

This Notice Describes How Medical Information About You May Be Used, Disclosed and How You Can Access This Information.

Salud Family Health (Salud) provides health care services, which include medical, pharmacy, behavioral health, and dental services, to our patients in partnership with physicians and other professionals and organizations. These privacy practices will be followed by Salud and partnering organizations that provide services at Salud Clinics. Examples of partnering organizations include local hospitals that serve our communities and Specialists, as well as other healthcare service providers who participate in an Organized Health Care Arrangement with Salud, including Mental Health Partners, Clinica Family Health and Wellness, Colorado Community Managed Care Network, Metro Community Provider Network, Inc. d/b/a STRIDE Community Health Center, Community Reach Center, North Range Behavioral Health, Summit Stone Health Partners, the Health District of Northern Larimer County, Foothills Health Solutions, LLC, Front Range Health Partners LLC, Jefferson Center for Mental Health, and Centennial Mental Health Center (collectively referred to as Salud’s “Partners”). Regional Accountable Entities (RAEs) to include: Colorado Access, Northeast Health Partners, Rocky Mountain Health Plans, Health Colorado Inc., Colorado Community Health Alliance. Salud will share medical information about you as necessary to carry out treatment, payment and health care operations.

This Notice of Privacy Practices for Salud Family Health and Partners will serve as authority to access and share your medical information as outlined by the terms of this Notice.

PLEASE REVIEW THE FOLLOWING PAGES CAREFULLY.

A. How This Medical Practice May Use or Disclose Your Health Information

Each time you access services with Salud, a record of your visit is created. This record usually contains your name and other information that may identify you, your symptoms, examination and test results, diagnoses, treatment, plan for future health care, and financial information. This record is sometimes referred to as your “medical record” or “medical chart.” This record allows:

- Doctors, nurse practitioners, physician assistant, clinical pharmacists, medical assistants, referral coordinators, nurses, and other health professionals to review your medical records and to plan your treatment;

- Salud to obtain payment for services we provide to you, such as from insurance; and
- Salud to measure the quality of care provided to you.

Salud is committed to keeping your health information confidential. Salud will not use or give others your health information without your written permission, except as stated in this Notice or as required by law. The law permits us to use or disclose your health information for the following purposes:

1. Treatment.

Salud may use health information about you to provide your medical care. Salud may disclose health information to our employees and others who are directly involved in providing the care you need. For example, Salud may share your medical information with other physicians or other health care providers

who will provide services that Salud does not provide. Salud may share this information with a pharmacist dispensing a prescription to you, or a laboratory that performs a test. Salud may also disclose health information to members of your family or others who can help you when you are sick or injured, unless you have instructed us not to. Salud also participates in electronic health information exchanges to share your health information with other health care providers when relevant to your care, such as for hospitals visits. You have the option of opting out of this health information exchange. If you choose to opt out, you must notify the front desk.

2. Payment.

Salud may use and disclose health information about you to obtain payment for the services provided. For example, Salud may give your insurance the information it requires before it will pay us. Salud may also disclose information to other health care providers to assist them in obtaining payment for services provided to you.

3. Health Care Operations.

Salud may use and disclose health information about you to operate this medical practice. For example, we may use and disclose this information to improve the quality of care we provide, or the competence and qualifications of our professional staff. We may use and disclose information to have your insurance to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection, compliance programs and business planning and management. We may also share your medical information with our “business associates,” that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you. They request this information to help them with their quality assessment and improvement activities, patient-safety activities,

population-based efforts to improve health or value-based care to reduce health care costs, protocol development, case management or care coordination activities, review of competence, qualifications and performance of health care professionals, training programs accreditation, certification or licensing activities, or health care fraud and abuse detection and compliance efforts.

4. Health Information Exchanges and Organized Health Care Arrangements.

Salud may also share health information about you with other health care providers, health information exchanges, health care clearinghouses, and health plans that participate with us in “organized health” With Colorado’s health information exchange, CORHIO, RAE (Regional Accountable Entities) and members of the Organized Health Care Arrangements in which Salud participates. These uses or disclosures are aimed at improving care provided to you by better facilitating joint activities and communication between healthcare providers or as otherwise necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement. You may opt out of having your health information shared with COHRIO by submitting such request in writing to Salud.

5. Reproductive Health Care.

Salud is prohibited from disclosing health information about you to third parties who are seeking the information with respect to health care services that were lawful under the circumstances and to (1) conduct a criminal, civil, or administrative investigation into you for your seeking, obtaining, providing, or facilitating reproductive health care, (2) impose criminal, civil, or administrative liability on you for seeking, obtaining, providing, or facilitating reproductive health care, or (3) identify you for any purpose described above (each a “Prohibited Purpose”). For example, Salud is prohibited from providing health information about you to a third party who is seeking information about your mammography services that were lawfully provided under the circumstances for any Prohibited Purpose.

6. Attestation.

Salud will not use or disclose information potentially related to your reproductive health care for purposes of (1) health oversight, (2) judicial or administrative proceedings, (3) law enforcement purposes, or to (4) coroners and medical examiners about a decedent without obtaining a valid attestation from the person making the request. The attestation will require the third party to confirm that they are not seeking the information for any Prohibited Purpose. For example, Salud will not disclose your reproductive health information to a law enforcement officer without obtaining a valid attestation.

7. Potential Redisclosure of Health Information.

In some cases, if your health information is disclosed to a third party that is not regulated by HIPAA (e.g., disclosure to a family member who is involved in your care), the third party's subsequent disclosure of your information would not be regulated or protected by HIPAA.

8. Appointment Reminders.

Salud may use and disclose health information to contact and remind you about appointments. If you are not home, we may leave this information on your voicemail or text message.

9. Sign in.

Salud may use and disclose health 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.

10. Notification and Communication with Family.

Salud may disclose your health information to notify a family member, your personal representative or another person responsible for your care about your location, your general condition or, in the event of your death, unless you had instructed us otherwise. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to

agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster or medical emergency even over your objection if we believe it is necessary to respond to the emergency. If you are unable or unavailable to agree or object, our health professionals will use their best judgment when communicating with your family and others.

11. Outreach.

Provided we do not receive any payment for making these communications or use your personal health information to raise funds for Salud. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. Similarly, we may describe products or services provided by this practice and tell you which health plans this practice participates in. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your health information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

12. Sale of Health Information.

Salud will not sell your health information.

13. Required by Law.

As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. For example, when the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings or to law enforcement officials, we will comply with the applicable legal requirements discussed in more detail below concerning those activities.

14. Public Health.

Salud may, and is sometimes required by law to, disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless, in our best professional judgment, we believe the notification would place you or others at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

15. Health Oversight Activities.

Subject to the requirements discussed at Section 5 and 6, Salud may, and is sometimes required by law to, disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.

16. Judicial and Administrative Proceedings.

Subject to the requirements discussed at Section 5 and 6, Salud may, and is sometimes required by law to, disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other legal process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

17. Law Enforcement.

Subject to the requirements discussed at Section 5 and 6, Salud may, and is sometimes required by law to, disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

18. Coroners.

Salud may, and is often required by law to, disclose your health information to coroners in connection with their investigations of deaths.

19. Organ or Tissue Donation.

Salud may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

20. Public Safety.

Salud may, and is sometimes required by law to, disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

21. Proof of Immunization.

Salud will disclose proof of immunization to a school that is required to have it before admitting a student if you have agreed to the disclosure on behalf of your- self or your dependent. Salud uploads vaccine administration into the Colorado Immunization Information System.

22. Specialized Government Functions.

Salud may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

23. Worker's Compensation.

Salud may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We may also be required by law to report certain cases of occupational injury or occupational illness to third parties.

24. Change of Ownership.

In the event that this medical practice is sold or merged with another organization, your health information/ record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

25. Breach Notification.

In the case of a breach of your health information protected under applicable law, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances our business associate may provide the notification. We may also provide notification by other methods as appropriate.

26. Psychotherapy Notes.

Salud does not keep psychotherapy notes for any patient. Notes kept during a behavioral health visit are considered progress notes and are part of the medical record. These notes may be released as described in this Notice of Privacy Practices.

27. Research.

Salud may disclose your health information to re-searchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

28. Medical Record Documentation.

Scribe dictation technology is used to complete visit notes for the purpose of documenting medical information in an efficient and accurate manner.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or dis- close your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. Right to Request Special Privacy Protections.

You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial insurance concerning health care for specific items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. You may choose to opt-out of participation in the Health Information Exchange, at any time. We reserve the right to accept or reject any other request and will notify you of our decision. We are not responsible for the release of information made by other health care organizations; it is your responsibility to notify other organizations if you do not wish to have specific information released regarding your care.

2. Right to Request Confidential Communications.

You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account or to your work address. We will comply with all reasonable requests submitted in verbally or in writing which specify how or where you wish to receive these communications; however, we cannot guarantee that information shared with you in an electronic format is secure and not able to be accessed by others.

3. Right to Inspect and Copy.

You have the right to inspect and copy your health information that is maintained in a designated record set, with limited exceptions. To access your health information, you may do so by logging in to your Salud Patient Portal; submission is HIPAA compliant. Your request should detail what information you want access to, whether you want to inspect it or receive a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible,

or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. Dependent upon the request, Salud may charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary, where such fees are permitted by law. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. Please note that Salud maintains pharmacy records in a separate recordkeeping system than other health records. If you are requesting copies of or access to pharmacy records in addition to your general health records, please be sure to explicitly request that pharmacy records be included.

4. Right to Amend.

You have a right to request that we amend your health information that is maintained in a designated record set that you believe is incorrect or incomplete. You must make a request to amend in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

5. Right to an Accounting of Disclosures.

You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 10 (notification and communication with family) and 22 (specialized government functions) of Section A of this Notice of Privacy Practices or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

6. Right to a Paper or Electronic Copy of this Notice.

You have a right to receive a notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer.

D. Changes to This Notice of Privacy Practices

Salud reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

E. Complaints

Salud will not retaliate against you for filing a complaint. Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to the HIPAA Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with Salud, or with the Secretary of the Department of Health and Human Services.

To contact Salud's HIPAA Privacy Officer you may do the following:

- Call: (303) 892-6401 and ask for the HIPAA Privacy Officer.
- To file a complaint with Salud you can:
 - **On-line:** visit saludclinic.org and choose "Contact" tab.
 - **In-Person:** submit your own written document and drop off at your local Salud clinic or ask to speak with the Center Operations Director.
 - **Mail:** to Salud Family Health, 203 S. Rollie Ave, Fort Lupton Colorado 80621- Attention: HIPAA Privacy Officer.

**Please click on this link to be taken to the
Notice of Privacy Practices:**

[https://www.saludclinic.org/_files/ugd/e620af_
b262ae82715941ab870f5c7e43bc9900.pdf](https://www.saludclinic.org/_files/ugd/e620afb262ae82715941ab870f5c7e43bc9900.pdf)

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