



### 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.

Ariel Clinical Services considers our personal health information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our internal policies. Under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), your personal health information is referred to as “protected health information” (PHI) and includes information about you that we create or receive relating to your past, present, or future health care and payment for these services. For example, PHI includes your medical records and other personal information such as your name, address, social security number, and telephone number. HIPAA law requires Ariel to take steps to protect the confidentiality of PHI and to provide you with this notice. This notice describes how we may use or share your PHI with others in arranging for your treatment or care and in operation with our behavioral health plan. We are required to follow the practices described in this notice, but we may change our privacy practices and this notice at any time, in the event that our privacy practices change you will be notified by mail.

**How We Use and Disclose Your Personal Health Information:** We may collect PHI directly from you. We may also receive PHI from your plan, sponsor, group or affiliates, your other providers, and databases. We may use and disclose your PHI to operate our health plan, to arrange for payment for health care services, and to coordinate your care.

**Disclosure to a Friend or Family Member Who is Involved in Your Care:** We may disclose your PHI to a family member, friend or any other person you identify who is involved in your medical care, if you give us permission to communicate with that person. We may also disclose your PHI to the person who is responsible for payment for your care. If you are a minor, your parent or guardian may generally obtain your PHI. However, if a minor’s consent is the only consent required to authorize the health care services, the minor’s parent or guardian may not obtain medical records and certain other information relating to the services unless the minor agrees. This applies to certain services related to mental health, chemical dependency, pregnancy, communicable diseases, and sexual assault.

**Uses and Disclosures that Require your Written Permission:** By law we must have your written permission (an authorization) to use or give out your PHI for any reason that is not set out in this notice. You may change your mind and revoke your permission at any time, but you must do so by notifying us in writing, in which case we will follow your written directions except to the extent that we have already disclosed personal information based on your authorization. Any use or disclosure of PHI beyond the provisions of the law is prohibited.

**Your Legal Rights: Under HIPAA, you have the right to make certain requests regarding your PHI. You may ask us to:**

- Limit how we use or share your PHI. We will consider your request, but we are not required to agree to it. We cannot agree to limit the uses or sharing of information that are required by law.

2938 North Avenue Suite G  
Grand Junction CO 81504  
Phone: 970.245.1616  
Fax: 970.241.8722

4660 Wadsworth Blvd.  
Wheatridge CO 80033  
Phone: 303.703.9351  
Fax: 303.7033.4500

2145 Academy Circle  
Colorado Springs CO 80909  
Phone: 719.260.6110  
Fax: 719.260.6170



- Communicate with you in a certain way or at a certain location. For example, you can ask that we contact you only at work or by mail. You must make this request in writing, and we will agree to it if it is reasonable for us to do so.
- Obtain a copy of your PHI that is in a “designated record set”. A designated record set is a group of records that we use to make decisions about individuals, such as decisions about health care and decisions about whether an insurance claim will be paid. In certain situations, we may deny access to some parts of your PHI and you cannot appeal that decision, but if we do so we will inform you in writing of the reason for denial. For example, we may deny your request for access to psychotherapy notes, information we collect for legal actions or lab test information that is protected by law, and you can’t appeal those decisions. A charge for copying may be required depending on your circumstances.
- Correct or amend your PHI that is in a designated record set. Your request must be in writing and describe the reason supporting your request. In certain cases we may deny your request, but if we do so we will inform you in writing of the reasons for denial. For example, we may deny your request if we determine that we did not create the PHI and the person that did create it is available to act on your request, or that the PHI is accurate and complete.
- Obtain a listing of the disclosures of your PHI. Upon request we will provide you with information including the date of the disclosure, the person to whom the PHI was disclosed and the purpose for the disclosure. We are not required to include disclosures for treatment, payment, or health care operations. We are also not required to include disclosures that we made you or disclosures that you authorized. We are not required to include disclosures to national security or intelligence authorities, disclosures that law enforcement or health authorities have asked us not to list, and disclosures that occurred prior to April 14, 2003. We will not charge you for one listing each year.
- You have a right to receive a paper copy of this notice or an electronic copy by email upon request.

**How to Complain About our Privacy Practices:** If you think we may have violated your privacy rights, you may file a complaint by contacting us at Ariel Clinical Services Attn: Human Resources, 2938 North Avenue Ste. G, Grand Junction, CO 81504. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will not discriminate against you in a way because you file a complaint.

**Who Will Follow This Notice:** This notice applies to all employees and contractors of Ariel Clinical Services.

**Acknowledgement of Privacy Practices:**  
I have received a copy of this office’s Notice of Privacy Practices.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

*Revised 2/20/2020*

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