

## NOTICE OF PRIVACY RIGHTS AND PRACTICES

Colorado and federal laws require that all health care providers protect private medical information in our possession. This Notice of Privacy Rights lets you know how Life Network, which operates the Colorado Springs Pregnancy Center, may use and disclose information regarding your health or other personal matters (“your Medical Information”) and your rights regarding your Medical Information we have in our possession. We reserve the right to modify our privacy practices and this notice at any time.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

With respect to Medical Information in our files which consists of intake forms documenting information you provide to us, any forms you sign, copies of x-rays or images, and any verification of pregnancy, you have the right to:

- Request restrictions on certain uses and disclosures of your Medical Information.
- Inspect the Medical Information in our files.
- Request a copy of your Medical Information.
- Choose someone to act for you.
- Correct any mistakes or inaccuracies in your Medical Information.
- Request that we communicate with you in a certain way or location.
- Receive a list of certain disclosures of your Medical Information for purposes other than your treatment.

To exercise any of these rights, including the right to inspect or make a copy of your Medical Information, you must make your request in writing to Life Network. We may take up to 15 days to make your Medical Information available to you, either in electronic or hard copy form.

### **OUR RESPONSIBILITIES:**

- Maintain privacy and security of your Medical Information.
- Notify you promptly if a breach may have compromised the privacy or security of your Medical Information.
- Follow the duties and privacy policies in this notice and give you a copy on request.

### **YOUR CHOICES:**

If you have a preference for how we share your Medical Information in the situations described below, talk to us. Tell us what you want us to do.

- Unless you object by written notice to us, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, any Medical Information that directly relates to that person’s involvement in your care. If you cannot agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- We may disclose your Medical Information to disaster relief organizations that seek that information to coordinate your care.
- We may notify family and friends of your location or condition in the event of a disaster.

### **HOW WE USE AND DISCLOSE YOUR MEDICAL INFORMATION:**

We only use or disclose your Medical Information as Colorado and federal laws require or permit. In some cases, the law allows us to disclose your Medical Information without your consent or authorization, including the following:

**TO CONTACT YOU:** We may use the information in your records to contact you if we have information about treatment or other health-related benefits and services that may be of interest to you.

**TREATMENT AND HEALTHCARE OPERATIONS:** We may use your Medical Information for our treatment activities, including disclosing it to other healthcare providers as helpful to treat you, managing our program operations, and reviewing the quality of services you receive. We contract with certain service providers such as laboratories and software vendors who are required to follow standard policies to protect your Medical Information consistent with applicable law and contractual obligations.

**TO COMMUNICATE WITH INDIVIDUALS INVOLVED IN YOUR CARE:** When appropriate, we may

share Medical Information with a person who is involved in your medical care, such as your family or a close friend you have identified. We may also notify your family about your location or general condition.

**AS REQUIRED BY LAW:** We will disclose Medical Information when required to do so by applicable law. We may also disclose Medical Information to a law enforcement official for law enforcement purposes.

**TO AVERT A THREAT TO HEALTH OR SAFETY:** We may disclose Medical Information when necessary to prevent or lessen a threat to health or safety for you, another person, or the public. This may include reporting to a public health authority or person about potential exposure to communicable disease.

**TO REPORT ABUSE:** We may report abuse, neglect, or domestic violence to a government agency.

**TO REPORT TO GOVERNMENT AND OVERSIGHT AGENCIES:** We may report to the Federal Drug Administration regarding the quality, safety or effectiveness of FDA-regulated products or activities. Similarly, we may provide necessary information to a health oversight agency for activities such as audits, investigations, inspections, licensure of the healthcare system, government benefit programs and regulated entities.

**USES AND DISCLOSURES WITH YOUR AUTHORIZATION:**

Other uses and disclosures of your personal information require your written authorization. We will not sell your Medical Information or disclose your Medical Information for marketing purposes unless you have expressly authorized such use or disclosure. We will not share information concerning a substance use disorder, HIV-related issues, or mental health treatment or diagnosis without your prior written permission. You may revoke your authorization at any time by doing so in writing.

**LIMITED RIGHT TO USE NON-IDENTIFYING PERSONAL INFORMATION:**

We also use general, non-personally identifying information for the following reasons: Fundraising and promotional purposes that are directly related to our mission, marketing, newsletters and other marketing materials.

**SITUATIONS IN WHICH WE WILL NOT USE OR DISCLOSE YOUR MEDICAL INFORMATION:**

We will not conduct any investigation, seek to identify any person, or seek to impose any criminal, civil, or administrative liability on any person for the sole act of seeking, obtaining, providing, or facilitating lawful reproductive health care.

**HOW YOU CAN REACH US:**

If you want additional information about our privacy practices or if you believe CSPC has violated your privacy rights, you may file a question or complaint by contacting:

CSPC Privacy Officer  
3700 Galley Road Colorado Springs, CO 80909  
719-591-2724

Hours of Operations:  
Monday – Tuesday: 9:30 am – 7:00 pm; Wednesday – Friday: 9:30 am – 5:00 pm

You will not be retaliated against for filing a complaint.