as to prevent danger or injury).
- To coroners and funeral directors to allow them to carry out their duties.
- To organ donor agencies (subject to applicable laws).
- To research studies that meet all privacy law requirements (such as research to stop disease).
- To avoid a serious threat to the health and safety of others.
- To contact you about new treatments or medicines that may help you.
- To business associates of the community health center that helps us perform required tasks, such as our accountant, computer consultants, and billing companies (only if the business associate agrees in writing to keep your health information confidential as required by law); and
- For any other purpose, required or allowed by law.

Other Uses and Disclosures Requiring Your Written Permission

- For some types of health information, there may be stricter restrictions on our use or disclosure. For example, drug and alcohol abuse treatment information, HIV test results, mental health information, reproductive health, and genetic testing results may be subject to greater protection of your privacy. We may disclose a minor patient's health information to a parent or guardian. Still, we may deny the parents access to the minor patient's health information in some situations which are bound by stricter privacy laws.
- Except as stated above, we will use or share your health information only after getting your written permission on an Authorization/Records Request Form. You may revoke your authorization at any time by notifying us in writing that you wish to do so.

Your Rights Regarding Your Health Information

Subject to applicable legal limitations, you have important rights concerning the use and disclosure of your health information. These rights include the ability to:

- **Request restrictions** on how your health information is used or disclosed for treatment, payment, or health care operations.
- **Receive confidential communications** regarding your health information.
- **Inspect and obtain a copy** of your health record, subject to certain exceptions.
- **Request amendments** to your health information if you believe it is inaccurate or incomplete.
- **Receive an accounting** of disclosures detailing how your health information has been shared, excluding disclosures for treatment, payment, and health care operations.
- **Obtain a paper copy** of this Notice of Privacy Practices, even if you have agreed to receive it electronically.

Questions, Concerns, and Changes to this Notice

If you have any questions or want to discuss any information in this Notice of Privacy Practices, please contact the Compliance Officer at the Elevated Community Health at 970-452-8508 Ext: 1106.

If you believe your privacy rights have been violated and want to report anonymously you can call 888-692-6675, you may file a complaint with Elevated Community Health, or with the Secretary of the Department of Health and Human Services [U.S. Department of Health & Human Services - Office for Civil Rights](#). All complaints must be submitted in writing. **We will not retaliate against you for filing a complaint.**



NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ acknowledge receiving and carefully reading a copy of the Notice of Privacy Practices of
(Printed Name of Patient/Legal Guardian)

Elevated Community Health and further acknowledge that, as of today's date of _____ I have no questions
regarding the Notice of Privacy Practices. (Month/Day/Year)

Patients Full Legal Name: _____ **Patients Date of Birth:** _____

Signature: _____
(Patient/Legal Guardian)

Printed Name of Legal Guardian if applicable: _____

Name of Children	Date of Birth

☐ I **request** a paper copy of the Notice of Privacy Practices for my review.

☐ I **decline** a paper copy of the Notice of Privacy Practices and have no questions.