



## NOTICE OF PRIVACY PRACTICES OF CENTER FOR DEPENDENCY, ADDICTION AND REHABILITATION (CeDAR)

ADDENDUM TO UCHEALTH NOTICE OF PRIVACY PRACTICES: [UCHealth's Privacy Policy | Colorado | UCHealth](#)

This Notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION
- YOUR RIGHT TO RECEIVE A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH CEDAR ADMISSION STAFF. YOU MAY ALSO CONTACT THE UCHEALTH PRIVACY TEAM AT [PRIVACY@UCHEALTH.ORG](mailto:PRIVACY@UCHEALTH.ORG) OR BY CALLING 303-752-8582 IF YOU HAVE ANY QUESTIONS.

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. CeDAR will make uses and disclosures not described in this notice only with your written consent. You may revoke any previously provided written consent by contacting [HIM@uchealth.org](mailto:HIM@uchealth.org)

With your consent, we may use or share your health information in the following ways:

- To treat you. *Example: Sharing with your doctor who is treating you for a chronic condition and asks about your health condition and medications you are taking in order to avoid complications.*
- To run our organization. *Example: We use health information about you to manage your treatment and services.*
- To bill for your services: *Example: We give information about you to your health insurance plan to pay for your services.*

**Your Rights.** With respect to your records, you have the following rights:

1. Ask us to amend your medical record.
2. The right to provide a single consent for all future uses or disclosures of your information for treatment, payment, and health care operations purposes.
  - If you decide to do so, records disclosed to a Part 2 program or HIPAA covered entity or business associate may be further disclosed by that Part 2 program, covered entity, or business associate without your written consent, to the extent the HIPAA regulations allow for such disclosure.
  - If you decide **not** to do so, your records will remain confidential and not be shared with other providers or third parties for your care or health care operations purposes without your consent, except as outlined below in the section entitled: Our Uses and Disclosures.
3. The right to request restrictions on certain uses and disclosures of your records made with prior consent for the purposes of treatment, payment, and health care operations.
4. If you pay for a service or health care item out-of-pocket and in full prior to care, you can ask us not to share that information with your health insurer if it is for a payment or operations purpose. The request must be in writing, and we will approve your request unless we are required by law to share that information.
5. Get a list of those with whom we've shared your electronic records.
6. Get a list of health care providers who have received your information through certain third parties.
7. The right to elect **not** to receive fundraising communications.
8. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a copy.



**Our Uses and Disclosures.** CeDAR is prohibited from disclosing to a person outside our program that a patient attends a drug and alcohol program or any information identifying a patient as a patient of CeDAR, except in the following circumstances:

1. You consent in writing.
2. In case of a medical emergency.
3. To qualified personnel for audit or program evaluation.
4. To communicate within our program and with contractors who help us run our program.
5. To conduct or help with scientific research or share information about a deceased patient as required or allowed by laws that collect information relating to cause of death.
6. You commit, or threaten to commit, a crime either on CeDAR premises or against any person who works for CeDAR.
7. To report suspected child abuse or neglect.
8. For legal proceedings and court orders.
  - a We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
  - b We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
  - c We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
  - d We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

### **Our Responsibilities**

We are required by law to maintain the privacy and security of your records, provide you with notice of our legal duties and privacy practices with respect to your records, and notify you if you are affected by a breach of your unsecured records.

We are required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice at any time and make the new notice provisions effective for records that we maintain. Patients will be notified promptly of any changes to this notice. The new notice will be available on request and on our website.

If you believe your privacy rights have been violated, you may file a complaint by contacting us or the Federal government using the information below. We will not retaliate against you for filing a complaint.

- Our Chief Privacy Officer by emailing [privacy@uchealth.org](mailto:privacy@uchealth.org) or by calling 303-752-8582.
- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD).

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Center for Dependency, Addiction and Rehabilitation • 1693 N. Quentin St. • Aurora, CO 80045