



Sunflower Mountain Mental Health
805 Eagleridge, Suite 140
Pueblo, CO - 81008

* 2025 SMMH HIPAA Notice of Privacy Practices

Sunflower Mountain Mental Health LLC
805 Eagleridge Boulevard, Suite 140
Pueblo, CO 81008
Phone: (719) 679-5022
Fax: (719) 888-1673

Patient Name: *

Patient Date of Birth: *

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Sunflower Mountain Mental Health ("SMMH" or the "Practice") is committed to safeguarding your Protected Health Information ("PHI") as required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This notice outlines our legal duties, privacy practices, and your rights regarding your PHI.

Uses and Disclosures of Protected Health Information (PHI)

1. Treatment

A. We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. Examples include, but are not limited to:

1. Sharing your PHI with another healthcare provider for consultation or treatment purposes.
2. Coordinating your care with a home health agency or other care providers.

2. Payment

A. Your PHI may be used to obtain payment for healthcare services. Examples include, but are not limited to:

1. Submitting information to your health insurance plan for prior authorization of services.
2. Processing claims for reimbursement.

3. Healthcare Operations

A. Your PHI may be used to support the business activities of SMMH, such as:

1. Quality assessment and improvement activities.
2. Employee training and performance reviews.
3. Contacting you for appointment reminders (if you have consented).

4. Required by Law



A. We may disclose your PHI without your authorization in specific circumstances, including, but not limited to:

1. Legal Requirements: Compliance with federal, state, or local laws.
2. Judicial Proceedings: Responding to subpoenas, court orders, or discovery requests.
3. Law Enforcement: Assisting in locating or identifying suspects or victims of crimes.
4. Public Health and Safety: Reporting communicable diseases, adverse reactions to medications, and abuse or neglect.
5. Specialized Government Functions: Supporting military, national security, or intelligence activities.
6. Workers' Compensation: Complying with laws governing workplace injury claims.

5. Other Disclosures

- A. Coroners, Medical Examiners, and Funeral Directors: As required to fulfill their duties.
- B. Organ Donation: Supporting donation and transplantation efforts.
- C. Research: For approved medical research projects.
- D. Business Associates: To third-party organizations performing functions on our behalf.

Confidentiality of Substance Use Disorder Records

A. SMMH is dedicated to maintaining the confidentiality of records related to substance use disorder treatment as required by federal and Colorado state laws. We will not disclose information regarding your substance use history without your written consent unless one of the following exceptions applies:

1. Medical Emergency: If necessary to address a serious and immediate threat to your health or safety.
2. Legal Requirements: If disclosure is required by law (e.g., a court order).

B. Your substance use disorder records are protected under stricter confidentiality regulations than general medical records. If you have any questions about these protections, please contact us using the information below.

Your Rights Regarding Your PHI

1. Right to Inspect and Copy

A. You may request to see or obtain a copy of your PHI. Exceptions include:

1. Psychotherapy notes.
2. Information compiled for legal proceedings.
3. PHI restricted by federal or state laws.

2. Right to Request Restrictions

A. You may ask us to limit how your PHI is used or disclosed. While we will consider your request, we are not required to agree if it conflicts with necessary treatment, payment, or operations.

3. Right to Confidential Communications

A. You may request that we communicate with you via alternative means or at a specific location.



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4. Right to Amend

A. You may request changes to your PHI if you believe it is incorrect or incomplete. Requests must be made in writing. If denied, we will provide a written explanation and allow you to file a statement of disagreement.

5. Right to an Accounting of Disclosures

A. You may request a list of certain disclosures made of your PHI, excluding those for treatment, payment, or healthcare operations.

6. Right to a Paper Copy of This Notice

A. You are entitled to receive a paper copy of this notice, even if you agreed to receive it electronically. You may request a paper copy by contacting us at (719) 679-5022 or emailing us at contact@sunflowermountainmentalhealth.com.

Filing a Complaint

If you believe your privacy rights have been violated, you may file a complaint without fear of retaliation. SMMH will not retaliate against you for filing a complaint, requesting access to records, or notifying us of any HIPAA complaints or grievances.

1. File with SMMH

Contact Information:

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Fax: (719) 888-1673

Email: contact@sunflowermountainmentalhealth.com

2. File with the US Department of Health and Human Services

Send a letter to:

200 Independence Avenue, S.W., Washington, D.C. 20201

Call: 1-877-696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

Changes to This Notice

We reserve the right to change this notice at any time. Updated notices will be made available upon request or posted in our office. You have the right to object or withdraw as outlined in this notice.

By signing below, I acknowledge that I have received a copy of SMMH's HIPAA Notice of Privacy Practices.



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Patient Signature (Patient if age 15+ or
Parent/Guardian Signature, if
applicable): *

Parent/Guardian Name (if applicable):

Relationship to Patient (if applicable):

Date Signed: *
