



## AFFIDAVIT

### for the Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, or
- I am a legal Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## **CASE MANAGEMENT/SERVICE COORDINATION GRIEVANCE/COMPLAINT PROCEDURE AND DISPUTE RESOLUTION PROCEDURE**

### **GRIEVANCE/COMPLAINT PROCEDURE**

If you are dissatisfied with a decision or an action that Imagine! makes, you can file a complaint and ask to tell your side of the story to the people who made the decision.

Filing a complaint will never cause you to be terminated from your waiver or to be without any services at all. You cannot be coerced, intimidated, threatened or retaliated against because you have filed a grievance/complaint or have participated in the grievance/complaint process. Additionally, if you file a grievance/complaint it will not affect you being able to receive the appropriate services and supports to meet your needs.

#### **When you file a complaint, this is what will happen:**

Within 10 days, your Case Manager will schedule an informal meeting with everyone involved in the decision to try and take care of the problem.

Mediation can also be used as an alternative to the informal meeting if all parties are in agreement. Contact your Case Manager for information regarding mediation.

If the problem is not taken care of at the informal meeting, your Case Manager will arrange for everyone to meet with the Director of Client Relations or their representative. Everyone involved will be told about this meeting at least 10 days before the meeting unless everyone involved wants to meet sooner.

You can bring someone with you to help present your information. (See advocacy listings at the end of the document.)

Within 10 days after the meeting, you will get an answer from the Director of Client Relations or their representative.

If anyone is still dissatisfied with the decision, the Imagine! Chief Executive Officer or their designee will review the decision and may need to call another meeting if more information is needed.

The Imagine! Chief Executive Officer or their designee will make a decision within 10 days. The Imagine! Chief Executive Officer's decision is the final decision.

If your concerns are not addressed satisfactorily you may file a formal complaint with the Division for Intellectual and Developmental Disabilities through the complaint line, in person, mail, or email (See Division for Intellectual and Developmental Disabilities contact information at the end of this document).

### **DISPUTE RESOLUTION PROCEDURE**

Imagine! must notify you in writing at least 15 days prior to the date actions become effective if:

- \* **You are no longer eligible for services,**
- \***Your services are to be terminated, or**
- \* **The services written in your individual plan are going to be changed, reduced, or denied.**

If you are dissatisfied with a decision or an action that Imagine! makes, you can file a dispute with the Imagine! Chief Executive Officer and ask to tell your side of the story to the people who made the decision.

Filing a dispute will never cause you to be terminated from your waiver or to be without any services at all. You cannot be coerced, intimidated, threatened or retaliated against because you have filed a dispute or have participated in the dispute resolution process. Additionally, if you file a dispute it will not affect you being able to receive the appropriate services and supports to meet your needs.

#### **When you file a dispute, this is what will happen:**

Your Case Manager will schedule an informal meeting with everyone involved in the decision to try and take care of the problem, or with mutual consent, the informal negotiation process can be waived and the formal dispute process to start immediately. The informal meeting must be held no more than 15 days after you file your dispute.

Mediation may be used as an alternative to the informal meeting if all parties are in agreement. Please contact your Case Manager regarding mediation.

If the problem is not taken care of in the informal meeting, either you or Imagine! can ask that the Formal Dispute Resolution Procedure be started.

#### **THE FORMAL DISPUTE RESOLUTION PROCESS:**

Imagine! will arrange for everyone involved to present information that supports his or her position to an impartial decision-maker. The impartial decision maker will not be anyone who is involved with the issue.

Everyone involved will be told about this meeting at least 10 days before the meeting unless waived by the objecting parties.

You can have representation by counsel, an authorized representative or another person present your case if you want.

You or your representative will be allowed to answer or ask questions of the opposing position. The meeting may be video or audio taped.

Within 15 days of the meeting, you will receive a written decision in the mail from the impartial decision maker.

If anyone is dissatisfied with the decision, either you or Imagine! may ask the Executive Director of the Colorado Department of Health Care Policy and Financing to review the decision.

Within 15 days of the postmark on the written decision, the Executive Director of the Colorado Department of Health Care Policy and Financing will be told about the problem and what has been done to fix it so far.

The Executive Director may ask for more information or another meeting to help make a decision.

The Executive Director will make a decision based on all of the information within 10 days of receiving all of the information.

The Executive Director of the Colorado Department of Health Care Policy and Financing decision is the final decision.

Your services and supports will not stop during the Dispute Resolution Process unless Intellectual and Developmental Disabilities Services decides that it is an emergency situation.

An emergency situation could include mistreatment, neglect, abuse, or exploitation or other situations that could result in harm to you or someone else.

If your concerns are not addressed satisfactorily you may file a formal complaint with the Division for Intellectual and Developmental Disabilities through the complaint line, in person, mail, or email (See Division for Intellectual and Developmental Disabilities contact information at the end of this document).

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There are certain instances in which an individual may have the right to file an appeal (dispute) of a decision not only through the developmental disabilities system but also through the Medicaid system. This is known as asking for a Medicaid Fair Hearing.

This applies only if you are **currently receiving services** through the developmental disabilities system, not if you are in the application process for services in the developmental disabilities system, and if you are receiving Medicaid funded services (not state funded services). To **dispute initial eligibility decisions**, a separate Conflict Resolution process is followed.

Your Case Manager can provide you with information on a Medicaid Fair Hearing.

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**Complaint Intake Coordinator  
Health Facilities and Emergency Medical Service Division  
4300 Cherry Creek Drive South  
Denver, Co 80246**

**Home and Community Services Complaint Line: # 303.692.2910/ # 800.842.8826  
Email: [healthfacilities@state.co.us](mailto:healthfacilities@state.co.us)**

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**Advocacy Organizations:**

**Association for Community Living 303.527.0888**

**The Legal Center 303.722.0300**



## **Your Rights**

*People with intellectual developmental disabilities have the same rights and responsibilities guaranteed to all individuals under federal and state constitutions and laws. In addition to these common rights, you have rights under Colorado Revised Statutes 25.5-10-218 through 230 (formerly C.R.S 27-10.5-112 through 124}. These rights were written to ensure the appropriate services and supports are provided to you in your home and community, and to ensure your privacy, dignity, rights, and privileges are protected. It is the responsibility of Community Centered Boards and Program Approved Service Agencies to have written policies and procedures in order to protect your rights. Some of these rights may not apply until you are enrolled in state funded services.*

### **Right to Individualized Plan or Individualized Family Service Plan**

You have the right to an individualized plan, called an IP or a Service Plan, which is created by you and the other members of the interdisciplinary team. Your IP must be reviewed by your team at least once a year to make sure the services and supports you are receiving are necessary, appropriate, and address your needs and preferences.

### **Right to Medical Care and Treatment**

You have the right to see the doctor or dentist when you are sick or hurt as well as to help prevent becoming sick. You have the right to take medicines when your doctor orders them for you and only staff/providers who have been trained in medication administration may help you take your medicines. If you take medicine to help with your behavior, it will not be used to make it easier for staff/providers to work with you.

### **Right to Humane Treatment**

You have the right to be free of mistreatment, abuse, neglect, and exploitation. If you need supports for behaviors, you have the right to have supports provided in the least restrictive way possible by staff/providers qualified to work with you. A Human Rights Committee (HRC) shall review all incidents of mistreatment, abuse, neglect, and exploitation, as well as incidents when physical or mechanical restraints were used with you in an emergency situation.

### **Right to Religious Belief, Practice, and Worship**

You have the right to practice the religion of your choice. You cannot be made to do anything that is against your religion, practice, or belief nor can you be held back from any religious activity, practice, or belief. You cannot be made to practice a religion if do not want to. You have the right to receive the supplies necessary for your religious worship on a nondiscriminatory basis.

### **Rights to Communications and Visits**

You have the right to communicate freely and privately with the people you choose. You have the right to send and receive unopened mail. You have the right to have reasonable access to telephones, both to make and receive calls in privacy. You have the right to be given reasonable and frequent opportunities to visit with the people you choose.

### **Right to Fair Employment Practices**

You have the right to be paid fairly for work that you choose to do. You cannot be asked to do the work of paid staff/providers unless you offer to help, receive training and supervision to do the work, and are paid fairly for the work you do. You cannot be required to give some of your paycheck to a service agency to help them cover their costs of providing you with services and supports.

### **Right to Vote**

You have the right to vote in all primary and general elections. You have the right to get the help you need to register to vote, to get applications for mail-in ballots and receive the ballots, and to vote.

### **Right to Records, Confidentiality, and Information**

You have the right to a private record maintained by Imagine! that must include information about your determination of eligibility for services and your service plan. These records can only be shared with you, your parents if you are a minor, your legal guardian, or with the people you give Imagine! permission to share your records. Imagine!'s Notice of Privacy Practices describes other situations where we may share your confidential records.

### **Right to Personal Property**

You have the right to keep and use your own clothes, money, and property how you want. If you want someone to hold your things and help you take care of them, you have the right to have this recorded in your records. You have the right to ask your service provider to hold your

Updated August 2014; Replaces all former versions

money for you and keep a written record of the money. You have the right to receive reasonable amounts of your money or funds held in a trust.

### **Right to Influence Policy**

You have the right to establish a committee to hear the views, and represent the interests of other individuals receiving services. You have the right to tell Imagine! your views and opinions on how services are provided to attempt to influence Imagine!'s policies.

### **Right to Notification**

You have the right to read or have explained to you, in your own language, any rules that you need to follow.

### **Discrimination**

No one can discriminate against you because you receive services and supports.

### **Right to Technology and Information Access**

You have the right to access information and technology.

*\*This right is from the Declaration on the Rights of People with Cognitive Disabilities to Technology and Information Access, interpreted as covered by the Americans with Disabilities Act and supported by a coalition of professionals and disability organizations supporting universal access to information and technology access for all people. Since this right is not yet written into Colorado Revised Statutes 25.5-10-218 through 230, different rules and due processes apply. However, Colorado's House of Representatives supported the Coleman Institute Declaration in 2014 through House Joint Resolution 14-1011 and Imagine! proudly endorses and incorporates it into our everyday activities. Ask your case manager for a copy of the Declaration. It is also available at [www.colemaninstitute.org/declaration](http://www.colemaninstitute.org/declaration).*





## Rights and Releases

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. I have received the Consumer Rights booklet, my rights have been explained to me and I understand them.
2. The Dispute Resolution process and Grievance Procedure have been explained to me and the Imagine! brochure on Dispute Resolution and Grievance Procedure has been given to me. I understand that I may exercise these procedures when I disagree with decisions regarding me or my dependent. I understand that I may request the assistance of my Case Manager (or my dependent's Case Manager) and/or that of an advocacy program to implement these procedures. I further understand that the use of the Dispute Resolution and/or the Grievance Procedure processes will not prejudice the future provision of appropriate services or supports.
3. I understand it is necessary to provide the Colorado Department of Institutions, Division for Developmental Disabilities, certain statistical information necessary to provide leadership and direction for improvement of the welfare of a developmentally disabled individuals in the State of Colorado and therefore authorize this agency to allow Division of Developmental Disabilities personal to audit and collect the information from Imagine!.

Upon signing this form I have agreed to the above statements as indicated. I understand that I can at any time question, and upon written request to Imagine! rescind my permission should I feel in any way that Imagine! and/or it's personnel have not acted completely in the most professional and discreet manner.

**This agreement will expire one year from the date of my signature.**

\_\_\_\_\_  
Signature of Consumer or Parent/Guardian/Authorized Representative Date

\_\_\_\_\_  
Relationship to Consumer

\_\_\_\_\_  
Witness Signature



## **NOTICE OF PRIVACY PRACTICES**

Effective: September 23, 2013

Amended: 3/24/16

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice will tell you how we may use and disclose protected health information about you (your dependent). Protected health information means any health information about you that identifies you (your dependent) or for which there is a reasonable basis to believe the information can be used to identify you (your dependent).

In this notice, protected health information includes, but is not limited to: "preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure of function of the body." Imagine! has determined that all confidential, identifiable information that is obtained about you (your dependent) will be designated as "protected health information."

This notice also will tell you about your rights and our duties with respect to medical information about you (your dependent). In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

Imagine! uses and discloses protected health information about you (your dependent) for a number of different purposes. Each of those purposes is described below.

## **How We May Use and Disclose Protected Health Information About You (Your Dependent)**

### **Determination of Eligibility for Services**

For children 0 through 2 years of age, eligibility is generally determined by entities such as hospitals, health departments, and Child Find. Information from these entities is forwarded, with written parental authorization, to Imagine! Service Coordinators to assist the child and family in locating appropriate services. Imagine! Service Coordinators may make a determination of eligibility when a child is referred for services who does not have assessed developmental delays, but whose parent(s) have been determined to have a developmental disability.

For applicants 3 years of age and older, eligibility is determined generally by an Imagine! Intake Case Manager. Protected health information may be shared with the Imagine! Director of Client Relations if the eligibility of the applicant is not readily determined.

When an applicant requires additional psychological testing to determine eligibility for services, protected health information is shared with the psychologist with whom Imagine! contracts to do such testing.

Periodically, a referral is made from the Juvenile Court in Boulder or Broomfield counties to determine if a child appearing in that Court is developmentally disabled. If such a determination is made, different sentencing options are available. Protected health information obtained by Imagine! is not shared with the Court except by subpoena, but the Court receives a written determination of eligibility based on that information.

### **To Obtain Treatment (Services and Supports)**

We may use protected health information about you (your dependent) to provide, coordinate or manage your services, supports, and other health care you receive from us, or other providers with whom we contract. We may disclose protected health information about you to individuals who are involved in your (your dependent's) care such as doctors, nurses, hospitals, psychologists, social workers, dentists, mental health professionals, case managers or service coordinators, direct service staff at Imagine! and Imagine! staff charged with quality assurance monitoring, administrative and direct care staff of other service providers with whom Imagine! contracts, community agencies and providers that provide services to people with developmental disabilities outside the developmental disabilities services system, and State agencies that have audit and quality assurance responsibilities.

In general, information is shared for the purpose of obtaining services, supports, and other health care services and coordinating such services as they are outlined in the Individual Family Service Plan (IFSP) or the Service Plan (SP). For example, for a child 0-2 years of age, a family may choose to receive services from a private speech therapist in the community, rather than through a system based service provider like Dayspring. Imagine! will contract with the therapist on behalf of the child/family. An adult may choose to have comprehensive services (residential services) provided by an agency other than the Imagine! provider. Imagine! will contract for services from that provider on behalf of the adult.

Protected health information will be shared with those agencies to enable them to provide appropriate

and needed services as outlined in the IFSP or SP.

#### **For Payment**

We may use and disclose protected health information about you so we can be paid for the services we provide to you. This can include billing a third party payor or other state agency, or your insurance company. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.

#### **For Health Care Operations**

We may use and disclose medical information about you (your dependent) for our own operations. These are necessary for us to operate Imagine! and to maintain quality for the individuals for whom we provide supports and services. For example, we may use protected health information about you (your dependent) to monitor the performance of staff providing services, to determine internally the quality of services being provided, to train staff and/or volunteers, or to prepare for external audits and reviews.

#### **Human Rights Committee**

By Colorado law, Section 27-10.5-105 C.R.S, each Community Centered Board (Imagine!) must establish a Human Rights Committee (HRC) as a third party mechanism to safeguard the rights of individuals receiving services. Most reviews involve adults receiving services, but children receiving services in the Children's Extensive Supports waiver are also included. The HRC reviews all use of psychotropic medications for adults in comprehensive services {COMP waiver) and nursing homes, use of emergency or safety control procedures, and any suspension of rights or restrictive procedures that are part of a behavior program for an individual in services. The HRC also reviews all investigations of abuse, mistreatment, or exploitation and may institute their own investigation as warranted.

Members of HRC are volunteers and may not be staff of any service provider in Boulder or Broomfield counties. Committee members sign a confidentiality agreement prior to serving on the Committee. Protected health information is shared during meetings of the HRC. Individuals being reviewed and/or their personal representative are invited to attend the meeting and provide their opinion about the issue being reviewed.

#### **Imagine! Allocations Committee**

The Allocations Committee is composed of senior administrative staff from Imagine!. Protected health information is used to inform the Committee of the utilization status of the state funded Supported Living Services Program and locally funded Broomfield Supported Living Services Program. The Allocation Committee approves initial plans and hears requests to allocate additional funds for individuals in state funded services.

#### **Treatment and Service Alternatives**

We may use and disclose protected health information about you (your dependent) to contact you about alternative treatment and service options that might be of interest to you. We may do this by

mail, or phone, or in face-to-face contact. We will not provide such information to alternative treatment or service providers without your express written authorization.

### **Disclosures to Family and Others**

We may disclose to a parent/guardian, personal representative, family member, or any other person identified by you, health information about you (your dependent) that is directly related to their involvement with the services and supports you (your dependent) receive. We may also use that information to notify such persons about your location, general condition, or death. In the event of your death, we may disclose to any of those persons who were involved in your care for payment for health care prior to your death, medical information about you that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to us. If there are individuals in your life (or in your dependent's life) that you wish to not have information shared, please notify your (your dependent's) Service Coordinator or Case Manager. If you are not certain who the service coordinator or case manager is, please contact **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org).**

### **Disaster Relief**

We may use or disclose protected health information about you (your dependent) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you, of your location, general condition or death.

### **Required By Law**

We may use or disclose protected health information about you (your dependent) when we are required to do so by law.

### **Public Health Activities**

We may use or disclose protected health information about you (your dependent) for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

### **Victims of Abuse, Neglect, Mistreatment or Exploitation**

By Colorado law, and by State and Imagine! regulation, Imagine! employees and contractors are obligated to reported suspected abuse, neglect, mistreatment, or exploitation of a minor child to the Boulder county or Broomfield county Department of Human Services and/or local law enforcement agencies. By Colorado law, and by State and Imagine! regulation, Imagine! employees and contractors are encouraged to reported suspected abuse, neglect, mistreatment, or exploitation of an at-risk adult (all adults with developmental disabilities are determined to be at-risk adults) to the Adult Protection unit of Boulder or Broomfield county Department of Human Services and/or to local law enforcement

agencies. As part of this reporting process, we may share health information with these agencies to the extent that this disclosure is: (a) required by law; (b) agreed to by you or your personal representative; (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

#### **Health Oversight Activities**

We may disclose protected health information about you (your dependent) to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations. Some of the most common oversight agencies to receive this information include the Division for Developmental Disabilities, Children's Health and Rehabilitative Services, the Colorado Department of Public Health and Environment, and county Department of Human Services for foster care licensing.

#### **Judicial and Administrative Proceedings**

We may disclose protected health information about you (your dependent) in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

#### **Disclosure for Law Enforcement Purposes**

We may disclose medical information about you (your dependent) to a law enforcement official for law enforcement purposes:

1. As required by law;
2. In response to a court, grand jury or administrative order, warrant or subpoena;
3. To identify or locate a suspect, fugitive, material witness or missing person;
4. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed;
5. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct;
6. About crimes that occur at our facility;
7. To report a crime in emergency circumstances.

#### **Coroners or Medical Examiners**

We may disclose protected health information about you (your dependent) to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

**Funeral Directors**

We may disclose protected health information about you (your dependent) to funeral directors as necessary for them to carry out their duties.

**Organ, Eye, or Tissue Donation**

To facilitate organ, eye or tissue donation and transplantation, we may disclose protected health information about you (your dependent) to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

**Research**

Under certain circumstances, we may use or disclose personal health information about you (your dependent) for research. Before we disclose information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your protected health information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Imagine! during that person's review of the information.

Individuals served by Imagine!, or their personal representatives, must provide written informed consent before participating in a research project. By Colorado regulation, informed consent may be provided only after consultation with the Interdisciplinary Team for the individual and with a developmental disabilities professional not associated with Imagine!.

**To Avert Serious Threat to Health or Safety**

We may use or disclose protected health information about you (your dependent) if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you (your dependent) if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

**National Security and Intelligence**

We may disclose protected health information about you (your dependent) to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President**

We may disclose protected health information about you (your dependent) to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of State, or to conduct investigations authorized by certain federal laws.

**Inmates, Persons in Custody**

We may disclose protected health information about an inmate or other individual to a correctional institution or law enforcement official having custody of the inmate or other individual. The disclosure will be made if the disclosure is necessary: (a) to provide health care to such individuals; (b) for the health and safety of such individual or other inmates; (c) the health and safety of the officers or employees of or others at the correctional institution; (d) the health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another; (e) law enforcement on the premises of the correctional institution; or, (f) the administration and maintenance of the safety, security, and good order of the correctional institution.

#### **Workers' Compensation**

We may disclose protected health information about you (your dependent) to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

#### **Fundraising**

Imagine! may disclose and use protected health information about you (your dependent) to contact you to raise funds for Imagine! directly or through the Imagine! Foundation. Protected health information that may be used includes: (a) demographic information relating to you, including your name, address, phone number, email address and age; (b) dates of service provided to you; and (c) departments of service provided to you.

You have the right to opt out of receiving fundraising communications. If you do not want Imagine! or its Foundation to contact you for fundraising, **please contact Patti Micklin, Imagine! Foundation Director, at 1400 Dixon Ave., Lafayette CO 80026; or [pmicklin@imaginecolorado.org](mailto:pmicklin@imaginecolorado.org) to opt out of all Imagine! fundraising communications.**

#### **How We Will Contact You**

Unless you tell us otherwise in writing, we may contact you by email, telephone, fax, or by mail at a home or work location. At either location, we may leave messages for you. If you want to request that we communicate to you in a certain way or at a certain location, please contact your (your dependent's) Case Manager or Service Coordinator. If you are not certain who the service coordinator or case manager is, please contact **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org).**



## Certain Uses and Disclosures that Require Your Written Authorization

### Psychotherapy Notes

Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) for our own training programs for students, trainees, or practitioners in mental health; (c) to defend ourselves in a legal action or other proceeding brought by you; (d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.

### Marketing

We may use and disclose protected health information about you (your dependent) to communicate with you about a product or service to encourage you to purchase the product or service. Generally, this may occur without your authorization. However, your authorization is required if: (a) the communication is to provide refill reminders or otherwise communicate about a drug or biologic that is, at the time, being prescribed for you and we receive any financial remuneration in exchange for making the communication which is not reasonably related to our cost in making the communication; or, (b) except as stated in (a), we use or disclose your medical information for marketing purposes and we receive direct or indirect financial remuneration from a third party for doing so. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to Imagine! is involved.

### Sale of Information

Your authorization is required for any disclosure of your personal health information when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the information. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of ours for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; (h) when permitted by applicable law where the only remuneration received by us is a fee permitted by law.

### Other Uses and Disclosures

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying in writing **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)** of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

## **Your Rights With Respect to Medical Information About You**

You have the following rights with respect to medical information that we maintain about you.

### **Right to Request Restrictions**

You have the right to request that we restrict the uses or disclosures of protected health information about you (your dependent) to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so in writing to **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)** and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

*With one exception, we are not required to agree to any requested restriction.* The exception is that we will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid us in full.

If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

### **Right to Receive Confidential Communications**

You have the right to request that we communicate personal health information about you (your dependent) to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)**. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

## **Right to Inspect and Copy**

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of personal health information about you. To inspect or copy personal health information about you, you must submit your request in writing to **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)**. Your request should state specifically what personal health information you want to inspect or copy. Your request should state the form of access and copy you desire, such as in paper or in electronic media. We will provide one copy of the requested information at no charge. Additional copies will be provided at a reasonable fee per copied page, plus mailing costs, if it is requested that the information be mailed.

We usually will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy personal health information if the information involved is:

1. Psychotherapy notes
2. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding
3. Being requested to be reviewed or copied by someone other than yourself, if such information is protected by more stringent disclosure statutes such as alcohol or substance abuse information or HIV status
4. Information gathered in the process of an investigation as required by rule and statute, in response to allegations of mistreatment, abuse, neglect, and exploitation, and other incidents defined as critical by regulatory agencies.

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by Imagine! who was not directly involved in the denial. Imagine! will comply with the outcome of that review.

## **Right to Amend**

You have the right to ask us to amend personal health information about you (your dependent). You have this right for so long as the personal health information is maintained by Imagine!.

To request an amendment, you must submit your request in writing to **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)**. Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. If we grant the request, in whole or in part, we

will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the personal health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend personal health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

1. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
2. Is not part of the protected health information maintained by us;
3. Would not be available for you to inspect or copy; or,
4. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the protected health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request. You may do this by putting your complaint in writing to **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org).**

#### **Right to an Accounting of Disclosures.**

You have the right to receive an accounting of disclosures of protected health information about you (your dependent). The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003. Certain types of disclosures are not included in such an accounting:

1. Disclosures to carry out treatment, payment and health care operations;
2. Disclosures of your medical information made to you;
3. Disclosures that are incident to another use or disclosure;
4. Disclosures that you have authorized;
5. Disclosures for our facility directory or to persons involved in your care;
6. Disclosures for disaster relief purposes;

7. Disclosures for national security or intelligence purposes;
8. Disclosures to correctional institutions or law enforcement officials having custody of you;
9. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed);
10. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)**. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

#### **Right to Copy of this Notice**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site at [www.imaginecolorado.org](http://www.imaginecolorado.org).

To obtain a paper copy of this notice, contact please contact your (your dependent's) Case Manager or Service Coordinator. If you are not certain who the service coordinator or case manager is, please contact **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)**.

## **Our Duties**

We are required by law to maintain the privacy of protected health information about you (your dependent), to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

## **Our Right to Change Notice of Privacy Practices**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

## **Availability of Notice of Privacy Practices**

A copy of our current Notice of Privacy Practices will be provided at the yearly IP or IFSP meetings for individuals enrolled in services through Imagine! and by mail to individuals on waiting lists. A paper copy will also be provided to new applicants at the time of intake and eligibility determination. A copy of the current notice also will be posted on our web site, [www.imaginecolorado.org](http://www.imaginecolorado.org).

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting your (your dependent's) Case Manager or Service Coordinator. If you are not certain who the service coordinator or case manager is, please contact **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)**.

## **Effective Date of Notice**

The effective date of the notice is stated on the first page of this notice.

## **Complaints**

You may complain to Imagine! and to the United States Secretary of Health and Human Services if you believe your (your dependent's) privacy rights have been violated by us.

To file a complaint with us, contact **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)**. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: <http://www.hhs.gov/ocr>.

You will not be retaliated against for filing a complaint.

### **Questions and Information**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact **Kevin Harding, Director of Information Technology/Privacy Officer, at 1400 Dixon Ave., Lafayette CO 80026, [kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org)**.



ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This is to acknowledge my receipt of Imagine!'s Notice of Privacy Practices  
(effective September 23, 2013).

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Printed Name of Person Receiving Imagine! Services

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Individual's Address

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Signature of Individual or Personal Representative

Date

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Name of Personal Representative of Legal Guardian

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Description of Legal Guardian's/Personal Representative's Authority to act for the Individual (if applicable}

Please return this form to:

Kevin Harding,  
Director of Information Technology/Privacy Officer  
1400 Dixon Ave.,  
Lafayette CO 80026  
[kharding@imaginecolorado.org](mailto:kharding@imaginecolorado.org).