



NOTICE OF PRIVACY PRACTICES

Effective: September 23, 2013

Amended: 7/11/22

Amended: 11/14/2024

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

This notice will tell you how we may use and disclose protected health information about you (your dependent). Protected health information means any health information about you that identifies you (your dependent) or for which there is a reasonable basis to believe the information can be used to identify you (your dependent).

In this notice, protected health information includes, but is not limited to: "preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body." Imagine! has determined that all confidential, identifiable information that is obtained about you (your dependent) will be designated as "protected health information."

This notice also will tell you about your rights and our duties with respect to medical information about you (your dependent). In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

Imagine! uses and discloses protected health information about you (your dependent) for a number of different purposes. Each of those purposes is described below.

How We May Use and Disclose Protected Health Information About You (Your Dependent)

To Obtain Treatment (Services and Supports)

We may use protected health information about you (your dependent) to provide, coordinate or manage your services, supports, and other health care you receive from us, or other providers with whom we contract. We may disclose protected health information about you to individuals who are involved in your (your dependent's) care such as doctors, nurses, hospitals, psychologists, social workers, dentists, mental health professionals, case managers or service coordinators, direct service staff at Imagine! and Imagine! staff charged with quality assurance monitoring, administrative and direct care staff of other service providers with whom Imagine! contracts, community agencies and providers that provide services to people with developmental disabilities outside the developmental disabilities services system, and State agencies that have audit and quality assurance responsibilities.

In general, information is shared for the purpose of obtaining services, supports, and other health care services and coordinating such services as they are outlined in the Service Plan (SP).

For Payment

We may use and disclose protected health information about you so we can be paid for the services we provide to you. This can include billing a third-party payor or other state agency, or your insurance company. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.

For Health Care Operations

We may use and disclose medical information about you (your dependent) for our own operations. These are necessary for us to operate Imagine! and to maintain quality for the individuals for whom we provide supports and services. For example, we may use protected health information about you (your dependent) to monitor the performance of staff providing services, to determine internally the quality of services being provided, to train staff and/or volunteers, or to prepare for external audits and reviews.

Treatment and Service Alternatives

We may use and disclose protected health information about you (your dependent) to contact you about alternative treatment and service options that might be of interest to you. We may do this by mail, or phone, or in face-to-face contact. We will not provide such information to alternative treatment or service providers without your express written authorization.

Disclosures to Family and Others

We may disclose to a parent/guardian, personal representative, family member, or any other person identified by you, health information about you (your dependent) that is directly related to their involvement with the services and supports you (your dependent) receive. We may also use that information to notify such persons about your location, general condition, or death. In the event of your death, we may disclose to any of those persons who were involved in your care for payment for health care prior to your death, medical information about you that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to us. If there are individuals in your life (or in your dependent's life) that you wish to not have information shared, please notify your (your dependent's) Service Navigator. If you are not certain who the service navigator is, please contact **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org**.

Disaster Relief

We may use or disclose protected health information about you (your dependent) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you, of your location, general condition or death.

Required By Law

We may use or disclose protected health information about you (your dependent) when we are required to do so by law.

Public Health Activities

We may use or disclose protected health information about you (your dependent) for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

Victims of Abuse, Neglect, Mistreatment or Exploitation

By Colorado law, and by State and Imagine! regulation, Imagine! employees and contractors are obligated to report suspected abuse, neglect, mistreatment, or exploitation of a minor child to the Boulder county or Broomfield county Department of Human Services and/or local law enforcement agencies. By Colorado law, and by State and Imagine! regulation, Imagine! employees and contractors are encouraged to report suspected abuse, neglect, mistreatment, or exploitation of an at-risk adult (all adults with developmental disabilities are determined to be at-risk adults) to the Adult Protection unit of Boulder or Broomfield county Department of Human Services and/or to local law enforcement agencies. As part of this reporting process, we may share health information with these agencies to the extent that this disclosure is: (a) required by law; (b) agreed to by you or your personal representative; (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

Health Oversight Activities

We may disclose protected health information about you (your dependent) to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations. Some of the most common oversight agencies to receive this information include the Division for Developmental Disabilities, Children's Health and Rehabilitative Services, the Colorado Department of Public Health and Environment, and county Department of Human Services for foster care licensing.

Judicial and Administrative Proceedings

We may disclose protected health information about you (your dependent) in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

Disclosure for Law Enforcement Purposes

We may disclose medical information about you (your dependent) to a law enforcement official for law enforcement purposes:

1. As required by law;
2. In response to a court, grand jury or administrative order, warrant or subpoena;
3. To identify or locate a suspect, fugitive, material witness or missing person;
4. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may

still be disclosed;

5. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct;
6. About crimes that occur at our facility;
7. To report a crime in emergency circumstances.

Coroners or Medical Examiners

We may disclose protected health information about you (your dependent) to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

Funeral Directors

We may disclose protected health information about you (your dependent) to funeral directors as necessary for them to carry out their duties.

Organ, Eye, or Tissue Donation

To facilitate organ, eye or tissue donation and transplantation, we may disclose protected health information about you (your dependent) to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

Research

Under certain circumstances, we may use or disclose personal health information about you (your dependent) for research. Before we disclose information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your protected health information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Imagine! during that person's review of the information.

Individuals served by Imagine!, or their personal representatives, must provide written informed consent before participating in a research project. By Colorado regulation, informed consent may be provided only after consultation with a developmental disabilities professional not associated with Imagine!.

To Avert Serious Threat to Health or Safety

We may use or disclose protected health information about you (your dependent) if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you (your dependent) if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

National Security and Intelligence

We may disclose protected health information about you (your dependent) to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President

We may disclose protected health information about you (your dependent) to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of State, or to conduct investigations authorized by certain federal laws.

Inmates, Persons in Custody

We may disclose protected health information about an inmate or other individual to a correctional institution or law enforcement official having custody of the inmate or other individual. The disclosure will be made if the disclosure is necessary: (a) to provide health care to such individuals; (b) for the health and safety of such individual or other inmates; (c) the health and safety of the officers or employees of or others at the correctional institution; (d) the health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another; (e) law enforcement on the premises of the correctional institution; or, (f) the administration and maintenance of the safety, security, and good order of the correctional institution.

Workers' Compensation

We may disclose protected health information about you (your dependent) to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

Fundraising

Imagine! may disclose and use protected health information about you (your dependent) to contact you to raise funds for Imagine! directly or through the Imagine! Foundation. Protected health information that may be used includes: (a) demographic information relating to you, including your name, address, phone number, email address and age; (b) dates of service provided to you; and (c) departments of service provided to you.

You have the right to opt out of receiving fundraising communications. If you do not want Imagine! or its Foundation to contact you for fundraising, **please contact Trina Gebhart, Imagine! Foundation Director, at 1400 Dixon Ave., Lafayette CO 80026; or tgebhart@imaginecolorado.org to opt out of all Imagine! fundraising communications.**

How We Will Contact You

Unless you tell us otherwise in writing, we may contact you by email, telephone, fax or by mail at a

home or work location. At either location, we may leave messages for you. If you want to request that we communicate to you in a certain way or at a certain location, please contact your (your dependent's) Service Navigator. If you are not certain who the service navigator is, please contact **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org.**

Certain Uses and Disclosures that Require Your Written Authorization

Psychotherapy Notes

Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) for our own training programs for students, trainees, or practitioners in mental health; (c) to defend ourselves in a legal action or other proceeding brought by you; (d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.

Marketing

We may use and disclose protected health information about you (your dependent) to communicate with you about a product or service to encourage you to purchase the product or service. Generally, this may occur without your authorization. However, your authorization is required if: (a) the communication is to provide refill reminders or otherwise communicate about a drug or biologic that is, at the time, being prescribed for you and we receive any financial remuneration in exchange for making the communication which is not reasonably related to our cost in making the communication; or, (b) except as stated in (a), we use or disclose your medical information for marketing purposes and we receive direct or indirect financial remuneration from a third party for doing so. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to Imagine! is involved.

Sale of Information

Your authorization is required for any disclosure of your personal health information when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the information. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of ours for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; (h) when permitted by applicable law where the only remuneration received by us is a fee permitted by law.

Other Uses and Disclosures

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying in writing **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org** of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

Your Rights With Respect to Medical Information About You

You have the following rights with respect to medical information that we maintain about you.

Right to Request Restrictions

You have the right to request that we restrict the uses or disclosures of protected health information about you (your dependent) to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so in writing to **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org** and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

With one exception, we are not required to agree to any requested restriction. The exception is that we will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid us in full.

If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

Right to Receive Confidential Communications

You have the right to request that we communicate personal health information about you (your dependent) to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org**. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

Right to Inspect and Copy

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of personal health information about you. To inspect or copy personal health information about you, you must submit your request in writing to **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org**. Your request should state specifically what personal health information you want to inspect or copy. Your request should state the form of access and copy you desire, such as in paper or in electronic media. We will provide one copy of the requested information at no charge. Additional copies will be provided at a reasonable fee per copied page, plus mailing costs, if it is requested that the information be mailed.

We usually will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy personal health information if the information involved is:

1. Psychotherapy notes
2. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding
3. Being requested to be reviewed or copied by someone other than yourself, if such information is protected by more stringent disclosure statutes such as alcohol or substance abuse information or HIV status
4. Information gathered in the process of an investigation as required by rule and statute, in response to allegations of mistreatment, abuse, neglect, and exploitation, and other incidents defined as critical by regulatory agencies.

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by Imagine! who was not directly involved in the denial. Imagine! will comply with the outcome of that review.

Right to Amend

You have the right to ask us to amend personal health information about you (your dependent). You have this right for so long as the personal health information is maintained by Imagine!.

To request an amendment, you must submit your request in writing to **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org**. Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the personal health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend personal health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

1. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
2. Is not part of the protected health information maintained by us;
3. Would not be available for you to inspect or copy; or,
4. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the protected health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request. You may do this by putting your complaint in writing to **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org**.

Right to an Accounting of Disclosures.

You have the right to receive an accounting of disclosures of protected health information about you (your dependent). The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003. Certain types of disclosures are not included in such an accounting:

1. Disclosures to carry out treatment, payment and health care operations;
2. Disclosures of your medical information made to you;

3. Disclosures that are incident to another use or disclosure;
4. Disclosures that you have authorized;
5. Disclosures for our facility directory or to persons involved in your care;
6. Disclosures for disaster relief purposes;
7. Disclosures for national security or intelligence purposes;
8. Disclosures to correctional institutions or law enforcement officials having custody of you;
9. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed);
10. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org**. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

Right to Copy of this Notice

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site at www.imaginecolorado.org.

To obtain a paper copy of this notice, please contact your (your dependent's) Case Manager or Service Coordinator. If you are not certain who the service coordinator or case manager is, please contact **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org**.

Our Duties

We are required by law to maintain the privacy of protected health information about you (your dependent), to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

Our Right to Change Notice of Privacy Practices

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

Availability of Notice of Privacy Practices

A copy of our current Notice of Privacy Practices will be provided upon enrollment into services at Imagine!. A copy of the current notice also will be posted on our web site, www.imaginecolorado.org.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting your (your dependent's) Service Navigator. If you are not certain who the service navigator is, please contact **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org**.

Effective Date of Notice

The effective date of the notice is stated on the first page of this notice.

Complaints

You may complain to Imagine! and to the United States Secretary of Health and Human Services if you believe your (your dependent's) privacy rights have been violated by us.

To file a complaint with us, contact **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or rgrey@imaginecolorado.org**. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: <http://www.hhs.gov/ocr>.

You will not be retaliated against for filing a complaint.

Questions and Information

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact **Robin Grey, Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, or** rgrey@imaginecolorado.org.

