

Healthy Choices Unlimited Notice of Privacy Practices

This notice describes how personal medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you would like a copy of this notice, please ask and we will give you one.

1. Our pledge regarding medical information

The privacy of your medical information is important both to you and to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. Our legal duty

The law requires us to

- Keep your medical information private;
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information;
- Follow the terms of the current notice.

We Have the right to

- Change our privacy practices and the terms of this notice at any time, provided the changes are permitted by law;
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of change to privacy practices

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. Use and disclosure of your medical information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed.

We will not use or disclose your medical information for any purpose other than treatment, assistance applying to the Colorado Medical Marijuana Registry, payment, and reminders – without your specific written authorization. Any specific written authorization you provide may be revoked by you at any time, by writing to us at the address provided at the end of this notice.

For treatment

We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, caregivers, or other people who are taking care of you. We may share medical information about you to other health care providers you designate to assist them in treating you.

For assistance applying to the Colorado Medical Marijuana Registry

We may use and disclose your personal medical information to the Colorado Department of Public Health and Environment and the Colorado Marijuana Enforcement Division as needed to help you join the Colorado Medical Marijuana Registry and associated programs.

For payment

We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

For reminders

We may call, email, text, or send you mail and/or messages regarding appointments, annual visits, follow-ups, and reminders.

4. Your individual rights

You have the right to

- Look at or get copies of certain parts of your medical information. You must make your request in writing.
- Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
- Request that we communicate with you about your medical information by different means or at different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing.
- Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us:

Martha Montemayor, General Manager
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