

NOTICE OF PRIVACY PRACTICES

Privacy notice of Colorado Access and its subsidiaries, New Health Ventures, Inc., Access Diversified Services, Inc., Access Telehealth Holdings, LLC, AccessCare Technology, LLC, and AccessCare Services, LLC, as applicable (referred to in this Notice of Privacy Practices as “us,” “we” and “our”).

If you need this document in another language, large print or on tape, please call Customer Service at 1-800-511-5010 (toll free). TTY/TDD users call 1-888-803-4494.

Si necesita este documento en español, letras grandes, o en un casete, por favor llame a nuestro Servicio del Cliente al 1-800-511-5010 (gratuita). Usuarios de TTY/TDD deben llamar al 1-888-803-4494.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

YOUR INFORMATION

This notice describes how information about you may be used and disclosed and how you can get access to this information. **Please read it carefully.**

Your “health information” includes any information that we create or maintain that can reasonably be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment of that health care. This information can be in oral, written, or electronic form. Some examples of your protected health information include: medical records, claims records, enrollment information, and communications between you and your health care provider about your care.

We also collect “personal information” depending on the product or service you have from us. Examples of personal information we collect include: name, address, telephone number, social security number, date of birth, and financial and transaction history. We collect personal information when you apply for insurance, file a claim, pay premiums, and obtain services from us. We also collect personal information from others, such as health care professionals, other insurers, service providers, our affiliates, and state and federal agencies.

When used in this notice, “information” includes both your health information and your personal information.

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. All requests under this notice, including cancelling and modifying existing requests must be in writing and addressed to the Privacy Official at the contacts listed below.

Get a copy of your health records

- You can ask to see or get an electronic (if we maintain electronic records) or paper copy of your health, medical and claims records 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 records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health records

- You can ask us to correct your health records if you think they are 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) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that health information for the purpose of payment or our operations. We will say “yes” unless a law requires us to share that information.

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 times we’ve shared your health information, 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 per 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, if someone is your legal guardian, or if you have designated someone as your personal representative, that person can exercise your rights and make choices about your health information.
- We will make sure that 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 file a complaint if you feel we have violated your rights by contacting us using the telephone numbers above or by contacting the Colorado Access Privacy Official at:

Colorado Access

Privacy Official

10065 East Harvard Avenue, Suite 600

Denver, CO 80231

Call 720-744-5100

Email privacy@coaccess.com

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, 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 payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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. Please note that we do not create or manage a hospital directory.

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

- Marketing purposes
- Sale of your information
- Psychotherapy notes

OUR USES AND DISCLOSURES

How do we typically use or share your information?

We typically use or share your information in the following ways.

To treat you and help manage the treatment you receive

- We can use your information and share it with other professionals who are treating you.
- We may use or disclose your information to send you reminders about your benefits or care.
- We will disclose substance use disorder treatment records only under limited circumstances subject to the restrictions under federal law.

Run our organization

- We can use and disclose your information to run our organization, manage your treatment and services, improve your care, and contact you when necessary.
- We may use or disclose your information for underwriting purposes, but we are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Pay or bill for your health services

- We can use and disclose your information as we bill and pay for your health services.

Administer your plan

- We may disclose your information to your health plan sponsor for plan administration.

To business associates

We may disclose your information to third parties that perform functions on our behalf, if the information is necessary to perform those functions. Our business associates are required to protect the privacy of your information and are not allowed to use or disclose it other than as permitted in our contract and under applicable law.

HOW ELSE CAN WE USE OR SHARE YOUR INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

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

Help with public health and safety issues

We can share 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 and work with a medical examiner or funeral director

- We can share information about you with organ procurement organizations.
- We can share 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 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
- To the Ombudsman for Medicaid Managed Care, as required by our contracts with the State of Colorado

RESPOND TO LAWSUITS AND LEGAL ACTIONS

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

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected 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 give you a copy of it.
- We restrict access to your information to those employees who need to know the information to perform their job functions.
- We maintain physical, electronic, and procedural safeguards that comply with federal laws to guard your information.
- 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 see:

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, on our web site, and we will mail a copy to you.

Updated: December 4, 2014



coaccess.com
1-800-511-5010



accesshealthco.com
1-855-325-9426