

## Privacy Practices (Summary)

The complete version of Mind Springs Health's Notice of Privacy Practices Pursuant to HIPAA is posted at each of its facilities, is available on its Website, and may be obtained by any patient or prospective patient upon written request. This Notice summarizes Mind Springs Health's Notice of Privacy Practices Pursuant to HIPAA.

Mind Springs Health and its providers collect information about you and create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. Mind Springs Health understands that information about you and your health is personal and we are committed to protecting the privacy of your health and treatment.

There are instances in which we may be permitted or required to use and disclose health and treatment information about you. You should be aware that you have certain rights regarding the use and disclosure of health and treatment information.

### HOW WE MAY USE OR DISCLOSE HEALTH AND TREATMENT INFORMATION ABOUT YOU

We use and disclose health and treatment information about you for the following reasons:

**For Treatment:** We may use or disclose information about you in order to provide you with treatment or other services. We may also disclose information about you to other health care providers to facilitate their treatment of you. We may make such disclosures through Quality Health Networks (QHN), an electronic health information exchange. Substance use disorder information will not be placed on QHN without your consent. Upon admission to or discharge from West Springs Hospital, we will notify your other healthcare providers through QHN without requesting your written authorization (See [Right to Request Restrictions](#) below for more information regarding QHN).

**For Payment:** We may use and disclose health and treatment information about you so that we may bill for the services you receive and collect from appropriate payers or their designated representatives.

**For Health Care Operations:** We may use and disclose health and treatment information about you for the business activities of Mind Springs Health and its providers, which are necessary for administrative functions and ensuring quality care.

**Individuals Involved in Your Care:** We may release health or treatment information about you to a family member actively involved in your care as allowed by Colorado law (CRS 27-65-121 and 27-65-122).

**Research:** Under certain limited circumstances, we may use and disclose health or treatment information about you for research purposes, if you consent to such research.

**Appointment Reminders:** We may use and disclose information to contact and remind you that you have an appointment.

**Health-Related Information or Resources:** We may use and disclose information to contact you in order to tell you about other treatment-related options that may be of interest to you, such as support groups or online self-help resources.

**Substance Abuse Health Information:** The confidentiality of records related to the diagnosis, treatment, referral for treatment, or prevention of alcohol or drug abuse is protected by federal law (42 USC 290dd-3, 42 USC 290ee-3, and 42 CFR part 2).

**HIV Information:** All medical information regarding HIV is kept strictly confidential and is released only in accordance with the requirements of state law (C.R.S. 25-4-1405[2013]).

**Rights of Minors:** All provisions of the Privacy Notice apply to parents, legal guardians, or other persons authorized to act on a minor's behalf, with certain exceptions.

### SPECIAL CIRCUMSTANCES

Federal and state laws allow or require Mind Springs Health and its providers to disclose health or treatment information about you, without your written authorization, in certain special circumstances, including:

**Public Health Risks (Health and Safety for You and/or Others):** We may disclose health information about you for public health activities, when necessary, to prevent a serious threat to your or others' health and safety.

**Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities authorized by law, such as audits, investigations, inspections or licensure.

**Lawsuits, Legal Actions, and Disputes:** If you are involved in a lawsuit or legal action, we may be permitted or required to disclose health information about you in response to a court or administrative order or from a subpoena.

**Law Enforcement:** We may disclose health information about you if asked to do so by a law enforcement official for various reasons.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose information to a coroner or medical examiner.

**National Security and Intelligence Activities:** We may disclose health information about you in national security activities authorized by law.

**As Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care, upon written request. Your request to inspect and copy your information may be denied in certain limited circumstances.

**Right to Amend:** If you feel that any health information we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason supporting your request. We may deny your request for various reasons.

**Right to an Accounting of Disclosures:** You have the right to request an accounting or list of disclosures of health information made about you. To request this accounting, you must make your request in writing to the Mind Springs Health Program Director where you are receiving services.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you, however, Mind Springs Health is not required to comply with your request. Additionally, you have the right to opt-out of having your health information placed on QHN. To exercise this right you must complete the QHN Virtual Health Record Patient Opt-Out Form, located on the QHN website, or contact Client and Patient Advocate, Jenni Stansberry, at 970-683-7114 for more assistance.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain telephone number or address. We will accommodate all reasonable requests.

**Right to a Paper Copy of this Notice:** You have the right to receive a written copy of this Notice.

## OTHER USES

Other uses and disclosures of health information not covered by this Notice or the laws that apply to mental health and substance abuse providers will only be made after you have given your prior written authorization. If you provide us with such a written authorization, you may revoke it, in writing, at any time, and Mind Springs Health will no longer use or disclose information for the reasons covered in your prior authorization. However, when you revoke an authorization, Mind Springs Health is unable to take back disclosures made in accordance with the authorization while it was in effect.

## ASSISTANCE AND COMPLAINTS

If you need assistance, you may ask your clinician, the Program Director, or the Privacy Officer for assistance. If you believe your privacy rights have been violated, you may contact or file a complaint in writing to the Privacy Officer, Mind Springs Health, P.O. Box 40, 6916 Highway 82, Glenwood Springs, CO 81602. You may also contact the Privacy Officer by calling 970-683-7244. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201.

# Notice of Privacy Practice

*This Privacy Notice, effective April 4, 2003, describes how medical, health, and behavioral health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.*

When you receive services from Mind Springs Health (MSH) and its providers collect information about you and create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. MSH understands that information about you and your health is personal. We are committed to protecting health and treatment information about you. This Notice of Privacy Practices applies to all of the records of your care generated or maintained by MSH and its providers, including the following people and organizations:

- Any health care professional who is authorized to enter information in your record.
- Any student or volunteer that we allow to help you while you are receiving services.

This Notice of Privacy Practices tells you about the ways in which we may use and disclose health and treatment information about you. It also describes your rights and outlines certain obligations we have regarding the use and disclosure of health and treatment information. The law requires MSH to:

- Make sure that health and treatment information that identifies you is kept private.
- Make sure that you are given notice of our legal duties and privacy practices with respect to health and treatment information about you.
- Make sure the MSH staff and its contracted providers follow the terms of the notice currently in effect.

## HOW WE MAY USE OR DISCLOSE HEALTH AND TREATMENT INFORMATION ABOUT YOU

The following information describes different ways we use and disclose health and treatment information. If you are receiving services for the evaluation or treatment of substance abuse conditions, specific rules apply to the information related to those services. Please refer to the section entitled Substance Abuse Health Information for those rules.

**For Treatment:** We may use or disclose information about you in order to provide you with treatment or other services. We may also disclose information about you to other health care providers to facilitate their treatment of you. We may make such disclosures through Quality Health Networks (QHN), an electronic health information exchange. Substance use disorder information will not be placed on QHN without your consent. Upon admission to or discharge from West Springs Hospital, we will notify your other healthcare providers through QHN without requesting your written authorization (See Right to Request Restrictions below for more information regarding QHN).

**For Payment:** We may use and disclose health and treatment information about you so that we may bill for the services you receive and collect from appropriate payers, such as Colorado Office of Behavioral Health, Colorado Alcohol and Drug Abuse Division (ADAD), Medicaid, Medicare, Worker's Compensation, health maintenance organizations, insurance companies, or other third parties. For example, we may need to give the agency paying for your care information about the treatment you received in order for them to pay. We may also need to request prior authorization of services to determine whether your insurance or another party will be the responsible payer for treatment services.

**For Health Care Operations:** We may use and disclose health and treatment information about you for the business activities of MSH and its providers. These uses and disclosures are necessary for administrative functions and to ensure that our clients receive quality care. For example, we may use health and treatment information about you to review the performance of clinical staff, to complete audits required by our licensing agencies, or to develop additional clinical services. We may call you or send you a survey asking about your satisfaction with the services we provided. We may disclose information about you to Colorado Office of Behavioral Health or Medicaid, for example, to resolve a complaint or specific treatment issue you have raised.

**Individuals Involved in Your Care:** We may release health or treatment information about you to a family member actively involved in your care as allowed by Colorado law. This information is limited and may only be released when determined to be in your best interests. (CRS 27-65-121 and 27-65-122).

**Research:** Under certain limited circumstances, we may use and disclose health or treatment information about you for research purposes. For example, a research project may involve the care and recovery of all clients who use a particular medication for the same condition. All research projects are subject to special approval. We will always ask for your permission to give a researcher access to your name, address or other information that may reveal who you are. You may participate in the research or not, as you wish, without jeopardizing your care.

**Appointment Reminders:** We may use and disclose information to contact and remind you that you have an appointment for treatment or services.

# Notice of Privacy Practice

**Health-Related Information or Resources:** We may use and disclose information to contact you in order to tell you about other treatment-related options that may be of interest to you, such as support groups or online self-help resources.

**SUBSTANCE ABUSE HEALTH INFORMATION:** The confidentiality of records related to the diagnosis, treatment, referral for treatment, or prevention of alcohol or drug abuse is protected by federal law. (42 USC 290dd-3, 42 USC 290ee-3, and 42 CFR part 2.) Generally, a substance abuse program may not disclose to anyone outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser, unless:

- The client grants authorization for the disclosure, in writing.
- The disclosure is made to a qualified service organization.
- The disclosure is allowed by a court order.
- The disclosure is made in response to a health emergency.
- The disclosure is made to a qualified professional for research, audit, or program evaluation.
- The client commits or threatens to commit a crime at the facility or against any person who works for the treatment program.

Violations of the federal law or regulations by a substance abuse provider are a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs, or to MSH's Privacy Officer. State law requires, and federal law permits, a substance abuse program to report suspected child abuse or neglect to appropriate authorities.

**HIV INFORMATION:** All medical information regarding HIV is kept strictly confidential and is released only in accordance with the requirements of state law. Disclosure of any health information regarding a client's HIV status may only be made with specific written authorization of the client. A general authorization for the release of health information is not sufficient for this purpose. (C.R.S. 25-4-1405[2013]).

**RIGHTS OF MINORS:** All provisions of the Privacy Notice apply to parents, legal guardians, or other persons authorized to act on a minor's behalf, with the exception of:

- A person aged 15 to 18 that has obtained treatment without parental consent. Parents or legal guardians may request information about a minor's mental health treatment but their request may be granted, partially granted, or denied without the minor's permission, if the mental health professional judges it to be in the minor's best interests.
- A minor of any age may consent to substance abuse treatment without their parent's permission. Parents or legal guardians may not have access to a minor's substance abuse treatment information without written authorization from the minor.

## SPECIAL CIRCUMSTANCES

Federal and state laws allow or require MSH and its providers to disclose health or treatment information about you, without your written authorization, in certain special circumstances, including:

**Public Health Risks (Health and Safety for You and/or Others):** We may disclose health information about you for public health activities, when necessary, to prevent a serious threat to your health and safety, or to the health and safety of another person or the general public. These activities generally include the following:

- To avert a serious threat to the health or safety of a person or the public.
- To prevent or control disease, injury or disability.
- To report births or deaths.
- To report child abuse or neglect.
- To report abuse of the elderly or at-risk adults.
- To report reactions to medications.
- To notify people of recalls of medications they may be using.
- To notify a person who may have been exposed to a disease or who may be at risk for contracting a disease.
- When required by law, to inform the appropriate authorities if we believe a client has been the victim of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections or licensure. These activities are necessary for the government to monitor the behavioral health care system, government-funded programs, and compliance with civil rights and other laws.

**Lawsuits, Legal Actions, and Disputes:** If you are involved in a lawsuit or legal action, we may disclose health information about you in response to a court or administrative order received from a judge. If you have filed a complaint or lawsuit against your therapist or MSH, health information about you may be disclosed to resolve the matter.

# Notice of Privacy Practice

**Law Enforcement:** We may disclose health information about you if asked to do so by a law enforcement official for any of the following reasons:

- In response to a court order, warrant, summons, or similar lawful process.
- When limited information is needed to identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization.
- About a death we believe may have been the result of criminal conduct.
- About criminal conduct at any MSH office, in any MSH program, or against a staff member, visitor, or another client.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about clients to funeral directors when necessary to carry out their duties.

**National Security and Intelligence Activities:** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose health information about you to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state.

**As Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. This may be information such as evaluations/assessments, treatment plans, progress notes, and billing information. To inspect or copy your health information, you must submit your request in writing to the Program Director of the MSH location where you are receiving services. You may be charged a reasonable fee for the cost of copying and mailing of your records.

Your request to inspect and copy your information may be denied in certain limited circumstances. In those circumstances, MSH retains the right to withhold information that may be detrimental to your health or safety or to the health or safety of others. If you are denied access to any part of your health information, you may request that the MSH Privacy Officer review the denial. Written instructions on how to initiate the review process will be provided to you at the time of any denial of your access to information.

**Right to Amend:** If you feel that any health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as your health information is kept by MSH. To request an amendment you must submit your request, in writing, to the MSH Program Director where you are receiving services. You must provide a reason supporting your request. We may deny your request if you ask us to amend information that:

- Is accurate and correct.
- Is not part of the health information kept by the MSH or its providers.
- Is not part of the health information that you would be permitted to inspect or copy.
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

**Right to an Accounting of Disclosures:** You have the right to request an accounting or list of disclosures of health information made about you. The list does not include information disclosed for the purposes of treatment, payment or health care operations, and it does not include information disclosed on the basis of a written authorization for release of information signed by you or someone authorized to act for you. To request this accounting, you must make your request in writing to the MSH Program Director where you are receiving services. Your request must state a time frame for the accounting that

- Does not exceed seven years, and
- Does not include dates prior to April 14, 2003.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you, however, MSH is not required to comply with your request. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. To request restrictions or limitations, you must make your request, in writing, to the MSH Program Director where you are receiving services. In your request, you must tell us what information you want to limit, and to whom you want the limit to apply. Additionally, you have the right to opt-out of having your health information placed on QHN. To exercise this right you must complete the QHN Virtual Health Record Patient Opt-Out Form, located on the QHN website, or contact Client and Patient Advocate, Jenni Stansberry, at 970-683-7114 for more assistance.

# Notice of Privacy Practice

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain telephone number or address. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice:** You have the right to receive a copy of this Notice and may ask for one at any time.

## OTHER USES

Other uses and disclosures of health information not covered by this Notice or the laws that apply to mental health and substance abuse providers will only be made after you have given your prior written authorization. If you provide us with such a written authorization, you may revoke it, in writing, at any time, and MSH will no longer use or disclose information for the reasons covered in your prior authorization. However, when you revoke an authorization, MSH is unable to take back disclosures made in accordance with the authorization while it was in effect.

## CHANGES TO THIS NOTICE

MSH reserves the right to change this Notice. We reserve the right to make the updated notice effective for health information we currently have about you, as well as for future information we receive. MSH will post a copy of the current notice in each office location and on its website. The Notice will contain the effective date. MSH will make you aware of any revisions by posting a revised notice in all of the above-referenced locations.

## ASSISTANCE

If you need assistance to understand this Notice or your rights, or if you need assistance in filing requests, you may ask your clinician, the Program Director, or the Privacy Officer for assistance.

## COMPLAINTS

If you believe your privacy rights have been violated, you may contact or file a complaint in writing to the Privacy Officer, Mind Springs Health, 515 28 · Rd. Bldg A, Grand Junction CO 81501. You may also contact the Privacy Officer by calling 970-683-7244. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Mind Springs, Inc.	
Policy and Procedure	
Policy name:	<b>HIPAA: Privacy Notice Policy</b>
Policy number:	<b>180-00-05</b>
Proponent:	<b>Director of Quality and Compliance</b>
Company:	<input checked="" type="checkbox"/> Mind Springs, Inc. <input checked="" type="checkbox"/> West Springs Hospital, Inc. <input checked="" type="checkbox"/> Mind Springs Health, Inc. <input checked="" type="checkbox"/> Mind Springs Asset Management, LLC <input checked="" type="checkbox"/> Health Services Program, Inc.
Statutes/Standards:	<input type="checkbox"/> CARF: <input type="checkbox"/> OBH ADAD: <input type="checkbox"/> CDPHE: <input type="checkbox"/> JC: <input type="checkbox"/> CMS: <input checked="" type="checkbox"/> HIPAA: <input checked="" type="checkbox"/> CRS: <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> OBH MH:

**Purpose**

Minds Spring, Inc. (MS) in an effort to be compliant with the Privacy Rules of HIPAA’s Administrative Simplification provisions, sets out, in this policy, the conditions for providing notice to clients of our privacy practices.

**SCOPE**

All employees of Minds Springs, Inc.

**DEFINITIONS**

**Authorization** – A signed written document by the client authorizing use or disclosure of their PHI.

**PHI**-Protected Health Information

**Use**- The use of PHI within the organization; continuity of care, treatment team staffing, etc.

**Disclosure**-Releasing, transferring, allowing access to PHI outside of the organization.

**RESPONSIBILITIES**

All employees are responsible to know and abide by all MS HIPAA Privacy Policies.

**Policy**

MS, INC. will post a copy of our Privacy Notice, in English and Spanish, in a prominent position at each service location. We will give each client a copy of the Notice no later than his or her first treatment service or upon hospital admission. Additional copies of the Notice will be made available to clients upon their request. Any client who is unable to read the Privacy Notice can request that the Notice be read to them.

We will obtain a written acknowledgment of receipt of the Privacy Notice from each client or client representative no later than his or her first service or hospital admission. Should we fail to obtain the

written acknowledgment, we will document the good faith effort we made to obtain the acknowledgement and the reason we were unable to obtain it.

The Privacy Notice reflects the privacy practices in place at this time in our agency. We will make changes to the privacy practices when there have been changes in the Privacy Rule or our internal practices.

MS, INC.'s Privacy Notice will conform to the content specified in the Privacy Rule. At the present time, this content is as follows:

1. Header:

“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.”
2. A description, including sufficient detail to place the client on notice, and at least one example of the types of uses and disclosures for each of the following purposes – treatment, payment, and health care operations.
3. A description, including sufficient detail to place the client on notice, of each of the other purposes a covered entity is either required or permitted to use or disclose PHI without the individual’s written consent or authorization.
4. A description of any prohibitions or material limitations required by more stringent law (substance abuse information and HIV status).
5. A statement that other uses and disclosures will be made only with the client’s written authorization and that such authorization may be revoked.
6. A statement that MS, INC. will contact the client to provide appointment reminders or information about treatment alternatives, or other health-related benefits and services that may be of interest;
7. A statement of the client’s rights with respect to uses and disclosures of PHI and a description of how they may be exercised including:
  - a. The right to request restrictions – including a statement that MSH, INC is not required to agree to such a restriction;
  - b. The right to receive confidential communications of PHI;
  - c. The right to inspect and copy PHI;
  - d. The right to amend PHI
  - e. The right to receive an accounting of any disclosures of PHI made without authorization; and
  - f. The right to obtain a paper copy of the Privacy Notice upon request.
8. A statement about MS, INC.’s duty to:
  - a. Maintain the privacy of PHI and to provide clients with notice of its legal duties and privacy practices relative to PHI;
  - b. Abide by the terms of the privacy notice currently in effect; and
  - c. When retroactively applying a change in the notice, to provide a statement that it reserves the right to change the terms of its notice and to make the new notice effective for all PHI it maintains; and how it intends to provide clients with a revised notice.



9. A statement that clients may complain to either MSH, INC or DHHS if they believe their rights have been violated; a brief description of how to file a complaint; and a statement that there will be no retaliation against the client if a complaint is made.
10. The name, title, and telephone number of the person or office designated as responsible for receiving complaints and providing additional information.
11. The date on which the notice is first in effect, which may not be earlier than the date on which the privacy notice is printed or otherwise published.

Revision of our privacy practices may only occur after deliberation by the Privacy Officer and the Quality Improvement Committee. Any changes arising from the revision process will be incorporated into the Privacy Notice and distributed to clients before those practices are effective.

### **Procedures**

1. The Privacy Officer, in consultation with the Quality Improvement Committee and/or agency counsel, will develop the Privacy Notice. The Privacy Officer will present the Privacy Notice to the Quality Improvement Committee.
2. The Quality Improvement Committee must approve the Privacy Notice.
3. The Privacy Notice in effect at any time will be the notice attached to this policy.
4. On at least an annual basis, the Privacy Officer will review the current version of the Privacy Notice with respect to changes in the Privacy Rule or internal practices and recommend modifications to the Quality Improvement Committee.
5. All staff members of the agency are responsible for reading and understanding the Privacy Notice and the practices and procedures staff must follow to comply with the federal Privacy Rule and our Privacy Notice.
6. Any employee who believes that MS, INC., an employee, a contractor, or a business associate is not complying with the Privacy Rule or our Privacy Notice must report those concerns to the Privacy Officer.
7. All employees will be trained on the privacy practices of the agency, including all practices outlined in the Privacy Notice.
8. New employees will have training on the privacy practices of the agency in the orientation program.
9. Current employees will receive training in conjunction with the agency's training on the Privacy Regulations. If and when the Privacy Notice is modified, all employees will receive notice of any changes, a description of any operational changes that must be implemented in order to comply with the changes to the Privacy Notice, and information on how their day-to-day work will change as a result.
10. The Privacy Notice will be clearly and prominently displayed in the waiting room at every MSH, INC location.
  - a. Paper copies of the Privacy Notice will be available to any person who requests one. A person may request a copy be sent to them by mail or by email.

- b. Each new client must receive a copy of the Privacy Notice prior to receiving any services from us.
11. New clients enrolling for services will be given a copy of the Notice at the first non-emergency contact along with all other enrollment materials. We will attempt to obtain written acknowledgement from the client or their representative of their receipt of the Notice.
12. If the first contact with a client is a face-to-face emergency service, the client will be offered a copy of the Privacy Notice, and we will attempt to obtain written acknowledgement from the client or their representative of their receipt of the Notice. If the client declines to provide written acknowledgement of receipt of the Privacy Notice, we will document the lack of acknowledgement in the client's record.
13. If a client does not sign the written acknowledgement of their receipt of the Privacy Notice, the responsible staff person should discuss their reasons for not signing and should document both the effort to get the written acknowledgment and the reason for not obtaining it on the Acknowledgement of Receipt of Privacy Notice. This note should be dated and signed.
14. For minor clients under the age of 18 whose parents or other persons legally authorized to act on their behalf consented to their treatment, the Privacy Notice must be given to the parent or legal custodian.
15. Clients aged 15 to 18 who obtain treatment without the consent of parents or others authorized to act on their behalf will be given a Privacy Notice.
16. The Privacy Notice is written in plain language in order to make sure that clients understand our privacy practices. A different method for informing the client about our privacy practices may be needed for some clients. If so, MS, INC. will offer clients the following alternatives:
  - a. Clients who cannot read and comprehend the Privacy Notice as written should be offered the opportunity to have the Notice read to them by a staff person or by a relative or friend.
  - b. The Privacy Notice will be available in Spanish.
17. Client questions about the Privacy Notice should be answered promptly and completely. If a staff person is unable to answer a question, the client should be directed to the Privacy Officer for additional information.
18. The Privacy Notice allows the agency to modify or change its privacy practices, but we must give all clients appropriate notice of the changes we plan to make.
  - a. Each version of the Privacy Notice will have an effective date prominently displayed on the first page.
  - b. The Privacy Notice will be posted on the MS, INC. Intranet and Internet websites.
  - c. Upon revision, copies of the revised Notice will be sent to the Quality Improvement Representative for each service location at least 30 days prior to its effective date.
  - d. The Quality Improvement Representative for each site is responsible for ensuring that all old copies of the Notice are destroyed prior to the effective date of the new Notice, and that copies of the new Notice are in place the day of the effective date of the new Notice.
  - e. The Quality Improvement Representative will issue an Official Notice to all program staff informing them of the revised Notice and the instructions for replacing all prior versions of the Notice contained in their office inventories.

- f. The new version of the Notice will be provided to the MS, INC. website manager to post on the Internet website and the Intranet website, in order to be included in our electronic forms database.
- g. Copies of the new version of the Privacy Notice will be made available to clients upon request at least 10 days before the effective date.

**REFERENCES:**

CFR 45 Part 160-General Administrative Requirements

CFR 45 Part 162-Administrative Requirements

CFR 45 Part 164-Security and Privacy

C.R.S 25-4-1405

C.R.S. 27-65

Federal Confidentiality Law 42 CFR Part 2

Freedom of Information Act

5 U.S.C. 552a The Privacy Act of 1974

42 USC 290dd-3

42 USC 290ee-3

**STANDARDS FROM CFR 45 164 Subpart E**

§ 164.502 Uses and Disclosures of protected health information

§ 164.506 Uses and Disclosures to carry out treatment, payment and operations

§ 164.508 Uses and Disclosures for which an authorization is required

§ 164.510 Uses and Disclosures requiring an opportunity for the individual to agree or object

§ 164.512 Uses and Disclosures for which an authorization or opportunity to agree or object is not required

§ 164.514 Other requirements relating to uses and disclosures of PHI

§ 164.520 Notice of Privacy Practices for PHI

§ 164.522 Rights to request privacy protection for protected health information

§ 164.524 Access of individuals to protected health information

§164.526 Amendment of protected health information

§ 164.528 Accounting of disclosures of protected health information

§ 164.530 Administrative requirements

§ 164.532 Transition provisions

§ 164.534 Compliance Dates for initial implementation of the privacy standards