

# El Paso County Public Health Notice of Privacy Practices

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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.

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## Our Legal Duty

El Paso County Public Health is required by federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices and your rights concerning your protected health information.

We must follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to make the revised Notice effective for protected health information we already have about you as well as any information we receive in the future.

You may request a current copy of our Notice at any time. A current copy of this Notice will always be posted in our main lobby, available at any of our clinics, and posted on our web site ([www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)).

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## How We May Use And Share Your Protected Health Information

We create a record of care and services you receive at every visit. We need this record to provide quality care and to comply with legal requirements. The following are examples of how we use and share your protected health information. These examples are not a complete list of how we use and share this information; please ask us if you need more information.

**Treatment** - We may share information about your health with doctors, nurses, counselors, and other health care providers who also provide or who may be able to provide health services to you. These people may be inside or outside our organization. For example, we may share your health information with a health care provider to set up some medical tests.

Except in a medical emergency, some diagnoses such as AIDS, HIV-related illness, and HIV infection will require your permission before we would share this information with anyone for treatment purposes.

**Payment** - Some of your protected health information will be used so that we can get paid for the health care services we provided to you. For example, our financial offices will submit requests for payment to your health insurance company (such as Medicaid).

**Health Care Operations** - We may use or share some of your protected health information to manage our programs or for other health care operations. For example, we review the services we provide so that we can improve the quality of our programs. Some of our programs use student interns. We use sign-in sheets and appointment books and will call you by name in the waiting area when we are ready to provide service to you.

**Appointment Reminders and Treatment Information** - We may use and disclose protected health information to contact you as a reminder that you have an appointment with us. We may also contact you to update you about

information concerning your care or about other services that may help you.

**Persons Involved in Your Care** - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, a part of your health information that directly relates to that person's involvement in your health care.

**Immunization Registry** - Unless you object, we will enter information about the immunization your children receive at our clinic into a registry system maintained by the State of Colorado.

**Minors** - In some cases, protected health information for minors relating to contraceptive services, STD/HIV services, alcohol/drug abuse services and general mental and medical health services must not be disclosed to parents/guardians; and, in other cases, protected health information of minors must be disclosed to parents/guardians, or may be disclosed at the discretion of the attending physician. Minors should discuss each situation with us at the time of service.

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## Release of Information with Your Approval

Before we can share any protected health information other than in those situations listed in this document, we must receive your written permission. You are able to change your mind at any time and cancel your approval. This will need to be done in writing and will not affect any disclosures made before we receive your cancellation.

**Publicity** - As part of improving public awareness about Public Health, we may ask that you assist us by allowing us to take your picture or to repeat something you have told us. We will always ask for your written permission before including your information in any publicity.

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### Special Situations Not Requiring Your Permission

Federal, state and local laws require or permit that we disclose your protected health information under certain conditions. We do not need your permission before disclosing protected health information in the following situations:

- **Public Health** - to disclose medical information for public health activities including for disease control and prevention. We are a public health authority and this requires that we investigate potential threats to the public's health. At all times we will respect your privacy to the extent that our ability to conduct surveillance, investigation, or intervention is not obstructed.
- **Food and Drug Administration** – to support activities related to the quality, safety, or effectiveness of regulated products or activities.
- **Abuse or Neglect** – to report to proper authorities child abuse or neglect or if we believe that you have been a victim of abuse, neglect or domestic violence.
- **To Avert a Serious Threat to Health, Safety or Emergency Situation** - to disclose specific medical information to prevent a serious threat to the health and safety of an individual or the public.
- **Health Oversight Activities** - to disclose information to approved government agencies responsible for overseeing the health care system, Medicaid and other benefit program, and civil rights laws.
- **Judicial and Administrative Hearings** - to disclose specific medical information in court and administrative proceedings, as required by law. This does not include reports of HIV infection unless public well-being is being threatened.
- **Law Enforcement Purposes** - to disclose specific medical information as required by law such as laws that require the reporting of certain types of wounds or if a crime occurs on our premises.
- **Coroners, Medical Examiners, and Funeral Directors** - to disclose specific medical information to authorized persons who need it to do their work.
- **Research Purposes** – to share your protected health information for a research project that has been approved by a review board. The project must keep your information private.
- **Specialized Government Functions** - to disclose medical information for national security and intelligence activities. We may also disclose health information to the appropriate military authorities if you are or have been a member of the U. S. armed forces.

- **Correctional Institutions** - to disclose medical information to correctional facility or law enforcement officials to maintain the health, safety and security of the corrections system.
  - **Minors** - to disclose protected health information of minors to parents/ guardians when required, or authorized, by law.
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### Your Rights

We want to assist you in protecting your health information. You have a right to the following:

- **To inspect and receive copies of any health information** that is used to make decisions about you. This will not include psychotherapy notes or other records protected by law. This request must be in writing.
- **To request restrictions** on how we use and disclose your health information. We are not required to agree to the restriction, but we will carefully consider all requests and discuss denials with you.
- **To receive communications confidentially.** We will consider any reasonable request to receive communications from us by other means or at other locations. Your request must specify the other means or other location and, if needed, provide satisfactory explanation of how payments will be handled. This request must be in writing.
- **To request that we amend our records.** You must include a reason for your request. We may deny your request but you have the right to file a statement of disagreement with us. We may then prepare a statement of disagreement with you. This request must be in writing.
- **To receive an accounting of certain disclosures** we made of your protected health information. Your request must state a time period that may not include dates prior to April 14, 2003. These disclosures will generally be those listed under the section "Special Situations Not Requiring Your Permission" and do not include disclosures made for treatment, payment, or health care operations nor disclosures made to you or with your permission. There may be a charge for this accounting that we will discuss with you before we proceed.
- **To receive a paper copy of this Notice** at any time.
- **To complain** if you believe your privacy rights have been violated. You may complain to us or to the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

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### Questions, Complaints, and Contact Information

**If you have any questions, or if you want to exercise any of these rights, or if you want to file a complaint,**

- You may ask any of our staff for assistance; or
- You may contact our Privacy Officer who will be available during regular business hours. You may call or write us using this information:  
**Contact Person:** Privacy Officer

**Address:** El Paso County Public Health  
1675 W. Garden of the Gods RD.  
Colorado Springs, CO 80907

**Telephone:** (719) 578-3258

**E-mail:** [privacyofficer@elpasoco.com](mailto:privacyofficer@elpasoco.com)