



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Introduction:

Developmental Pathways (“DP”) safeguards your protected health information (PHI) as required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other applicable federal and state law and regulations. This Notice explains how DP uses and discloses your PHI and how you can exercise your rights under HIPAA.

DP’s Duties:

1. **Notify You of DP’s Privacy Policies.** Federal law requires that DP notify you of its legal duties and privacy policies and procedures with respect to your PHI. This Notice is intended to satisfy that requirement.
2. **Use And Disclose Your PHI Only As Described In This Notice.** DP will abide by the terms of this Notice as long as it remains in effect. DP will use and disclose your PHI without first obtaining your written authorization only as described in this Notice. If DP obtains your written authorization for a use or disclosure not described in this Notice, you may revoke or modify that authorization at any time by submitting the appropriate form to the Privacy Officer designated on below. The Privacy Officer will provide you with a copy of the form upon request.

How DP Might Use or Disclose Your PHI Without Your Authorization For Treatment, Payment, or Health Care Operations

1. **Uses and Disclosures for Treatment, Services, and Supports.** DP may use your PHI to provide you with medical treatment, services or supports. We may disclose your PHI to physicians, psychologists, service providers and staff and other persons providing treatment, services or supports to you.
2. **Use for Payment Purposes:** DP may use your PHI to prepare bills for services that it has provided to you and to collect payment for those services.
3. **Uses and Disclosures for Health Care Operations.** DP may use your PHI for agency operations. These uses are necessary to manage DP’s operation and to monitor the quality of your care. DP may disclose your PHI to qualified personnel of authorized external agencies whose responsibility it is to license, to accredit to monitor, to approve, or to conduct other functions as appropriate.

How DP Might Otherwise Use or Disclose Your PHI Without Your Authorization

1. **Appointment Reminders:** We may use your PHI to contact you about an upcoming appointment or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
2. **Disclosures to Family Members Or Authorized Representatives.** DP may disclose your PHI to your parent if you are a minor, to your guardian, or to an individual designated by you, or designated by your parent, if you are a minor, or by your guardian, if appropriate, to assist you in acquiring or utilizing services or supports from DP to the extent access to confidential is within the scope of the designated person’s authority.

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3. **Disclosures to Business Associates.** DP has contracted with one or more third parties (referred to as a business associate) to use and disclose your PHI to perform services for DP. DP will obtain each business associate's written agreement to safeguard your PHI.
4. **Uses and Disclosures for Health Oversight Activities.** DP may disclose your PHI to qualified professional personnel of community centered boards, regional centers and other service agencies, including boards of directors and Human Rights Committee members to the extent necessary for the acquisition, provision, oversight or referral of services and supports. DP may disclose your PHI to the Colorado Departments of Health Care Policy and Financing ("HCPF") or Human Services ("DHS") or their designees as deemed necessary. DP may disclose your PHI to The Legal Center for People with Disabilities and Older Persons (the "Legal Center"), 455 Sherman St., Suite 130, Denver, CO 80203, as long as that organization serves as the protection and advocacy system for Colorado, when (a) the Legal Center has received a complaint from you or on your behalf, or (b) if you do not have a legal guardian or if the State of Colorado or the State's designee is your legal guardian.
5. **Uses and Disclosures For Judicial And Administrative Proceedings.** DP may use or disclose your PHI in connection with court proceedings, such as disclosures of your PHI to a court or to persons authorized by an order of the court, issued after a hearing, notice of which was given to you or your personal representative, where appropriate, and to the custodian of the information.
6. **Uses or Disclosures Required By Law.** DP may use or disclose your PHI as required by any statute, regulation, court order or other mandate enforceable in a court of law.
7. **Disclosures to HHS.** DP may disclose your PHI to the United States Department of Health and Human Services ("HHS"), the government agency responsible for overseeing DP's compliance with federal privacy law and regulations regulating the privacy of PHI.
8. **Disaster Relief.** DP may use or share PHI about you to a public or private entity authorized by law or charter to assist in disaster relief efforts. This will be done to coordinate those efforts with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.
9. **Mistreatment, Abuse, Neglect or Exploitation.** DP may share PHI about you to a government and/or regulatory authority authorized by law to receive reports of mistreatment, abuse, neglect or exploitation if we believe you are a victim, perpetrator or witness. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by or your authorized representative; or (c) authorized by law and necessary to prevent serious harm to you or potential victims and we are informed by law enforcement or public officials that immediate enforcement activity requires disclosure of PHI.
10. **To Avert Serious Threat to Health and Safety.** DP may disclose PHI about you to prevent a serious threat to your health and safety or the health and safety of another or the public.
11. **Correctional Institutions.** DP may share PHI about you to a correctional institution or law enforcement having custody of you. The disclosure will be made if necessary: (a) to provide health care to you; (b) for the health and safety of others; or (c) for the safety, and security of the correctional institution.
12. **Fundraising.** DP may use or share PHI about you to raise funds for DP or its foundation, the SUN Foundation. We may also use your information to contact you to volunteer or provide in-kind contributions. We will only use demographic information such as your name, address and phone number and will not release this information to any outside entity. IF YOU DO NOT WANT DP OR ITS FOUNDATION TO CONTACT YOU FOR FUNDRAISING please notify the SUN Foundation Director at 303 858-2004 or SUN Foundation, 325 Inverness Drive South, Englewood, CO 80112-6012.

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13. **Marketing.** DP may use PHI to inform you about services and supports available to you and give you information about providers of those services and supports. We may communicate this information to you face to face, in phone conversations, by fax or e-mail. We will only use demographic information such as your name, address and phone number and will not release this information to any outside entity. DP does not sell PHI to any entity.

Your Privacy Rights As A Participant In One Or More Of DP's Programs

You may exercise the rights described below by contacting DP's Privacy Officer at the mailing address or telephone number listed below and requesting a copy of the appropriate form.

1. **Right to Access Your PHI.** You may request a review or photocopies of your PHI on file with DP by submitting the appropriate form to the Privacy Officer. DP will provide access, or will mail the photocopies to you, within 30 days of your request unless the PHI is not available on-site, in which case DP will provide access or mail the photocopies within 60 days of your request. DP may extend the deadline for access or mailing by up to 30 days. DP will provide you with a written explanation of any denial of your request for access or photocopies. DP may charge you a reasonable, cost-based fee for photocopies or for mailing. If there will be a charge, the Privacy Officer will first contact you to determine whether you wish to modify or withdraw your request.
2. **Right to Amend Your PHI.** You may amend your PHI on file with DP by submitting the appropriate request form to the Privacy Officer. DP will respond to your request within 60 days. DP may extend the deadline by up to an additional 30 days. If DP denies your request to amend, DP will provide a written explanation of the denial. You would then have 30 days to submit a written statement explaining your disagreement with the denial. Your statement of disagreement would be included with any future disclosure of the disputed PHI.
3. **Right to an Accounting Of Disclosures Of Your PHI.** You may request an accounting of DP's disclosures of your PHI by submitting the appropriate form to the Privacy Officer. DP will provide the accounting within 60 days of your request. DP may extend the deadline by up to an additional 30 days. The accounting will exclude the following disclosures: (a) disclosures for "treatment," "payment," or "health care operations," (b) disclosures to you or pursuant to your authorization, (c) disclosures to family members or close friends involved in your care or in payment for your care, (d) disclosures as part of a data use agreement, and (e) incidental disclosures. DP will provide the first accounting during any 12-month period without charge. DP may charge a reasonable, cost based fee for each additional accounting during the same 12-month period. If there will be a charge, the Privacy Officer will first contact you to determine whether you wish to modify or withdraw your request.
4. **Right to Request Additional Restrictions On The Use Or Disclosure Of Your PHI.** You may request that DP place restrictions on the use or disclosure of your PHI for "treatment," "payment," or for "health care operations" in addition to the restrictions required by federal law by submitting the appropriate request form to the Privacy Officer. DP will notify you in writing within 30 days of your request whether it will agree to the requested restriction. DP is not required to agree to your request.
5. **Right to Request Communications By Alternative Means Or To An Alternative Location.** DP will honor your reasonable request to receive PHI by alternative means including electronic means, or at an alternative location, if you submit the appropriate request form to the Privacy Officer.
6. **Right to A Paper Copy Of This Notice.** You may request at any time that the Privacy Officer provide you with a paper copy of this Notice.



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Other Uses of Protected Health Information

Other uses and disclosures of PHI not covered by this notice or the laws that apply to DP will be made only with your written permission. If you provide us written permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke permission, thereafter, we will no longer use or disclose PHI about you for the reasons set forth in the prior authorization.

A Note about Personal/Authorized Representatives

All of the rights described above may be exercised by your personal representative after the personal representative has provided proof of his or her authority to act on your behalf. Proof of authority may be established by (a) designation of an authorized representative; (b) a power of attorney for health care purposes, notarized by a notary public; (c) a court order for appointment as guardian, or (d) any other document which the Privacy Officer, in his or her sole discretion, deems appropriate.

Your Right To File A Complaint

If you believe that your privacy rights have been violated because DP has used or disclosed your PHI in a manner inconsistent with this Notice, because DP has not honored your rights as described in this Notice, or for any other reason, you may file a complaint in one, or both, of the following ways:

1. **Internal Complaint:** Within 180 days of the date you learned of the conduct, you can submit a complaint using the appropriate complaint form to the Privacy Officer, Developmental Pathways, Inc., 325 Inverness Drive South, Englewood, CO 80112, or call (303) 360-6600 and ask for the Privacy Officer. You can obtain a complaint form from the Privacy Officer.
2. **Complaint To HHS:** Within 180 days of the date you learned of the conduct, you may submit a complaint by mail to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave., S.W., Washington, D.C. 20201.

DP's Anti-Retaliation Policy

DP will not retaliate against you for submitting an internal complaint, a complaint to HHS, or for exercising your other rights as described in this Notice or under applicable law.

Whom to Contact For More Information about DP' Privacy Policies and Procedures

If you have any questions about this Notice, or about how to exercise any of the rights described in this Notice, you should contact DP's Privacy Officer by mail c/o Developmental Pathways, 325 Inverness Drive South, Englewood, CO 80112-6012, or call (303) 360-6600 and ask for the Privacy Officer.

Revisions to the Privacy Policy and To The Notice

DP reserves the right to change this Notice or DP's privacy policies and procedures at any time. New notice or policies and procedures will be effective for all PHI we maintain including PHI created or received by us prior to the effective date of the new notice. Current notices will be posted on our website www.developmentalpathways.org and posted in our facilities.

Effective Date of This Notice: April 2003 (Rev. Sept. 2013)