

PRIVACY

HIPAA NOTICE OF PRIVACY PRACTICES

In compliance with HIPAA – The Health Insurance Portability and Accountability act of 1996

IF YOU ARE A CLIENT OF SOLACE, THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

I. USES AND DISCLOSURES

Solace will not disclose your health information without your authorization, except as stated in this notice.

Plan of Care/Treatment. Solace will use your health information for the plan of care/treatment. For example, information obtained by a nurse/therapist will be recorded in our record and used to determine the course of treatment. Your clinical staff will communicate with one another personally and through the case record to coordinate care provided.

Payment. Solace will use your health information for payment for services rendered. For example, Solace may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Solace. Solace may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for therapy and/or nursing services that will be provided to you.

Health Care Operations. Solace will use your health information for clinical services. For example, clinical staff and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of services provided. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

Notification. In an emergency, Solace may use or disclose health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.

Public Health. As required by federal & state law, Solace may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement. As required by federal and state law, Solace will notify authorities of alleged abuse/neglect and risk or threat of harm to self or others. Solace may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Charges Against the Agency. In the event you should file suit against Solace, the agency may disclose health information necessary to defend such action.

Duty to Warn. When a client communicates to Solace a serious threat of physical violence against himself, herself or a reasonably identifiable victim or victims, Solace will notify either the threatened person(s) and/or law enforcement.

Solace may also contact you about appointment reminders, treatment alternatives or public relations activities. In the event you elect to participate in any of these outside activities or additional treatments, Solace will need your written Authorization to Disclosures identifying health information about you and/or your child for such related purposes. In any other situation, Solace will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization at any time to stop any future uses and disclosures.

II. INDIVIDUAL RIGHTS

You have the following rights with respect to your protected health information:

1. You may request in writing that Solace not use or disclose your information for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you when required by law, or in an emergency situation. Solace will consider your request; however, Solace is not legally required to accept it. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home.
2. Within the limits of the statutes & regulations, you have the right to inspect and copy your protected health information. Solace is a paperless company. Please be advised Solace charges a flat fee of \$25.00 for each request for a paper copy of all or part of each patient's chart.
3. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to Solace to amend your protected health information by correcting the existing information or adding the missing information.
4. You have the right to receive an accounting of disclosures of your protected health information made by Solace for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for time periods in excess of seven (7) years. The first accounting requested during any 12-month period will be provided without charge. Subsequent requests may be subject to a cost-based fee.
5. If this notice was sent to you electronically, you may obtain a paper copy upon request from Solace.

III. AGENCY'S DUTIES

1. Solace is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
2. Solace is required to abide by the terms of this notice of its duties and privacy practices. Solace is required to abide by the terms of this notice which may be amended from time to time.
3. Solace reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in the policies, Solace will change its notice and provide you with a copy. You can also request a copy of this notice at any time. For more information about Solace's privacy practices, please contact the office at: 303-432-8487.

IV. COMPLAINTS

If you are concerned that Solace has violated your privacy rights, or you disagree with a decision Solace has made about access to your records, you may contact the office at 303-432-8487. You may also send a written complaint to the Colorado Department of Health. For contact information, please see Expanded Patient Rights page 6. Under no circumstances will you be retaliated against for filing a complaint.

V. CONTACT INFORMATION

Solace is required by law to protect the privacy of your information, provide this notice about its information practices, and follow the information practices that are described in the notice. If you have any questions or complaints, please contact:

Asya Rudikoff, Agency Administrator
303-432-8487
4500 Cherry Creek South Drive Suite 710
Glendale, CO 80246