

**Gregory J. Liebscher, M.D, F.A.C.S**

**Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**PLEASE READ IT CAREFULLY**

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. The Act gives you, the patient, the right to understand and control how your protected health information (“PHI”) is used. HIPAA provides penalties for covered entities that misused protected information.

As required by HIPAA, here is the explanation of how we are to maintain the privacy of your health information, and how we may disclose your personal information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operation.

Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers.

Payment means activities such as obtaining reimbursement for services, confirming insurance coverage, billing or collections activities, and utilization review.

Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service.

The practice may also disclose your PHI for law enforcement and other legitimate reasons although we do our best to assure its continued confidentiality to the extent possible.

We may also create and distribute de-identified health information by removing all individually identifiable information.

We may contact you, by phone or in writing, to provide appointment reminders or information about treatment alternatives, or other health-related benefits and services, that may be of interest to you.

The following use and disclosures of PHI will only be made upon our practice receiving a written authorization from you:

Most uses and disclosures of psychotherapy notes;

Uses and disclosures of your PHI for marketing purposes, including subsidized treatment and health care operations;  
Disclosures that constitute a sale of PHI under HIPAA; and Other uses and disclosures not described in this notice.

You may revoke such authorization in writing, and we are required to honor your written request, except to the extent that we have already taken actions relying on your authorization.

You may have the following rights with respect to your PHI:

\* The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction except in limited circumstances which we shall explain if you ask. If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.

The right to reasonable requests to receive confidential communications of PHI by alternative means or at alternative locations.

The right to inspect and copy your PHI

The right to amend your PHI

The right to receive an accounting of disclosures of your PHI

The right to obtain a paper copy of this notice from us upon request

The right to be advised if your unprotected PHI is intentionally or unintentionally disclosed

If you paid for services “out of pocket”, in full, and you request that we do not disclose PHI related solely to those services to a health plan, we will accommodate your request as permissible by law.

We are required by law to maintain the privacy of your PHI and to provide you the notice of our legal duties and our privacy practices with respect to PHI.

This notice is effective as of January 1, 2020, and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provisions effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel your protections have been violated by our office. You have the right to file a formal, written complaint with the office and with the Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

You may contact the Practice Manager, at 5901 Corporate Drive , Colorado Springs, CO 80919 or (719) 634.2503 for more information, in person or in writing.