



## Notice of Privacy Practices

8000 E Maplewood Ave  
Building 5, Ste 200  
Greenwood Village, CO 80111  
www.cohealthop.org  
Main: 720-627-8900  
Fax: 303-221-1654

### Colorado HealthOP Notice of Privacy Practices

*Effective Date: January 1, 2015*

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### About this Notice

Colorado HealthOP is committed to protecting the privacy of the Protected Health Information we create or receive about you, both as an internal standard and as a legal requirement. We are required by law to give you this Notice explaining our privacy practices with regard to that information. This Notice tells you about the ways in which we may use and disclose the information, and describes your rights and our obligations with regard to your Protected Health Information.

#### What is Protected Health Information?

Protected Health Information (sometimes referred to as PHI) is information that identifies you, and relates to your past, present, or future physical or mental health or conditions, the provision of healthcare to you, or the past, present, or future payment for your healthcare.

#### How We May Use and Disclose Your Protected Health Information

We may use and/or disclose Protected Health Information for the purposes listed below.

**Treatment.** We may use or disclose Protected Health Information for treatment purposes. For example, a doctor treating you for a particular condition may need to obtain information from us about prior treatment of a similar or different condition, including the identity of the health care provider who treated you previously.

**Payment.** We may use and disclose Protected Health Information for purposes related to payment for healthcare services. For example, we may use your Protected Health Information to settle claims, to reimburse health care providers for services provided to you, or give it to another health plan to coordinate benefits.

**Health care operations.** We may use and disclose Protected Health Information for health plan operations. For example, we may use or disclose your Protected Health Information for quality assessment and improvement activities, case management and care coordination, to comply with law and regulation, accreditation purposes, claims processing, grievances or lawsuits, healthcare contracting relating to our operations, legal or auditing activities, business planning and development, business management and general administration, underwriting, obtaining re-insurance and other insurance activities, and to operate the Plan.

**Treatment alternatives.** We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-related benefits and services.** We may contact you about benefits or services that we provide.

**Appointment reminders.** We may contact you to remind you that you have an appointment with a provider.

**Individuals involved in your care or payment for your care.** Unless you object, we may disclose to a family member, friend, or other person you identify Protected Health Information that directly relates to that person's involvement in your care. We may also disclose such information to such persons if we can infer from the circumstances that you would not object. For example, we will assume that you agree to our disclosure of Protected Health Information about you to your spouse when your spouse calls us to discuss benefits under your plan. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest.

Additionally, we may disclose information to your representative. If a person has the authority under law to make healthcare decisions for you, we will treat that representative the same way we would treat you with respect to your Protected Health Information. Parents and legal guardians are generally plan member representatives of minors, unless the minors are permitted by law to act on their own behalf and make their own medical decisions.

**Fundraising activities.** We may contact you to provide you with information about Colorado HealthOP events and activities, including fundraising programs. If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as an "opt-out."

**Disaster-relief efforts.** We may disclose Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**News-gathering activities.** We may contact you or one of your family members to discuss whether or not you want to participate in a news story for plan-related publications or external news media. For example, a reporter may be doing a story on care management programs. If you had participated in such a program, we might ask if you would be willing to talk to the reporter. Your written authorization (permission) is required if we want to use or disclose any of your Protected Health Information for these kinds of purposes.

**Research and related activities.** We may use or disclose Protected Health Information for research purposes under specific rules determined by the confidentiality provisions of applicable law. In

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some instances, federal law allows us to use your Protected Health Information for research without your authorization, provided we get approval from a special review board. Such research will not affect your eligibility for benefits, treatment or welfare, and your Protected Health Information will continue to be protected.

**As required by law.** We will disclose Protected Health Information when required to do so by federal or state law.

**To avert a serious threat to health or safety.** We may use and disclose Protected Health Information when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to help stop or reduce the threat.

**Organ, eye and tissue donation.** If you are an organ, eye or tissue donor, we may disclose Protected Health Information to organizations that handle organ, eye, or tissue procurement or transplantation, such as an organ donation bank, as necessary to facilitate organ, eye, or tissue donation and transplantation.

**Military.** If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We may also disclose Protected Health Information about foreign military personnel to the appropriate military authority as authorized or required by law.

**Workers' compensation.** We may disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Public-health disclosures.** We may disclose Protected Health Information for public health purposes, such as to prevent or control disease, injury or disability.

**Health-oversight activities.** We may disclose Protected Health Information to governmental, licensing, auditing, and accrediting agencies, as authorized or required by law.

**Legal proceedings, lawsuits and other legal actions.** We may disclose Protected Health Information in response to a court or administrative order or to defend ourselves in the event of a lawsuit.

**Law enforcement.** We may disclose Protected Health Information for law enforcement, as authorized or required by law.

**Coroners, medical examiners and funeral directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director, as necessary to carry out their duties.

**National-security and intelligence activities.** We may disclose Protected Health Information to authorized federal officials for intelligence, counterintelligence, and other national-security activities, as authorized or required by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may disclose Protected Health Information to the correctional institution as authorized or required by law.

**Government programs providing public benefits.** We may disclose your Protected Health Information relating to eligibility for or enrollment in the Plan to another agency administering a government program providing public benefits, as long as sharing the Protected Health Information or maintaining the Protected Health Information in a single or combined data system is required or otherwise authorized by law.

**Business Associates.** We may disclose Protected Health Infor-

mation to our business associates who perform functions on our behalf or provide us with services, if the Protected Health Information is necessary for those functions or services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

### Other Uses of Protected Health Information

We will not use or disclose Protected Health Information for any purpose not covered by this Notice without your written authorization (permission). Most uses and disclosures for marketing purposes fall within this category and require your authorization before we may use your Protected Health Information for such purposes. Additionally, with certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your Protected Health Information without your written authorization. If you provide us authorization to use or disclose Protected Health Information, you may revoke (withdraw) that authorization, in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosures we may have already made with your authorization. If your withdrawal relates to research, researchers are allowed to continue to use the Protected Health Information they have gathered before your withdrawal if they need it in connection with the research study or follow-up to the study.

### Your Rights Regarding Your Protected Health Information

You have the following rights regarding Protected Health Information we maintain about you:

**Right to inspect and copy.** You have the right to inspect and copy Protected Health Information about you that is maintained by us or for us in enrollment, payment, claims settlement, and case or medical management record systems, or that is part of a set of records that is otherwise used by us to make a decision. Your request to inspect or copy your Protected Health Information must be submitted to us in writing. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associate with your request. We may deny your request to inspect or copy your records in certain limited circumstances. If we deny your request, you have the right to have your request reviewed by a licensed health care professional who was not directly involved in the denial of your request.

**Right to request an amendment.** If you feel that Protected Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us in enrollment, payment, claims settlement and case or medical management record systems, or that is part of a set of records that is otherwise used by us to make a decision about you.

Your request must be submitted in writing, with an explanation as to why the amendment is needed. If we accept your request, we will amend your records. We cannot change what is in the record; we add the supplemental information to the records.

We may deny or partially deny your request if you ask us to amend Protected Health Information that:

- we did not create (unless the person or entity that created the Protected Health Information is no longer available to make the amendment);
- is not part of the enrollment, payment, claims settlement, and case or medical management record systems maintained by or for us, or part of a set of records that we otherwise use to make decision;
- is not part of the information which you would be permitted to inspect and copy; or

- is determined by us to be accurate and complete.

If we deny or partially deny your request for amendment, you have the right to submit a written rebuttal and request the rebuttal be made a part of your medical record. We have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request (including rebuttals) be transmitted to any other party any time the involved portion of the medical record is disclosed.

**Right to an accounting of disclosures.** You have the right to receive a list of the disclosures we have made of your Protected Health Information in the six years prior to your request. This list will not include every disclosure made, including those disclosures made for treatment, payment and health care operations purposes. Your request must be submitted in writing and state the time period for which you want to receive the accounting, which may not be longer than six years. You may receive the list in paper or electronic form. The first accounting you request in a 12-month period will be free. We may charge you for responding to any additional requests in that same time period. We will inform you of any costs before you will be charged anything.

**Right to request restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the

Protected Health Information we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. Your request must be submitted in

writing and state the specific restriction requested. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we tell you. If we end the restriction, it will affect Protected Health Information that was created or received only after we notify you.

**Right to request confidential communications.** You have the right to request that we communicate with you only in a certain way or at a certain location. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

**Right to Notice of Breach:** You have the right to receive written notice as soon as possible but no later than 60 days after any unauthorized use or disclosure that compromises the privacy or security of your Protected Health Information.

**Right to a paper copy of this Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a paper copy of this notice at any time.

### **Disclosure of Summary Health Information**

Colorado HealthOP may disclose summary health information to employers to allow employers to obtain premium bids from health plans for providing health insurance coverage, or modifying, amending, or terminating health insurance coverage. Summary health information is information that summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom the employer has provided health benefits under a group health plan, and from which all factors that may identify an individual, except perhaps zip code, have been removed.

### **Changes to this Notice**

We reserve the right to change this Notice and to make the revised or changed Notice effective for Protected Health Information we already have about you as well as any information we receive in the future. The current Notice will also be posted on our website at

[www.cohealthop.org](http://www.cohealthop.org)

### **Our Right to Check Your Identity**

For your protection, we may check your identity whenever you have questions about your treatment or payment activities. We will check your identity whenever we get requests to look at, copy or amend your records or to obtain a list of disclosures of your Protected Health Information.

### **How to Exercise Your Rights**

To exercise your rights described in this Notice, send your request, in writing to our Privacy Officer addressed as follows:

Privacy Officer  
Colorado HealthOP  
8000 E Maplewood Ave  
Building 5, Ste 200  
Greenwood Village, CO 80111

We may ask you to fill out and return to us a form that we will supply.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. To file a complaint with us, send your complaint to the address shown immediately above. To file a complaint with the Secretary, write to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
999 18th Street, Suite 417  
Denver, CO 80202  
Voice Phone (800) 368-1019  
FAX (303) 844-2025  
TDD (800) 537-7697

**This notice is effective January 1, 2015.**

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