



Christ Clinic 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.

As a Christ Clinic patient some of your health information is collected and maintained by this clinic. The clinic is required by law to maintain your privacy and the security of your health information and to provide you with this Notice of Privacy Practices. This Notice describes how your health information may be used and shared and explains your privacy rights. The clinic is required to follow the terms of this Notice. We may, however, change our privacy practices and the terms of this Notice in the future, and those changes may affect all health information maintained by the clinic.

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 a copy of your health records: You can ask to see or get a copy of your health records and other health information we have about you. We will provide a copy of your health records within 30 days.

Ask us to correct health records: You can ask us to correct your health records if you think they are incorrect or incomplete. 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 or to send mail to a different address. We will consider 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 may say no though if it would affect your care.

Get a list of those with whom we've shared information: You can ask for a list 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.

Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, and we will promptly provide you with a paper copy.

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 this person has 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 using the information at the bottom of this notice.

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.

PLEASE ASK RECEPTIONIST FOR A COPY IF YOU'D LIKE TO TAKE ONE WITH YOU



A Free Community Medical Clinic

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.

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

- Marketing purposes. All stories shared for marketing will be de-identified.
- Sale of your information

OUR USES AND DISCLOSURES:

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

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Help with public health and safety issues
- Respond to organ and tissue donation requests; work with medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Comply with the law; respond to lawsuits and legal actions

There are federal and state laws that may protect or restrict certain types of health information from use or disclosure, such as information regarding HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, sexually-transmitted diseases and reproductive health, and child or adult abuse or neglect.

We are also 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.

OUR RESPONSIBILITIES:

We are required by law to maintain the privacy and security of your protected health information and personally identifiable information. We will let you know promptly if a breach occurs that may be 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 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.

If you have questions about your privacy rights, would like additional information about something in this Notice, or would like to file a complaint because you believe your privacy rights have been violated, you may contact one of the following (We will not retaliate against you for filing a complaint):

Medical Director
Christ Clinic
PO Box 271970
Fort Collins, CO 80527
970-481-2390

Secretary, US Dept of Health and Human Services
US Office of Civil Rights
200 Independence Avenue SW
Washington, DO 20201

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