



## Notice of Privacy Practices

This notice describes how your health information may be used and disclosed, and how you can access this information. **Please review it carefully.**

At Boulder Valley Asthma & Allergy Clinics (BVAAC) and Denver Allergy & Asthma Associates (DAA), we are required to keep your health information secure and confidential, by law. Also, by law, we need to give you this notice and to follow the terms of this notice.

The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.

We may use or disclose your health information for payment of services. For example, we may send a report of your treatment or progress to your insurance company.

We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your treatment information into our computer system.

We may share your medical information with our business associates, such as billing service. We have a written contract with each business associate that requires them to protect your privacy.

We may use your information to contact you. We may call/text/email and remind you about your appointments. If you are not home, we may leave this information on your answering machine or the person who answers the telephone.

In an emergency, we may disclose your health information to a family member or another person responsible for your care.

We will need to release some or all your health information, when required by law.

If this practice is sold, your information will become the property of the new owner.

Our practice uses Prisma within eClinicalWorks to access and share relevant medical records with other treating providers. This helps ensure coordinated, safe, and accurate care. All information accessed or shared is protected under federal and state privacy laws.

Except as described above, this practice will not use or disclose your health information without your prior written authorization.

You may request in writing that we not use or disclose some or all your health information as described above. We will let you know if we can fulfil your request.

You have the right to receive communication about your health information in the manner you prefer. We will also use whatever communication method, number or system you prefer to contact you.

You have the right to transfer a copy of your health information to another practice. Please fill out our records release form in order to have the records transferred.

You have the right to see and receive a copy of your health information, with a few exceptions. Please fill out our records release form, notifying us of the information you want to see. If you want a copy of your records. We may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information, in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request but will include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice.

If we change any of the details of this notice, we will notify you of the changes in writing.

You may file a complaint with the Department of Health and Human Services in writing (200 Independence Ave, S.W., Room 509F HHH Bldg., Washington DC 20201), online (<http://www.hhs.gov>) or by email ([OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)). You will not be retaliated against for filing a complaint.

Please contact our Practice at 303-234-1067 for more information, to make a request, to file a complaint with us or for further assistance regarding your health information privacy.