Aspire Behavioral Care

Colorado

Notice of Privacy Practices

Effective: June 2026

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.

Our Commitment to Your Privacy

Aspire Behavioral Care – Colorado is committed to protecting the privacy of your health information. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by Aspire Behavioral Care, whether made by our staff or by others.

We are required by law to maintain the privacy of protected health information, to provide you 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 this Notice currently in effect.

How We May Use and Disclose Health Information

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples.

Treatment

We may use or disclose your health information to provide, coordinate, or manage your health care and related services. For example, we may disclose health information about you to a physician or other health care provider who is treating you. We may also disclose information to other providers involved in your care, such as speech therapists, occupational therapists, or physical therapists working with your child.

Payment

We may use and disclose health information about you so that treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company, Medicaid, or another third party. For example, we may need to give your insurance company information about services provided to your child so your insurer will pay us for those services.

Health Care Operations

We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run our organization and make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Appointment Reminders

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or services at Aspire Behavioral Care.

Treatment Alternatives

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Business Associates

There are some services provided in our organization through contracts with business associates. Examples include billing services and IT support. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to

do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care

We may release health information about you to a family member, parent, guardian, or other person who is involved in your medical care or who helps pay for your care, unless you object.

As Required by Law

We will disclose health information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Abuse, Neglect, and Mandatory Reporting

Aspire Behavioral Care staff are mandated reporters. We may disclose health information about you to a government authority, such as a child protective services agency, if we reasonably believe you are a victim of abuse or neglect. This reporting is required by Colorado law.

Public Health Activities

We may disclose health information about you for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; or to notify a person who may have been exposed to a communicable disease.

Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may release health information if asked by a law enforcement official in response to a court order, subpoena, warrant, or similar legal process.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy health information that may be used to make decisions about your care. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

Right to Amend

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or

for Aspire Behavioral Care. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us; is not part of the health information kept by or for Aspire Behavioral Care; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of health information about you other than our own uses for treatment, payment and health care operations. To request this list, you must submit your request in writing to our Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before the effective date of this Notice.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request, except in cases where you have paid for a service out of pocket in full and request that we not submit the claim to your health plan.

Right to Request Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to our Privacy Officer. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Right to Be Notified of a Breach

You have the right to be notified in the event that we (or a business associate) discover a breach of unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission (authorization). If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

The following require your specific written authorization:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures for marketing purposes
- Disclosures that constitute a sale of protected health information
- Other uses and disclosures not described in this notice

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Aspire Behavioral Care or with the Secretary of the Department of Health and Human Services. To file a complaint with Aspire Behavioral Care, contact our Privacy Officer in writing. You will not be penalized for filing a complaint.

U.S. Department of Health and Human Services
Office for Civil Rights
999 18th Street, Suite 417
Denver, CO 80202
Phone: 1-800-368-1019 | TDD: 1-800-537-7697

Colorado Department of Public Health & Environment
Phone: 303-692-2000
www.cdphe.state.co.us

Colorado-Specific Privacy Provisions

Colorado Confidentiality Laws

In addition to federal HIPAA protections, Aspire Behavioral Care complies with Colorado law regarding the confidentiality of health information, including the Colorado Medical Records Act (C.R.S. § 25-1-801 et seq.) and applicable provisions of the Colorado Mental Health Statutes.

Colorado Consumer Health Data Privacy

Aspire Behavioral Care also complies with applicable provisions of the Colorado Privacy Act (CPA) to the extent applicable to health data. Colorado residents may have additional rights regarding their personal data. Please contact our Privacy Officer for more information.

Colorado Medicaid Confidentiality

For clients receiving services funded through Colorado Medicaid (Health First Colorado), additional confidentiality protections may apply in accordance with 10 C.C.R. 2505-10. These protections apply to all information obtained in the course of furnishing services under the Colorado Medical Assistance Program.

Contact Our Office

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1740 Chapel Hills Drive
Colorado Springs, CO 80920
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