



Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review the carefully. The privacy of your health information is important to us.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable laws. We reserve the right to make the changes in our privacy practices and the new terms of our notice - effective for all health information that we maintain, including health information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and make the notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us. (970)682-3743

Uses and Disclosures of Health Information

We use and disclose health information about your information about you for treatment, payment, and healthcare operations.

Treatment: We may use a disclose your health information to a physician or other healthcare provider providing treatment to you. For example, if you are sent to us by a physician for speech-language therapy, we will provide a written report of the findings and treatment during the time you are with our services.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may communicate portions of your private health care information in order to operate this facility. For example, we may use your information in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided service to you. We may also provide your information to accountants, attorneys, consultants, and others to make sure we a complying with the laws that affect us.

Your Authorization: In addition to our use of your health information for treatment, payment, or healthcare operations you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

To your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so by signing a release of information.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up your health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

I agree to the above terms and policies: _____