

Effective Date of this Notice: July 1, 2013

2030 Mountain View Avenue
Suite 500
Longmont, Colorado 80501

This notice describes how information about you may be used and disclosed within this organization and how you can obtain access to this information.

Kit Carson Memorial Hospital
286 16th Avenue
Burlington, Colorado 80807

Please read this carefully.

"Alfred N. Carr, M.D. (ANC) and Colorado Hearing Tinnitus and Balance (CHTB) is required by law to maintain"
"the privacy of your personal/medical information and provide you with notice of its privacy policies."

Uses and Disclosures

Treatment:	ANC and CHTB may use your information to provide or coordinate your care. We may disclose all or any of your medical information to any of our physicians, other consulting or referring physician, nurses, or nurse practitioners, physician assistants, and other employees who have legitimate need for such information.
Payment:	We may release your information to determine coverage by an insurer for our services, billing, and claims processing. The information may be released to an insurance company, third party payer or other organization involved in the payment of your bill. This information may include copies or excerpts of your medical information that is necessary to receive payment.
Routine Operations:	We may use and disclose your information during routine operation of the practice. An example of routine operation would be to contact you to remind you of an appointment or to disclose information to transcriptionists, attorney or consultant working for our practice. These entities are called 'Business Associates'. Out practice requires our Business Associates to treat your information in the same manner that we do.
Research:	Under certain circumstances, we may use and disclose your information within approved clinical research studies. Most clinical research studies require specific patient consent; however, there may be some cases where a review of your information without patient contact may be conducted by the researchers.
Regulatory Agencies:	We may disclose your information to state, local or federal agencies authorized by law to conduct inspection, audits, or investigation of the practice.
Law Enforcement / Litigation:	We may disclose your information for valid law enforcement purposes as required by law or in response to a court order or subpoena.
Public Health:	We may disclose your information to public health authorities as authorized by law and related to the prevention or control of certain diseases.
Workers' Compensation:	We may release your information to Workers' Compensation agencies in the event your illness or injury may be related to your work.
Military / Veterans:	If you are a member of the armed forces or a veteran, we may release your information as required by military command authorities.
As Otherwise Required:	We may disclose your information in any situation in which such disclosure is required by law (for example, child or domestic abuse).
Prohibited Uses:	We will not disclose your information to person outside the practice for purpose other than treatment, payment or healthcare operation without your authorization in writing. If you provide such an authorization to us, you may revoke it in writing at anytime in the future and we will honor that request.

Your Rights Related to Your Health Information

Although all records concerning your treatment at ANC or CHTB are the property of ANC or CHTB, you have certain rights concerning this information as follows:

Right to Confidentially:	You have the right to receive confidential communication of your health information by alternative means or at alternative locations.
Right to Inspect and Copy:	You generally have the right to inspect and receive a copy of your health information from ANC or CHTB, unless, the information is restricted by law or your physician. You will need to make payment for copies of any records we provide.
Right to Amend:	You have the right to request an amended or correction to your health information. If we agree that information is appropriate, we will include that information in your health information.
Right to Accounting:	You have the right to obtain a record of disclosures that we make of your health information for other than treatment, payment or routine operations of the practice.
Right to Request Restrictions:	You have the right to request restrictions on certain uses and disclosures of your health information. We will abide by these requests to the extent that we are able.
Right to Revoke Authorization:	You have the right to revoke your prior authorization to release your health information except to the extent action was taken in reliance of your original authorization.

Changes to this notice: ANC and CHTB will abide by the terms of this Notice currently in effect. However, ANC and CHTB reserve the right to change the terms of the Notice at any time. Any new notice provisions will be effective for all health information from the time that the changes are effective within ANC and CHTB.

Signature of Patient or Patient's Representative

Print Name

Date