

**Dale S. Johnson, M.D. Mohammad Karbassi, M.D. Sara S. Heffler, O.D.  
Privacy Statement**

Effective Date: April 15, 2003

**Dr. Johnson, Dr. Karbassi, and Dr. Heffler are committed to protecting personal healthcare information in accordance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA).**

This privacy statement is an outline of our privacy practices pertaining to healthcare information and shall remain publicly posted as required by law. If you have any questions regarding this information please contact the Office Manager at 303-772-3611.

**Understanding Your Health Information**

Each time you visit Dr. Johnson, Dr. Karbassi or Dr. Heffler's office, a medical record is made. Typically this record contains your personal information, insurance information, diagnosis and treatment. This information serves as a:

- Legal document describing your care or that of your child,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool with which we can assess and continually work to improve the care we render
- Outcomes we achieve,
- A source for public health officials charged with improving the health of this state and nation.

Understanding what is in your medical record and how your health information is used helps you to: ensure its accuracy, better understand who, what, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**How Dr. Johnson, Dr. Karbassi and Dr. Heffler's office may use and disclose Healthcare Information.**

**1. Treatment**

We may use and disclose your health information in order to provide quality treatment and services to you. We may disclose health information about you to doctors, nurses, technicians, and/or other personnel directly involved in your care. We may also provide your physician or subsequent healthcare provider with copies of your medical records in order for your continued treatment once you are discharged from our doctor's care.

**2. Financial information**

We may use and disclose health information pertaining to your care in order to bill and collect payment from you, your insurance provider and/or a third party payer. Such information may include your identity, diagnosis, procedures performed and/or supplies used for your care.

### **3. Business Associates**

We may also use and disclose health information to business associates we have contracted with to perform services related to your care, such as, laboratory personnel, medical equipment and supply companies, and/or medical billing and collection services. To protect your healthcare information all business associates affiliated with Dr. Johnson, Dr. Karbassi or Dr. Heffler are required to sign a "Business Associate Agreement."

### **4. Individuals involved in your treatment or care**

We may use or disclose health information about you to a friend, family member, caregiver, or language translator who may be directly involved in your medical care or have financial responsibility for care.

### **5. Affiliated Healthcare Entities**

Protected healthcare information will be made available to hospital personnel as necessary to carry out treatment, payment and other services related to your care. For information on hospital privacy policies, you will need to contact a hospital privacy officer.

### **6. Other Entities**

As required by law, our office may also use and disclose health information without your written authorization for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public health or Legal Authorities charged with preventing or controlling disease, injury or disability.
- Correctional Institutions
- Workers Compensation Agencies
- Organ and Tissue Donation Organizations
- Military Command authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes are required by law or in response to a valid subpoena.

### **7. Other uses of Health Information**

Other uses and disclosures of health information not covered by this statement or the laws that pertain to protected healthcare information shall be made only with your written permission. If you provide permission for us to use or disclose your health information, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your original written authorization. You understand that we are unable to take back any disclosure already made with your permission, and that we are required to retain our records of the care provided to you by our doctors.

## **8. Waiting Areas**

Waiting areas are shared with other patients and family members. Your name will be called when it is time for your appointment. If you object to having your name announced in the waiting area, please notify the receptionist.

## **9. Confidential Communication**

If you call our office to make an appointment, patients in the waiting area may hear your name, telephone number, insurance information, and the reason for your visit. If you object to this, please notify the receptionist as soon as she answers and she will go to a more private area.

## **Your Health Information Rights**

Although your healthcare record is the physical property of our office, you have the right to:

### **1. Inspect and Copy**

You have the right to inspect and obtain a copy of your personal health information and medical records related to your care. Your request to inspect and copy your medical records may be denied in certain limited circumstances. If you are denied access to your health information, you may request our doctors review the denial.

### **2. Amend your Medical Records**

If you feel that your health information is incorrect or incomplete, you may ask to have the information amended. The Office Manager or one of the Doctors may deny requests for medical record amendments. The reason for denial will be discussed with you by the Office Manager or Doctors.

### **3. An accounting of disclosures**

You have the right to request an accounting of disclosures. This is a list of the disclosures made by our office of your health information for purposes other than treatment, payment or health care operation where authorization was not required.

### **4. Request Restriction**

You have the right to request restrictions or limitation on the health information our Doctors use related to your care, payment or health care operations. You also have the right to restrict or limit health care information that we may disclose to someone who is directly involved in your care or the payment of your care. Our office will comply with any such agreement providing the agreement does not adversely interfere with you or your child's medical care.

## **Privacy Statement**

You have the right to request a paper copy of this privacy statement from the office.

**\*To exercise any of your rights, please obtain the required forms from the Office Manager.**

**Changes to the Privacy Statement**

Our office reserves the right to revise or modify this privacy statement from time to time. Any revisions or modifications will be effective immediately upon posting. The revisions or modifications will be effective for healthcare information we currently have about you or your child and also any information we receive in the future. The current privacy statement will be posted in the waiting room area and include the effective date. In addition, each time you visit our office you may obtain a copy of the current privacy statement.

**Complaints or Grievances**

If you believe your privacy rights have been violated, you may file a complaint with the Office Manager, Dr. Johnson, Dr. Karbassi, or Dr. Heffler. Written complaints may also be submitted to the Colorado Department of Health and Human Services. All complaints must be submitted in writing. Submitting a complaint or concern will not affect your care in any way.

**Our Pledge to You**

We are committed to protecting your privacy and your personal healthcare information because we understand that the medical care and all information related to your care is very personal.

Sincerely,

Dale S. Johnson, M.D.

Mohammad Karbassi, M.D.

Sara S. Heffler, O.D.

June McQueen, Office Manager