

# NOTICE OF PRIVACY PRACTICES

Effective January 1, 2018

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, INCLUDING MENTAL HEALTH AND BEHAVIORAL HEALTH, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Mental Health Center of Denver (also referred to as “MHCD” or “us” or “we”) is committed to protecting the privacy of your health information, both as an internal standard and as a legal requirement. This Notice describes our legal duties and privacy practices with regard to your health information. It also describes your rights and how you may exercise those rights. The Health Insurance Portability and Accountability Act (HIPAA) requires us to give you this Notice and to follow the terms of this Notice.

- We reserve the right to change this Notice and to make the revised or changed Notice effective for health 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 on our website at [www.mhcd.org](http://www.mhcd.org) and in facilities where services are provided. Paper copies you can take with you will be available at facilities where services are provided.

While HIPAA may allow Mental Health Center of Denver to use and disclose your health information without prior written authorization, stricter federal or state laws may require us to obtain your authorization for certain uses and disclosures. We will follow the stricter law. Specifically, substance use disorder records are further protected by the federal Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Unless an exception applies, Mental Health Center of Denver will obtain your authorization prior to using or disclosing substance use disorder records.

## Most Common Uses and Disclosures of Your Health Information

The categories listed below describe ways that HIPAA allows Mental Health Center of Denver to use and disclose your health information without obtaining prior written authorization from you or your personal representative. For each category, we explain what it means and provide an example.

- **For Treatment.** We can use your health information and disclose it to other professionals to provide, coordinate, or manage your health care and related services.  
*Example: To coordinate your care, we may share your health information with your primary care provider.*
- **For Payment.** We can use and disclose your health information to bill and get payment from health plans or other entities, including Medicare and Medicaid.  
*Example: We may give information to your health plan about the services provided you so it will pay for those services.*
- **For MHCD's Operations.** We can use and disclose your health information to run our organization, improve your care, and contact you when necessary.  
*Example: We may use your health information to evaluate and improve the quality of care and services we provide.*
- **For Another Covered Entity's Health Care Operations.** We can disclose your health information to another HIPAA covered entity that has (or had) a relationship with you for their operations.  
*Example: We may disclose your health information to a specialist who has treated you so the specialist can improve the quality and effectiveness of health care services he/she provides.*
- **Personal Representative.** We can share your health information with a person who has the authority under law to make health care decisions for you. Parents and legal guardians generally represent minors, unless a minor is permitted by law to act on his/her own behalf and make his/her own medical decisions.  
*Example: We may disclose information about the medications you are taking to a person to whom you have given a medical power of attorney.*
- **Appointment Confirmations, Follow-up Calls, and Treatment Alternatives.** We may contact you to confirm your appointment with us; check on you after you have received services; or tell you about services that we provide or about possible treatment options or alternatives that may be of interest to you.  
*Example: We may access your health information (such as your name and phone number) to call and remind you about an upcoming appointment you scheduled.*
- **Business Associates and Qualified Service Organizations.** For some business functions, Mental Health Center of Denver may contract with a business associate (BA) or a qualified service organization (QSO). We may disclose your health information to a BA or QSO so they can perform the work we have asked them to do. All of our BAs and QSOs are obligated by their contracts with us and by federal law to safeguard your health information.  
*Example: We may disclose your health information to a BA who is helping us with our billing.*

## Your Rights Regarding Your Health Information

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you need additional information about any of your rights, please ask us.

- **Get an Electronic or Paper Copy of Your Medical Record.**
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Typically, this includes medical and billing records, but may not include some mental health information. You have the right to ask us to send a copy of your health information to other individuals that you designate.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask Us to Amend Your Medical Record.**
  - If you feel that health information we have about you is incorrect or incomplete, you can ask us to amend it.
  - 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 way that is more confidential for you or to send mail to a different address.
  - We will accommodate reasonable requests.
- **Ask Us to Limit What We Use or Share.**
  - You can ask us to restrict or limit the health information we use or share for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you may ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We must say “yes” unless a law requires us to share that information or in the case of a medical emergency.
- **Get a List of Those With Whom We’ve Shared Information.**
  - You can ask for a list (accounting) 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.
  - We will include all the disclosures except for those made for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a Copy of This Privacy Notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Notice of Breach.** If there is an unauthorized use or sharing of your health information that compromises the privacy or security of your health information, we will notify you in writing as required by law. The law may not require notification to you in all cases. In some situations, even if the law does not require notification, we may choose to notify you anyway.
- **File a Complaint if You Feel Your Rights are Violated.** If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.
  - To file a complaint with us, call our Advocate at 303-504-6579, write to Advocate, 4141 E. Dickenson Place, Denver, Colorado 80222, or email [Advocate@mhcd.org](mailto:Advocate@mhcd.org).
  - Complaints to the Office for Civil Rights (OCR) must be in writing and can be made using one of the following methods:
    - through the OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.
    - by mail at Centralized Case Management Services, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington, D.C. 20201.
    - by phone at 1-800-368-1019, 800-537-7697 (TDD).
    - by email at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).
- **For More Information or Questions About How to Exercise Your Rights.** If you have questions about our privacy practices or how to exercise your rights, call our HIPAA Privacy Officer at 303-504-6510, write to HIPAA Privacy Officer, 4141 E. Dickenson Place, Denver, Colorado 80222, or email [Privacy@mhcd.org](mailto:Privacy@mhcd.org).

*For your protection, we may check your identity whenever you have questions about your treatment or payment activities. We will check your identity whenever we get a request to look at, copy, or amend your records; to obtain a list of disclosures of your health information; for confidential communications; or to limit the information we use or share (restriction requests).*

## Other Potential Uses and Disclosures of Your Health Information

This section describes potential ways in which HIPAA permits or requires Mental Health Center of Denver to use or disclose your health information without prior written authorization. Not every type of use or disclosure in a category is listed. If a stricter state or federal law applies, Mental Health Center of Denver will comply with the stricter law.

- **Required by Law.** We will share information about you if required by state or federal law. This includes disclosing information to the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **For Public Health and Safety Issues.** We can share information about you for certain situations such as:
  - To help stop or reduce a serious threat to the health or safety of you, another person, or the public.
  - To prevent or control disease, injury, or disability.
  - To report suspected abuse, neglect, or domestic violence.
- **Health Oversight Activities.** We can share information about you with health oversight agencies for activities authorized by law such as licensing, auditing, and accreditation.
- **Lawsuits and Other Legal Actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Organ, Eye, and Tissue Donation Requests.** If you are an organ, eye, or tissue donor, we can share health information with an organ donation bank, as necessary to facilitate organ, eye, or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** We can share health information with a coroner, medical examiner, or funeral director, as necessary to carry out their duties when an individual dies.
- **Address Workers' Compensation.** We can release your health information as authorized by applicable law to programs that provide benefits for work-related injuries or illness.
- **Address or Respond to Law Enforcement and Other Government Requests.** We can use or share health information about you:
  - For law enforcement purposes or with a law enforcement official. For example:
    - identify or locate a suspect, fugitive, material witness, or missing person.
    - report criminal conduct on the premises of MHCD.
  - To the correctional institution if you are an inmate.
  - For special government functions such as military, national security, and intelligence activities, and presidential protective services.
- **Research and Related Activities.** We can use or share health information for research purposes when allowed by law.
- **For Disaster-relief Efforts.** We can share your health information with disaster relief organizations if the information is necessary to coordinate your care or notify family and friends of your location or condition in a disaster. When possible, we will ask you to decide if we can share the information.
- **Fundraising and Other Mental Health Center of Denver Events and Activities.** We can contact you to provide you with information about MHCD events and activities, including fundraising, or to ask if you want to participate in a news story for an MHCD publication, a television news story, or something similar. If we contact you, you can tell us not to contact you again about fundraising efforts. We will get your written authorization before disclosing any of your health information for a news story or publicity purposes.

## Uses and Disclosures of Your Health Information Pursuant to Authorization

Other uses or disclosures of your health information not described in this Notice require Mental Health Center of Denver to obtain written authorization from you or your personal representative before using or disclosing the information. Specific examples of uses or disclosures that require written authorization include:

- Marketing activities (unless an exception applies)
- Disclosures that constitute the sale of health information
- Disclosures of substance use disorder records (unless an exception applies)
- Most uses and disclosures of psychotherapy notes

*Note: "psychotherapy notes" is narrowly defined under HIPAA and most of the information in your electronic health record does not fall within the definition.*

Mental Health Center of Denver will also get your authorization prior to disclosing your health information as follows:

- **To a Health Information Exchange.** An electronic health information exchange (HIE) allows MHCD and other providers to disclose and receive information about individuals we serve.
  - MHCD participates in an HIE and for treatment and payment purposes may disclose your health information to other providers and health plans in the HIE.
  - Your participation in the HIE is voluntary, and we will obtain your written authorization before including you in the HIE.
- **To Individuals Involved in Your Care or Payment for Your Care.** HIPAA requires MHCD to give you an opportunity to agree or object before we disclose any of your health information to a person involved in your care or payment for your care.
  - Colorado law is stricter and requires us to obtain your authorization before disclosing your health information to a family member or friend who is not your personal representative. MHCD follows Colorado law.

You will be able to revoke (cancel) your authorization at any time, except to the extent MHCD already disclosed information in reliance on it. Your revocation must be submitted in writing to our HIPAA Privacy Officer.

## Notice Regarding Confidentiality of Substance Use Disorder Patient Records (42 CFR §2.22)

The confidentiality of substance use disorder patient records maintained by Mental Health Center of Denver is protected by federal law and regulations (42 U.S.C. § 290dd-2, 42 C.F.R. Part 2). Generally, we may not tell a person outside MHCD that you are receiving services from us for a substance use disorder, or disclose any information identifying you as a person that has or had a substance use disorder, unless:

- You consent in writing to the disclosure; or
- The disclosure is made to a qualified service organization with which MHCD has a written agreement; or
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a bona fide medical emergency or to qualified personnel for certain research, audit, or program evaluation.

Federal law and regulations also do not protect any information about:

- A crime you commit or threaten to commit at any MHCD facility or against any person who works for MHCD.
- Suspected child abuse or neglect required by state law to be reported to appropriate state or local authorities.

Violation by Mental Health Center of Denver of the federal law and regulations is a crime.

- Suspected violations may be reported to the U.S. Attorney for the District of Colorado, 1801 California Street, Suite 1600, Denver, Colorado 80202; phone: 303-454-0100.
- Suspected violations by an opioid treatment program may be reported to the Substance Use and Mental Health Services Administration (SAMHSA), Opioid Treatment Program Compliance Office by phone at 204-276-2700 or online at [OTP-extranet@opiod.samhsa.gov](mailto:OTP-extranet@opiod.samhsa.gov).

## Notice of Nondiscrimination

**Discrimination is Against the Law.** Mental Health Center of Denver complies with applicable federal civil rights laws and does not discriminate on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, marital status, military service, national origin, race, religion, sex, or sexual orientation. MHCD does not exclude people or treat them differently because of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, marital status, military service, national origin, race, religion, sex, or sexual orientation.

### Mental Health Center of Denver Provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (e.g., large print, audio, accessible electronic formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

**File a Complaint if You Feel Your Rights are Violated.** If you believe that Mental Health Center of Denver has failed to provide these services or discriminated in another way on the basis of age, ancestry, color, disability, ethnicity, gender, gender identity or expression, marital status, military service, national origin, race, religion, sex, or sexual orientation you can file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

- To file a complaint with us, call our Advocate at 303-504-6579, write to Advocate, 4141 E. Dickenson Place, Denver, Colorado 80222, or email Advocate@mhcd.org.
- Complaints to the Office for Civil Rights (OCR) must be in writing and can be made using one of the following methods:
  - through the OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>.
  - by mail at Centralized Case Management Services, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington, D.C. 20201.
  - by phone at 1-800-368-1019, 800-537-7697 (TDD).
  - by email at OCRComplaint@hhs.gov.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-303-504-7900.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-303-504-7900.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-303-504-7900。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-303-504-7900 번으로 전화해 주십시오.

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-303-504-7900 تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-303-504-7900.

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገኙዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-303-504-7900.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل ب 1-303-504-7900

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-303-504-7900.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-303-504-7900.

**ध्यान दनुहोस्:** तपाईंले नेपाली बोलुनुहुन्छ भने तपाईंको नम्रित भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-303-504-7900 ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-303-504-7900.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-303-504-7900まで、お電話にてご連絡ください。

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-303-504-7900.

Nti: O buru na asu lbo asusu, enyemaka diri gi site na call 1-303-504-7900.

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-303-504-7900.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-303-504-7900.



## Mental Health Center *of* Denver

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**[www.mhcd.org](http://www.mhcd.org)**

4141 E. Dickenson Place, Denver, Colorado 80222  
303-504-6500