Colorado Precision Medicine

~ Notice of Privacy Practices ~

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

Colorado Precision Medicine is committed to protecting the privacy and confidentiality of your protected health information ("PHI"). This Notice describes how we may use and disclose your health information, your rights regarding that information, and our legal responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HIPAA Privacy Rule, the HIPAA Security Rule, and applicable Colorado law.

Our Commitment to Your Privacy

We are committed to maintaining the privacy and security of your protected health information while providing high-quality medical care.

We are required by law to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of Privacy Practices.
- Abide by the terms of the current Notice.
- Notify you following certain breaches involving unsecured protected health information when required by law.

How We May Use & Disclose Your Health Information

Federal law permits us to use and disclose your health information without your written authorization for certain purposes.

Treatment

We may use or disclose your medical information to provide, coordinate, or manage your healthcare.

Examples include:

- Reviewing laboratory results
- Communicating with specialists
- Referring you to another healthcare provider
- Coordinating treatment recommendations

Payment

Although Colorado Precision Medicine is a direct-pay practice and generally does not bill insurance, we may use or disclose information necessary to:

- Process payments
- Verify payment information
- Collect outstanding balances
- Maintain financial records

Healthcare Operations

We may use your information for activities necessary to operate our practice, including:

- Quality improvement
- Staff training
- Credentialing
- Auditing
- Risk management

- Licensing
- Business planning
- Administrative operations

Business Associates

We work with carefully selected third-party service providers who assist in operating our practice.

Examples may include:

- Electronic health record providers
- Secure patient communication services
- Payment processors
- Information technology providers
- Cloud storage providers
- Medical transcription or document management services

These organizations are required by law and contract to protect your information.

Appointment Reminders

We may contact you regarding:

- Upcoming appointments
- Follow-up visits
- Laboratory testing
- Recommended preventive care
- Billing or account notifications
- Administrative matters

Communication may occur through:

- Telephone

- Secure patient portal
- Email
- Text message
- Mail

Individuals Involved in Your Care

Unless you object, we may share limited information with family members, caregivers, or other individuals involved in your care when appropriate.

As Required by Law

We may disclose information when required or permitted by federal or Colorado law, including:

- Public health reporting
- Court orders
- Law enforcement requests
- Coroner or medical examiner investigations
- Abuse or neglect reporting
- National security activities
- Workers' compensation
- Organ donation

Uses Requiring Your Written Authorization

Certain uses and disclosures require your written authorization.

These include, when applicable:

- Most uses of psychotherapy notes
- Most marketing communications
- Sale of protected health information

- Other disclosures not otherwise permitted by law

You may revoke your authorization at any time in writing, except to the extent that action has already been taken in reliance upon your authorization.

Your Rights Regarding Your Health Information

You have important rights under HIPAA.

Right to Inspect & Obtain Copies

You may request access to your medical records and obtain copies in accordance with applicable law.

Reasonable fees permitted by law may apply.

Right to Request an Amendment

If you believe information in your medical record is incorrect or incomplete, you may request that we amend it.

Certain requests may be denied if permitted by law.

Right to an Accounting of Disclosures

You may request a list of certain disclosures of your health information made by Colorado Precision Medicine, excluding disclosures permitted under HIPAA that are not required to be included.

Right to Request Restrictions

You may request restrictions regarding certain uses or disclosures of your information.

Although we are not required to agree to every requested restriction, we will comply when required by law or when we agree to do so.

Right to Request Confidential Communications

You may request that we communicate with you by alternative means or at alternative locations.

For example:

- Different mailing address

- Different telephone number
- Secure portal only

Reasonable requests will be accommodated whenever practical.

Right to Receive a Paper Copy

You have the right to receive a paper copy of this Notice at any time, even if you previously received it electronically.

Electronic Communications

Colorado Precision Medicine uses secure electronic systems to communicate with patients whenever appropriate.

Although reasonable safeguards are used, no electronic communication system can guarantee absolute security. Patients may choose to limit certain forms of communication when reasonably available.

Please refer to our separate Patient Communication Policy and Telemedicine Consent for additional information regarding electronic communications.

Our Responsibilities

Colorado Precision Medicine will:

- Maintain reasonable administrative, technical, and physical safeguards.
- Limit uses and disclosures to the minimum necessary when applicable.
- Train workforce members regarding privacy obligations.
- Promptly investigate potential privacy incidents.
- Notify affected individuals following certain reportable breaches involving unsecured protected health information.

Changes to This Notice

We reserve the right to change this Notice at any time.

Any revised Notice will apply to all protected health information maintained by Colorado Precision Medicine. The revised Notice will be effective as of the date indicated on the first page.

The current version will always be available:

- On our website
- Upon request from the practice
- Through the patient portal (if applicable)

Questions or Complaints

If you have questions regarding this Notice or believe your privacy rights have been violated, please contact:

Privacy Officer
Colorado Precision Medicine
PO Box 6341
Eagle, CO 81631

Phone: 970-279-1601
Email: care@coloradoprecisionmedicine.com

You may also file a complaint with the:

U.S. Department of Health & Human Services
Office for Civil Rights

A complaint must generally be filed within the time allowed by applicable law.

Colorado Precision Medicine will never retaliate against you for filing a privacy complaint.

Contact Information

Physical Practice Address

Colorado Precision Medicine
56 Edwards Village Blvd
Suite 206-10
Edwards, CO 81632

Mailing Address

Colorado Precision Medicine
PO Box 6341
Eagle, CO 81631

Phone: 970-279-1601
Email: care@coloradoprecisionmedicine.com

Website: www.coloradoprecisionmedicine.com