

# HIPAA

## The Centers for Gastroenterology 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 THIS NOTICE CAREFULLY.

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Your health information is personal, and we are committed to protecting it. Your health information is also very important to our ability to provide you with quality care, and to comply with certain laws. This notice applies to all records about your care that occurs at our office, and to all medical information we keep about you. We are legally required to safeguard your protected health information (PHI). In general PHI is personally identifiable information about your physical or mental health or condition, health care, or the payment of your health care.”

**Effective Date:** This notice and the practices described in it are effective January 14, 2026

### **HITECH Notification Requirements:**

Under HITECH, you have the right to be notified if your PHI has been breached. Notification must occur by mail within 30 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must:

- (1) Contain a brief description of what happened, including the date of the breach and the date of the discovery;
- (2) The steps the individual should take to protect themselves from potential harm resulting from the breach;
- (3) A brief description of what Centers for Gastroenterology is doing to investigate the breach, mitigate losses, and to protect against further breaches.

### **Access to E-Health Records:**

HITECH expands this right, giving patients the right to receive an electronic copy of your health information and to choose the format (paper, electronic, or other agreed upon format). You may also direct us to send your information to a third party with the correct verification by our staff if you choose.

### **Cash Patients:**

HITECH states that if you pay out-of-pocket in full for a service, you have the right to request that we do not disclose information about that service to your health plan, and we will honor that request unless disclosure is required by law.

### **Accounting of E-Health Records for Treatment, Payment, and Health**

You have the right to request an accounting of certain disclosures of your protected health information made by Centers for Gastroenterology. This accounting will not include disclosures made for treatment, payment, or health care operations unless otherwise required by law. When required to provide an accounting of disclosures, Centers for Gastroenterology will either:

- Provide an accounting of disclosures made by Centers for Gastroenterology and all of its business associates, including contact information so that you may request an accounting directly from those business associates.
- Requests for an accounting of disclosures are limited to the three-year period prior to the date of the request.

### **Changes to our Privacy Practices and this Notice:**

This HIPAA privacy practices, and this notice, may change at any time. Any changes will apply to PHI we already have on file and to PHI received after the effective date of the change.

**Your Health Information Rights:** You have the right to:

- Obtain a copy of the Notice upon request

- Request limits on uses and disclosures of your PHI
- Inspect and obtain a copy of your PHI
- Request correction of you PHI
- Receive a list of certain disclosures of your PHI
- Request confidential communication; you may request that we communicate with you in a specific way or at a specific location (for example, at work or by mail instead of phone), and we will accommodate reasonable requests.

For details regarding each of these rights, including exceptions, restrictions, the procedures you must follow to enforce your rights, and the procedures we must follow in responding to your requests, please contact the HIPAA Privacy Officer at the address listed below.

The law requires us to have your written authorization to some uses and disclosures. If you choose not to sign the HIPAA release, we cannot refuse to treat you or not file your insurance claims.

In other circumstances, the law allows us to use or disclose PHI without your written authorization. We will use and disclose your PHI as authorized by law.

**Uses and Disclosures of PHI:**

- Treatment
- Payment
- Individuals involved in your care or payment for your care. We may disclose PHI to a family member or other person who we reasonably believe to be involved in your care or payment of your care, unless you object.
- Business Associates: There are some services provided in our organization through contracts with third parties who are business associates of Centers for Gastroenterology. Business associates are a third party who are contracted to perform a job for our organization and have agreed to appropriately protect your health information.

**Certain Public Health and Other Government Requested Uses and Disclosures. The law allows us to disclose PHI without your further written authorization in the following circumstances:**

- When required by law. We disclose PHI when we are required to do so by federal, state or local law.
- For public health activities.
- For reports about victims of abuse, neglect or domestic violence. We will disclose your PHI in these reports ONLY if we are required by law to do so, OR if you otherwise agree.
- To health oversight agencies.
- For lawsuits and disputes.
- To law enforcement.
- To coroners, medical examiners and funeral directors.
- To organ procurement organizations.
- For medical research.
- To avert a serious threat to health or safety.
- For specialized government functions.
- To workers' compensation or similar programs.

In general, we may disclose a minor patients' PHI to a parent or guardian, but we may deny the parent's access to the minor patient's PHI in some situations. In certain circumstances, minors may consent to their own health care under Colorado law, and in those cases, the minor controls access to the protected health information related to that care.

For some types of PHI, there may be additional restrictions on our uses or disclosures described above. For example, drug and alcohol abuse patient treatment information, HIV test results, mental health information and genetic testing results are given greater protections under Colorado laws.

Other uses and disclosures of your PHI that are not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us written authorization for use or disclosure of your PHI, you may revoke that authorization in writing at any time. If you revoke your authorization we will no longer use or disclose your PHI for the purposes specified in the written authorization, except that we are unable to take back any disclosures we have already made with your permission and are required to retain certain records of the uses and disclosures made when the authorization was in effect. Most uses and disclosures of psychotherapy notes, uses of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization. We will not sell your protected health



Centers for  
Gastroenterology

*Specialists in Digestive Health*

information. We may contact you for fundraising purposes. You have the right to opt out of receiving such fundraising communications.

3702 Timberline Road Fort Collins, CO 80525  
Phone: (970)207-9773 Fax (970)207-1893

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services. **This Notice applies to all records of your care maintained by Centers for Gastroenterology. We will not retaliate against you for filing a complaint.**

**Direct all questions and document requests to:**

**The Privacy Officer at the Centers for Gastroenterology**

**3702 Timberline Rd.  
Fort Collins, CO. 80525**

**Ph. (970) 207-9773 Fax (970) 207-1893**