Boulder F.I.T. Health & Performance
HIPAA NOTICE OF PRIVACY PRACTICES

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

At Boulder F.I.T. Health & Performance ("Practice"), we are committed to treating and using protected health information ("PHI") responsibly. This Notice of Privacy Practices ("Notice") explains the personal information we collect, and how and when we use or disclose that information. It also describes your rights related to your PHI. This Notice has been updated in accordance with the HIPAA Omnibus Rule and applies to all PHI as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD / INFORMATION

Each time you visit the Practice, a record of your visit is created. This record typically includes your symptoms, examination findings, test results, diagnoses, treatment, and your plan for future care. This information may be used or disclosed to plan your care, communicate with other providers, serve as a legal document, receive payment, evaluate quality of care, and comply with state and federal laws.

PURPOSES FOR THE USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION

Treatment: Your health care team documents and uses your information to determine the most appropriate course of care. We operate an electronic medical record (EMR) system and may share information with other providers or electronic health information networks to facilitate your care. We may also access your prescription history to support safe treatment decisions.

Payment: We may use and disclose PHI to bill you, your insurance plan, or a third-party payer. This may include information identifying you, your diagnosis, and services provided.

Health Care Operations: We may use PHI to evaluate the quality of care we provide and to improve our services.

Business Associates: We may share PHI with contracted third parties who assist us in operations. All business associates are legally required to safeguard your information.

Notification: We may notify a family member, personal representative, or another responsible person regarding your location or general condition when appropriate.

Communication from Our Office: We may contact you by phone, voicemail, text, email, or mail with appointment reminders, billing notices, insurance updates, or clinical information.

Communication with Family or Friends: Using professional judgment, we may disclose relevant PHI to individuals involved in your care, unless you request otherwise. When someone accompanies you to an appointment, this implies consent for limited disclosure.

To Avert a Serious Threat: We may use or disclose PHI when necessary to prevent a serious threat to your health or safety or that of others.

Research: We may disclose PHI for approved research projects, or allow researchers to review information under strict privacy protections. Limited data sets may be shared only after a data-use agreement is signed.

Coroners, Medical Examiners, and Funeral Directors: We may disclose PHI to assist these professionals in performing their duties.

Deceased Individuals: We may disclose PHI to family members or representatives involved in your care unless inconsistent with prior expressed wishes. PHI does not include information about individuals deceased for more than 50 years.

Organ Donation: We may disclose PHI to organizations involved in organ, eye, or tissue procurement.

Marketing: We may contact you with information about treatment alternatives or health-related benefits. Marketing paid for by third parties requires your written authorization. You may opt out at any time.

Fundraising: We may contact you for fundraising purposes. You may opt out of these communications at any time.

Sale of PHI: We will not sell your PHI without your explicit written authorization.

Health Oversight Activities: PHI may be disclosed to government agencies conducting audits, inspections, or investigations.

FDA, Public Health, Workers' Compensation, Law Enforcement, and Legal Requirements: PHI may be disclosed as necessary to comply with applicable laws.

YOUR HEALTH INFORMATION RIGHTS

You have the right to access, inspect, and obtain a copy of your health record in paper or electronic form. You may request corrections to your record, request restrictions on certain disclosures, request confidential communication methods, revoke prior authorizations, and obtain an accounting of certain disclosures.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your PHI, provide this Notice, follow the terms of this Notice, notify you if a restriction cannot be honored, and notify you of any breach involving unsecured PHI.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or would like additional information, contact:

Practice Privacy Officer
Dr. Sean Burkhardt
Phone: 720-722-0701
Email: info@boulderfitperformance.com

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or the U.S. Department of Health and Human Services, Office for Civil Rights. There will be no retaliation for filing a complaint.