

OSCAR A. AGUIRRE, MD

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 REVIEW IT CAREFULLY.

Dr. Oscar A. Aguirre is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Dr. Aguirre's office please contact

Sharon Manzione, Chief Operating Officer  
11953 Lioness Way, Suite 101  
Parker, CO 80134  
(303)322-0500

Effective Date of this Notice: June 22, 2011

**I. How Dr. Aguirre may Use or Disclose Your Health Information.**

Dr. Aguirre collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Dr. Aguirre, but the information in the medical record belongs to you. Dr. Aguirre protects the privacy of your health information. The law permits Dr. Aguirre to Use or Disclose your health information for the following purposes:

1. TREATMENT Dr. Aguirre may share you healthcare information in the process of diagnosis and/or treatment or any illness or condition This may include, but it is not limited to, information shared with other providers of care such as your primary care or referring physician as well as the on-call physicians, pharmacists or therapists.
2. PAYMENT Dr. Aguirre may share your health information in order to obtain payment. This may include, but is not limited to, disclosure to insurance carriers and/or third party payers, and/ or government agencies.
3. REGULAR HEALTH CARE OPERATIONS Your information may be shared with other individuals involved in Dr. Aguirre's regular operation, such as transcriptionists, review organizations, insurance carriers, and research personnel.
4. INFORMATION PROVIDED TO YOU
5. NOTIFICATION AND COMMUNICATION WITH FAMILY We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object, our health professionals will use their best judgment in communication with you family and others.
6. REQUIRED BY LAW As required by law, we may use and disclose your health information.
7. PUBLIC HEALTH As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence: reporting to the Food and drug Administration problems with products and reactions to medications; and reporting diseases or infection exposure.
8. HEALTH OVERSIGHT ACTIVITIES We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceeding.
9. JUDICIAL AND ADMINISTRATION PROCEEDINGS We may disclose your health information in the course of any administrative or judicial proceedings.
10. LAW ENFORCEMENT We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. DECEASED PERSON INFORMATION We may disclose your health information to coroners, medical examiners and funeral directors.
12. ORGAN DONATION We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
13. RESEARCH We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Dr. Aguirre's Privacy Board.
14. PUBLIC SAFETY We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public
15. SPECIALIZED GOVERNMENT FUNCTIONS We may disclose your health information for military, national security, or prisoner purposes.
16. EDUCATION We may disclose your health information to medical residents who may be rotating in our office or maybe assisting in surgery.
17. WORKER'S COMPENSATION We may disclose your health information as necessary to comply with worker's compensation laws.

18. MARKETING We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.

19. CHANGE OF OWNERSHIP In the event that Dr. Aguirre is sold or merged with another organization, your health information/records will become the property of the new owner.

## **II. WHEN DR. AGUIRRE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION**

Except as described in this notice of Privacy Practices, Dr. Aguirre will not use or disclose your health information without your written authorization. If you do authorize Dr. Aguirre to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **III. YOUR HEALTH INFORMATION RIGHTS**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Dr. Aguirre is not required to agree to the restriction that you requested.

2. You have the right to receive your health information through reasonable alternative means or at an alternative location. Requests must be in writing with a minimum of five (5) days' notice. Charges for copies of such information will be in accordance with state guidelines and such payment must be received in advanced.

3. You have the right to inspect and obtain copies of your health information. Charges for copies of such information will be in accordance with state guidelines and such payment must be received in advanced.

4. You have the right to request that Dr. Aguirre amend your health information that is incorrect or incomplete. Dr. Aguirre is not required to change your health information and will provide you with information about Dr. Aguirre's denial and how you can disagree with the denial.

5. You have a right you receive an accounting of disclosures of your health information made by Dr. Aguirre, except that Dr. Aguirre does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section of the Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact

Sharon Manzione, Chief Operating Officer  
11953 Lioness Way  
Suite 101  
Parker, CO 80134  
(303)322-0500

## **IV. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

Dr. Aguirre reserves the right to amend this Notice of Privacy Practices at any time, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Dr. Aguirre is required by law to comply with this Notice.

Revised notices will be available at Dr. Aguirre's office location and will be made available to any patient who has not had the opportunity to review such changes since their last appointment in the office.

## **V. COMPLAINTS**

Complaints about this Notice of Privacy Practices or How Dr. Aguirre handles your health information should be directed to:

Sharon Manzione, Chief Operating Officer  
11953 Lioness Way, Suite 101  
Parker, CO 80134  
(303)322-0500

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S. W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

# Acknowledgement of Receipt of Notice Privacy Practices

**DR. OSCAR A AGUIRRE, MD**

11953 Lioness Way, Suite 101, Parker, CO 80134

303.322.0500

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

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Parent or guardian of minor patient

☐

Guardian or conservator of an Incompetent patient

☐

Beneficiary or personal representative of deceased patient

Name of patient: \_\_\_\_\_

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## ***For office use only:***

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Signed form received by: \_\_\_\_\_

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Acknowledgement refused:

Efforts to obtain: \_\_\_\_\_

\_\_\_\_\_

Reasons for refusal: \_\_\_\_\_

\_\_\_\_\_