



Rocky Mountain  
Center for Reproductive Medicine PC

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Board Certified Reproductive Specialist

**NOTICE OF PRIVACY PRACTICES**  
**Effective September 7, 2016**

**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.**

**WHO WILL FOLLOW THIS NOTICE**

Rocky Mountain Center for Reproductive Medicine, P.C. ("RMCRM" or "We") offer health care services that are covered by the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations. This notice describes the information privacy practices that We follow and applies to any Protected Health Information (as defined below) that We prepare, receive or maintain concerning your health, health status, and the health care and services you receive from us.

**YOUR HEALTH INFORMATION**

We are required by law to give you this notice and to preserve the privacy of the Protected Health Information which We maintain. This notice will tell you about the ways in which We may use and disclose your Protected Health Information and describes your rights and our obligations regarding the use and disclosure of that information. This notice does not apply to any information which is not Protected Health Information or which We do not prepare, receive or maintain. We will observe the confidentiality of such other information as required by law and will abide by the then-current notice.

**DEFINITIONS**

Protected Health Information (PHI): Individually identifiable health information that is transmitted or maintained in any form or medium by us.

Individually Identifiable Health Information: Any information, including demographic information, collected from an individual that 1) is created or -received by us; and 2) is related to the past, present, or future physical or mental health or condition of the individual, or the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual which a) identifies the individual, or b) there is reasonable basis to believe that the information can be used to identify the individual.

Use (with Respect to PHI): The sharing, employment, application, utilization, examination, or analysis of such information by us.

Disclosure: The release, transfer, provision of access to, or divulging in any other manner of PHI outside of our organization.

**HOW WE MAY USE AND DISCLOSE YOUR PHI**

**A. GENERAL USE AND DISCLOSURE**

**For Treatment**

We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

We may share information about you and disclose information to people who do not work for us in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab

work and ordering X-rays. Family members and other health care providers may be part of your medical care outside our organization and may require information about you that We may possess.

#### **For Payment**

We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, We may need to give Medicare information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

#### **For Health Care Operations**

We may use and disclose PHI about you in order to provide its services and make sure that you and other patients receive quality care. For example, We may use your PHI to evaluate the performance of our staff in caring for you. We may also use PHI about our patients to help us decide what additional services We should offer, how We can become more efficient, or whether certain new treatments are effective.

### **B. SPECIAL SITUATIONS WHEN YOUR PERMISSION IS NOT REQUIRED**

We may use or disclose PHI about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

#### **To Avert a Serious Threat to Health or Safety**

We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

#### **As Required by Law**

As required by law, We will use and disclose your health information, but We will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, We will further comply with the requirement set forth below concerning those activities.

#### **Research**

We may use and disclose PHI about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

#### **Organ and Tissue Donation**

If you are an organ donor, We may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

#### **Military, Veterans, National Security and Intelligence**

If you are or were a member of the armed forces, or part of the national security or intelligence communities, We may be required by military command or other government authorities to release PHI about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

#### **Public Health Risks**

We may disclose PHI about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

#### **Health Oversight Activities**

We may disclose PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws. We may also

disclose PHI for inspection by the Food and Drug Administration and our contracted regulatory consultants.

**Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, We may disclose PHI about you in response to a court or administrative order. Subject to all applicable legal requirements, We may also disclose PHI about you in response to a subpoena subject to applicable legal requirements.

**Law Enforcement**

We may release PHI if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Coroners, Medical Examiners and Funeral Directors**

We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**Information Not Personally Identifiable**

We may use or disclose PHI about you in a way that does not personally identify you or reveal who you are.

**Proof of Immunization**

We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.

**Workers' Compensation**

We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, We will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

**Family and Friends**

We may disclose PHI about you to your family members or friends if you agree to the disclosure or if you are given an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose PHI to your family or friends if We can infer from the circumstances, based on our professional judgment that you would not object. For example, We may assume you agree to our disclosure of your personal PHI to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), We, using our professional judgment, may determine that a disclosure to your family member or friend is in your best interest. In that situation, We will disclose only PHI relevant to the person's involvement in your care. For example, We may inform a son or daughter that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

**Change of Ownership**

In the event that the Practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

**Appointment Reminders**

We may use and disclose medical information to contact and remind you about appointments. If you are not home, We may leave this information on your answering machine or in a message left with the person answering the phone.

**Sign In Sheet**

We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when We are ready to see you.

**Breach Notification**

In the case of a breach of unsecured protected health information, We will notify you as required by law. If you have provided us with a current e-mail address, We may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

**Psychotherapy Notes**

We will not use or disclose your psychotherapy notes without your prior written authorization except as permitted under state and federal law.

**Treatment Alternatives**

We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Fundraising**

We may use or disclose your demographic information in order to contact you for our fundraising activities. For example, We may use the dates that you received treatment, the department of service, your treating physician, outcome information and health insurance status to identify individuals that may be interested in participating in fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and We will stop any further fundraising communications. Similarly, you should notify the Privacy Officer if you decide you want to start receiving these solicitations again.

**Marketing**

Provided We do not receive any payment for making these communications, We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when We see you, for which We may be paid. Finally, We may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether We receive any compensation for any marketing activity you authorize, and We will stop any future marketing activity to the extent you revoke that authorization.

**C. HOW WE MAY NOT USE AND DISCLOSE YOUR PHI**

We will not use or disclose your PHI for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us Authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time, if you revoke your authorization, We will no longer use or disclose information about you for the reasons covered by your written authorization, but We cannot take back any uses or disclosures already made with your permission.

## YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding the PHI We maintain about you:

### **Right to Inspect and Copy**

You have the right to inspect and copy your PHI, such as medical and billing records that We use to make decisions about your care. You must submit a written request to our Privacy Officer in order to inspect and/or copy your PHI. You may request an electronic copy of your health information if it is maintained in an electronic health record. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. If you request a copy of the information, We may charge a reasonable fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your PHI, you may ask that the denial be reviewed. If the law requires such a review, We will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and We will comply with the outcome of the review.

### **Right to Amend or Supplement**

If you believe that any of the PHI that We maintain about you about you is incorrect, or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as this facility keeps the information. Please contact the Privacy Officer and request a Medical Record Amendment/Correction Form. A request for amendment may be denied if it is not in writing or does not include a reason to support the request. In addition, We may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the Designated Record Set that We keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosures We made of medical information about you for purposes other than treatment, payment and health care operations or disclosures made with your authorization. To obtain this list, you must submit your request in writing to our Privacy Officer. It must state a time period, which may not be longer than six years prior to the request. Your request should indicate in what form you want the accounting of disclosures (for example, on paper, electronically). You may be charged for the costs of providing the accounting. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to submit a written request for a restriction or limitation on the PHI We use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI We disclose about you to someone who is involved in your care or the payment for it, like a family member or friend, or your health plan when you have paid for services in full. For example, you could ask that We not use or disclose information about a surgery you had.

In most circumstances, We are not required to agree to your request for restrictions. If We agree to your request for restriction, We will comply with the request unless the information is needed to provide you emergency treatment. We will comply with your request that health information regarding a specific health care item or service not be disclosed for purposes of payment or health care operations if you have paid for the item or service in full, out of pocket.

To request restrictions, you may complete and submit a Request for Restrictions on Uses and Disclosures Form to the Privacy Officer.

**Right to Request Confidential Communications**

You have the right to request that We communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that We only contact you by mail. To request confidential communications, you may complete and submit the Request for Confidential Communications Form to the Privacy Officer. We will not ask you the reason for your request and 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 a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information We already have about you as well as any information We receive in the future. We will post a copy of the current notice with its effective date in the top left hand corner. We will also post a copy of the current notice with its effective date on our organization's website. You are entitled to request a copy of the notice currently in effect.

**COMPLAINTS**

If you believe your privacy rights, as described in this notice, have been violated, you may file a complaint with our office and/ or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact our Privacy Officer as listed on the first page of this notice. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) or e-mailing [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov). You will not be penalized or retaliated against for filing a complaint.

If you have any questions about this notice, please contact our Privacy Officer at the following:

970-493-6353  
privacyofficer@drbachus.com

1080 E Elizabeth St  
Fort Collins, CO 80524

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE**

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices for the Rocky Mountain Center for Reproductive Medicine, P.C.

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Patient or Representative's Printed Name

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Patient or Representative's Signature

\_\_\_\_\_  
Date

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Spouse/Partner Printed Name

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Spouse/Partner Signature

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Date