



SOLVISTA HEALTH NOTICE OF PRIVACY PRACTICES

Effective Date: 4/14/2003

Revised: 6/3/2024

THIS NOTICE OF PRIVACY PRACTICES (“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

OUR COMMITMENT

Solvista Health and its facilities and associates are committed to providing you high quality services. An important part of that commitment is protecting your health information according to applicable law. This notice describes how Protected Health information (also referred to as “PHI” “health information” “file” “record” of “chart”) may be used and disclosed. This Notice tells you about the ways in which we may use and disclose information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to: (i) make sure your health information is protected; (ii) give you this Notice describing our legal duties and privacy practices with respect to your health information; and (iii) follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following sections describe different ways we may use and disclose your health information. We abide by all applicable laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose health information, however, will fall within one of the following categories:

For Treatment: Your health information may be used to provide you with healthcare services. We may share your information with physicians, psychiatrists, therapists, case managers, primary care providers, or other health professionals involved in your care in order to coordinate care. For example, the psychiatrist may need to know if you are allergic to certain medications; the physician may need to know if you are taking psychiatric medications; or we may need to talk to the pharmacist about your prescriptions. Different staff within Solvista Health may share your information with each other as part of a care team to provide coordinate and quality services. We may ask you to sign an authorization form allowing Solvista Health to release your information to third parties involved in your care.

For Payment: Health information may be used in order to collect payment for services provided to you. Payers could include entities such as the Office of Behavioral Health, Health First Colorado Medicaid, your insurance company and authorized contractors, subcontractors, your legal representatives, or yourself or your plan’s primary beneficiary, for the purpose of carrying out payment for Solvista Health’s healthcare related activities. For example, we may need to send healthcare information to your insurance provider or payer to facilitate payment. The client/patient signature on the Solvista Health Registration Form authorizes the release of any information that is required to process a claim.



For Health Care Operations: We may share your health information for the business activities of Solvista Health. These uses and disclosures are necessary for ordinary business functions and to ensure you get the best quality of care. For example, we may use your health information to review how well the clinical staff performs, to complete audits by the State, your insurance company, and the authorized contractors, subcontractors, and their legal representatives, or to start new clinical services or evaluate clinical and/or customer services experiences. We may ask you to complete a voluntary survey and solicit your opinions about our services. Some activities of Solvista Health occur via contracts with other business associates or qualified service organizations. Some administrative, clinical, laboratory, quality assurance, billing, legal, auditing, and health care management services may be done by contracting with these other entities, sometimes called business associates or qualified service organizations. Your PHI will be given to those business associates or qualified service organizations only as needed to perform the contracted activities. Every business associate and qualified service organization are required to adhere to the same privacy and security laws as Solvista Health.

With People Involved in Your Care: Unless you say no, we may share your health information with a family member who is involved in your care as allowed by Colorado law (CRS 27-65-102 and 27-65-1211). In cases where family members are present during a conversation or discussion with you, and it can be reasonably inferred from the situation that you do not object, your personal health information may be disclosed in the course of that discussion. You reserve the right to object to such disclosures at any time.

Substance Use Disorder Information: 42 CFR Part 2 protects records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States. The following circumstances allow us to share your information without your permission:

- With a single consent, we can disclose and redisclose your information for all future uses and disclosures for treatment, payment and health care operations;
- To medical personnel during a bona-fide medical emergency in order to avoid serious harm to you or others;
- To the Food and Drug Administration (FDA) to report an error in manufacture, labeling or sale of an FDA product;
- With and among Solvista Health staff to provide services and care;
- To Business Associates / Qualified Service Organizations who provide certain services on behalf of Solvista Health;
- When mandated by a valid court order;
- To law enforcement in order to report a crime on Solvista Health property, against Solvista Health staff, or if you threaten to commit a crime;
- For the purpose of conducting scientific research, internal audits, financial audits, or program evaluations, and
- To make reports mandated by law regarding suspected abuse and / or neglect.



Health Information Exchange: Solvista Health participates with Regional Health Information Exchange Organizations for coordination and collaboration to expand the use of health information across the region. Health Information Exchanges facilitate information between doctors, hospitals, and other providers when it is needed for patient care and population health initiatives.

HIV Information: We must keep information about HIV or AIDS private. It is only released according to Colorado law (CRS 25-4-4 & CRS 25-4-14). We will only share your HIV or AIDS information with your written permission.

For Data Collection and Research: Participation in certain programs may involve requests for data collection, including but not limited to surveys and interviews including persons you have identified as being involved in your treatment. Participation is voluntary and will not detract from your care. You may refuse to participate in such research projects without affecting the care or services you receive.

For Reminders: We may email, call or text you to remind you about appointments or referrals. If we do not reach you, we may leave a message on your voicemail.

Sign-In-Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

OTHER WAYS WE MAY SHARE INFORMATION ABOUT YOU WITHOUT REQUIRING PERMISSION

For Health-Related Information: We may tell you about new services or information that would be of interest or possible help to you. For example, giving you the name of health websites. We may also use your information to provide you with information and/or refer you to services, including recommending possible treatment options, alternatives, and risks.

Emergency / Disaster Relief: In the event of an emergency event or disaster, to organizations assisting in a disaster relief effort so that your family can be notified of your condition.

As Required by State or Federal Law: This may include but is not limited to providing information to authorized federal officials for intelligence, counterintelligence or other national security activities; to the military if you are a member of the armed forces and we are authorized or required; to authorized federal officials so they may conduct special investigations or provide protection to the U.S. President or other authorized persons; for workers' compensation or similar programs providing benefits for work-related injuries or illnesses; if you are an organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation or to an organ bank, as necessary to help with organ procurement, transplantation or donation, to coroners, medical examiners and funeral directors, as authorized or required as necessary for them to carry out their duties; to a correctional institution as authorized or required by law if you are an inmate; to governmental, licensing, auditing and accrediting agencies.

For Public Health Purposes: Your information may be shared for public health purposes, including but not limited to preventing or controlling disease, injury, or disability; to report births; to report reactions to medications; to facilitate medication recalls; to notify a person who may have been exposed to a disease or who may be at risk for catching a disease; to respond to a serious threat to the health or safety of a person or the public.



Health Oversight Activities: We may share information about you with the agencies that have responsibility for reviewing services provided by us. These oversight activities may include audits, investigations, inspections, and renewing or getting a new license. These activities are necessary so the government can monitor the health care system, government-funded programs, and to make sure we follow civil rights and other laws.

For Mandated Reporting: We may share information about you in order to report suspected cases of abuse or neglect of you by another person, of children, the elderly, at-risk adults, or domestic violence.

To Defend Solvista Health and its Affiliates and Staff: We may use your information to defend against a lawsuit brought against us.

YOUR RIGHTS REGARDING YOUR OWN HEALTH INFORMATION

You may ask us not to share information, or limit what we share, with a specific person or agency. This request must be made in writing. We will consider your request, but we do not have to agree to your request. If your request to NOT share or to limit information is approved, the restrictions do not apply in an emergency.

You may ask us to contact you about your treatment or health information at an address or phone number that is different than the one we have on record. This request must be made in writing so that we understand specifically how or where you wish to be contacted.

You may see, read, and get a copy of your records (except psychotherapy notes). You must ask for this in writing. You may be charged a fee to make copies of your records and we will tell you in advance if there is a charge. It is possible that we will not let you see or copy your record if we think it could harm you, someone else, or jeopardize the therapeutic relationship.

You may ask us to change your records if something is wrong or missing. You must tell us in writing what you want changed and why you want it changed. We will explain in writing within 60 days our reason(s) if we decide not to change your record as you request.

You may ask for a list of your authorizations to share health information. This list will not have information that we shared for purposes of treatment, payment, or health care operations. This list would not include people or agencies covered under the exceptions described above. The request must be in writing and include the period of time within the last six years of your request.

If you are 12 years old or older, you may seek mental health treatment without your parents' consent. We will ask you for permission to share treatment information with your parents or legal guardians. If Solvista Health Staff believes it is necessary, Colorado law allows us to notify parents, legal guardians and/or law enforcement of matters involving your treatment.

You may ask for a paper copy of this Notice. An electronic version is available on our website, Solvistahealth.org. This Notice is also posted at our locations.

You have the right to be notified if there is breach of your health information by Solvista Health or a Solvista Health Business Associate / Qualified Service Organization.



If you have health insurance but decide to pay out of pocket for services you get from Solvista Health, you can ask us not to share this information with your health plan. Your bill must be paid in full.

Solvista Health will not share your information for marketing purposes or sell your information without your permission.

CHANGES TO THIS NOTICE

Solvista Health is required to abide by the terms of this notice. We may change this notice at any time and the changes will be reflected in the effective date and apply to all PHI that we maintain. You may request a revised Notice from a Solvista Health staff member or by visiting Solvistahealth.org.

COMPLAINTS

You have the right to file a complaint in writing with us or with an entity below if you feel this Notice has been violated. We will not retaliate against you for filing a complaint.

Contact Solvista Health: Privacy Office, 3225 Independence Road, Canon City, CO 81212; 719-275-2351

Health Colorado: 9925 Federal Drive Ste. 100, Colorado Springs, CO 80921; 800-804-5040, Ombudsman: 877-435-7123

Colorado Behavioral Health Administration: 710 S. Ash St. Suite C140, Denver, CO 80246 cdhs_bha@state.co.us, 303-866-7400

Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, CO 80202; 303-894-7800

Office for Civil Rights: 20 Independence Ave., SW Room 509 F, HHH Building, Washington, DC 20201; 1-800-368-1019

OCRMail@hhs.gov; <http://www.hhs.gov/ocr>

My Initials on the Client/Patient Acknowledgement & Consent to Treat document affirms I have read, understand, and agree with the information above