



Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access this information. Colorado HealthQuest has always kept your health information secure and private. A new law requires us to give you this notice. Please review it carefully.

Ways in which your confidential information may be used or disclosed without your authorization:

- The law permits us to disclose information to those involved in your treatment.
- We may disclose your information for billing purposes, gaining insurance or benefit information, insurance authorization, and payment for services.
- Your health information may be used during normal healthcare operations.
- We may use your information to contact you for scheduling purposes or to inform you of benefit information. This may involve leaving messages on an answering machine or with the person who answers the phone.
- We may release some of all of your information when required by law.

Your authorization is required to disclose your health information to any other healthcare providers, individuals or third parties requesting information about you.

You have the right to:

- Know of any uses or disclosures we make with your health information beyond the above normal uses.
- Transfer copies of your information to another practice.
- To see and receive a copy of your health information. With a few exceptions. (Request must be in writing. We may charge you a reasonable copy fee.)
- Request that we amend your confidential information. (Request must be in writing. If we agree with this request we will not alter earlier documents, but will add new information.)

Colorado HealthQuest will maintain the privacy of your confidential health information as required by law and by the notice currently in effect. Colorado HealthQuest reserves the right to make changes or revisions to the terms of this notice. If details are changed we will notify you of the changes.

If you believe that your rights have been violated you may contact the Department of Health and Human Services (200 Independence Ave, S.W., Room 509F, Washington, DC 20201). You will not be penalized for filing a complaint. However before filing a complaint, or for more information or assistance regarding the privacy of your health information, please contact our office at, 303-402-9088.

This notice is effective April 14, 2003.

ACKNOWLEDGEMENT

I have read and received a copy of the Colorado HealthQuest Notice of Privacy Practices.

Signed _____ Print Name _____

Date _____

If signing as a parent or guardian, please note the name of the patient
