



## HIPAA Notice of Privacy Practices for Cordant Health Solutions

### *PUBLIC NOTICE OF PRIVACY PRACTICES*

*THIS NOTICE OF PRIVACY PRACTICES FOR CORDANT HEALTH SOLUTIONS AND ALL ITS AFFILIATED ENTITIES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

### *YOUR LEGAL RIGHTS*

**Restrictions:** You have the right to request restrictions on the use and disclosure of protected health information (“PHI”) for treatment, payment or health care operations purposes. Cordant Health Solutions will consider each request, but is not required to agree to most restrictions.

You have the right to request restrictions on the disclosure of PHI to health plans and insurance payers for payment or health care operations, provided that you have paid for the health care service in full and out of pocket. Unlike other restriction requests, we must agree to this restriction request unless the disclosure is otherwise required by law.

**Accounting of Disclosures:** You have the right to request to receive an accounting of certain disclosures of PHI made by Cordant Health Solutions. The accounting report does not include disclosures made for purposes of treatment, payment or health care operations.

**Inspection and Access:** You have the right to request to inspect or obtain a copy of any PHI that Cordant Health Solutions creates or maintains. Cordant Health Solutions may charge a minimal fee to cover the cost of providing copies of any PHI.

**Confidential Communications:** You have the right to receive confidential communications of PHI. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for the request and will accommodate all reasonable requests. Requests must specify how or where you wish to be contacted.

**Amendments:** You have the right ask for a correction to your health information. Cordant Health Solutions may deny a request but will provide you with an explanation within sixty (60) days.

**Personal Representative:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Cordant Health Solutions will make sure the person has this authority and can act for you before we take any action.

**Paper Copy of This Notice:** You have the right to obtain a paper copy of this Notice from Cordant upon request.

**Complaints:** You have the right to file a complaint if you feel Cordant Health Solutions has violated your rights. All complaints must be submitted in writing to the contact information provided below.

Complaints may also be made to the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**Non-retaliation:** Cordant Health Solutions will not retaliate against you for filing a complaint.

**Contact Information:** If you wish to exercise any of the legal rights described above, you must do so in writing to this address: Privacy Officer, 12015 E. 46<sup>th</sup> St., Ste. 220, Denver, CO 80239. All questions should be directed to [Compliance@cordanths.com](mailto:Compliance@cordanths.com) or 1-855-778-7475.

## ***USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION***

Some uses and disclosures of PHI require your authorization. Here are some examples of situations that require your authorization:

- Disclosures of PHI to you or your personal representative;
- Uses or disclosures of PHI for employment determinations;
- Uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; and
- Disclosures that constitute a sale of PHI.

If you have provided an authorization, you are permitted to revoke that authorization at any time in writing.

## ***USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION***

Cordant Health Solutions is permitted to use or make disclosures of PHI without prior written authorization for purposes of treatment, payment, or health care operations. For example, Cordant Health Solutions may use PHI for appointment reminders, to provide PHI to treatment providers, to submit PHI to insurance payers for payment for services, or to respond to court orders and subpoenas. These are examples of additional uses and disclosures that do not require written authorization from you:

- Public health reporting requirements;

- Military requirements;
- National security, intelligence activities, or for the protection of public officials;
- Department of Labor, Department of Health and Human Services (HHS), health oversight agencies or contractors for activities such as audits, investigations, licensures, disciplinary actions or civil, administrative or criminal proceedings which are necessary for the government to oversee the health care system, government benefits programs for compliance with standards, and compliance with civil rights laws;
- Licensure and/or state or government agency, survey or audit requirements;
- Court, administrative, and agency proceedings in response to a valid subpoena, court order, discovery request, or other lawful process or litigation as appropriate;
- Correctional institution or law enforcement agencies;
- Laws relating to workers' compensation or similar programs claim proceedings;
- Emergencies and the identification of deceased individuals;
- Certain approved research purposes;
- Organ donation;
- For use by coroners, medical examiners and funeral directors; and
- As otherwise required or permitted by law.

Some situations require a third party contracted to perform services on behalf of Cordant Health Solutions, and in that service the contractor has access or comes into contact with PHI. The third party, or business associate, is bound to protect the PHI and use it only as required to perform those services and as otherwise permitted by law. No authorization is required from you before using or disclosing your PHI to a business associate.

## ***CORDANT HEALTH SOLUTIONS RESPONSIBILITIES***

Cordant Health Solutions is required by law to:

- maintain the privacy and security of your PHI;
- notify you if a breach occurs that may have compromised the privacy or security of your PHI;
- follow the duties and privacy practices described in this notice; and
- give you a copy of this notice.

## ***OUR COMMITMENT TO YOUR PRIVACY***

As a health care provider, Cordant Health Solutions uses your confidential health information to create records regarding that health information to provide you with quality care and to comply with certain legal requirements. We understand that this health information is personal, and we are dedicated to maintaining your privacy rights under Federal and State law.

### ***WHO WILL FOLLOW THIS NOTICE***

The entities that comprise Cordant Health Solutions may also use Cordant Pharmacy Solutions or Cordant Forensic Solutions as trade names. The facilities that will abide by this notice include:

- Regional Toxicology Services, LLC
- American Forensic Toxicology Services, LLC
- Rocky Mountain Tox, LLC
- Technical Resources Management, LLC
- Secor of New England, LLC
- Assured Pharmacy Denver, LLC
- Assured Pharmacies Northwest, LLC
- Cordant Pharmacy Indiana, LLC

### ***CHANGES TO THE TERMS OF THIS NOTICE***

Cordant Health Solutions can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: April 2013

Revised Dates: July, 2014; June 2016; May 2017; Feb. 2018; Mar. 2019