



# CHILDREN'S HOSPITAL COLORADO UNIVERSITY OF COLORADO DENVER, SCHOOL OF MEDICINE JOINT NOTICE OF PRIVACY PRACTICES

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.

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## OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Children's Hospital Colorado (Children's Colorado or We or Our) understand that information about you and your health is personal and sensitive. Our primary responsibility for your personal health information is to keep it safe. Each time you visit the hospital, we create a record of the care and services you receive. Your health information includes any record we create or maintain to provide care to you, or to obtain payment for that care, including information in your medical record and billing records. We need this information to provide you with quality care and to comply with certain legal requirements. This notice describes your rights and certain obligations we have regarding the way we use and share your health information.

The Health Insurance Portability and Accountability Act (HIPAA) federal privacy law requires us to:

- provide this notice to you
- maintain the privacy of your health information
- follow the terms of this notice

As a patient or a parent/legally authorized representative of a patient at the hospital, you are the patient's "personal representative". Please read this notice with the understanding that we are discussing "you" to mean the patient.

This notice applies to all of the records of your care generated by any of the Children's Colorado facilities, our medical staff, and the physicians, residents, medical and allied health students affiliated with the University of Colorado - School of Medicine when they are working within Children's Colorado facilities under an Organized Health Care Arrangement (OHCA). This notice also applies to the privacy practices of the Pediatric Care Network and its participants, the largest clinically integrated network in Colorado dedicated exclusively to children, for our joint activities relating to pediatric community health.

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## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways in which we use your health information internally and release your health information to persons outside Children's Colorado that do not require any separate oral or written permission from you. We have not listed every use or release of information within the categories, but all permitted uses will fall within one of the following categories:

**Treatment** - We may use or disclose your health information, including information about your mental health treatment, to provide you with medical treatment and healthcare services. We may share your health information with or request it from doctors, nurses, technicians, medical students, interns, health information exchanges, or others who are involved in taking care of you during your visit with us or elsewhere for continuity of care. Unless you request a restriction and to the extent permissible under federal and state privacy laws, we will make reasonable efforts to notify your primary care provider and other providers who need to receive notification of your status for treatment, care coordination, or quality improvement purposes when you are admitted to a Children's Colorado emergency department or inpatient unit, when you are discharged from a Children's Colorado emergency department or inpatient unit, or when Children's Colorado transfers your care, all in compliance with federal and state law.

We participate in Health Information Exchanges (HIE's), including Colorado Regional Health Information Organization (CORHIO) and CareEverywhere, to access and share your health information with other participants of these HIE's for treatment and permissible payment purposes. We will notify your health care providers of admission, discharge, and transfers through an HIE.

**Payment** - We may use or disclose your health information so the treatment and services you receive may be billed to and payment collected from you, an insurance company, or another third party. This may also include the release of health information to obtain prior authorization for treatment and procedures from your insurance plan. We may disclose certain information to the person responsible for paying for your care in an attempt to obtain payment for that care.

**Health Care Operations** - We may make uses or disclosures of your health information that are necessary to operate Children's Colorado our healthcare facility and maintain and improve care. Some of these uses may include quality assurance activities; credentialing and privileging medical staff members; administrative activities, including our financial and business planning and development; customer service activities, including investigation of complaints; and educational and training activities.

**Individuals Involved in Your Care or Payment for your Care** - We may share your health information with a friend or family member who is involved in your medical care, unless you tell us in advance not to do so.

**Business Associates** - Some services are provided in our organization through contracts with third parties who are our business associates. We may share your health information with our business associates so that they can perform the job we've asked them to do. We require our business associates to sign a contract that states they will appropriately protect your information. Examples of business associates include transcription and information storage services, management consultant, quality assurance reviewers, and auditors.

**Directory Information** – The hospital has a “facility directory” of information about patients hospitalized or otherwise receiving services at our facilities. This directory information is available to anyone who asks for a patient by name and allows visitors to find your room. The law permits us to give out the following information:

- 1) the patient's name,
- 2) general location within the hospital,
- 3) general condition (good, fair, serious, critical, deceased), and
- 4) religious affiliation (available to clergy only).

You have the right to refuse to have your information included in the facility directory. If you refuse to have your information released, we will not be able to tell your family or friends your room number or that you are in the hospital.

**Appointment Reminders** - We may use health information to contact you as a reminder that you have an appointment for treatment or medical care at our healthcare facility. These reminders may be through phone, mail, email or text messaging, including automated reminders.

**Fundraising** - We may use and disclose limited health information to Children's Hospital Colorado Foundation to contact you as part of a fundraising effort for the mission of Children's Colorado. If you receive a communication from us for fundraising purposes, you will be informed on how to opt out of any further fundraising communications if you wish, or you can let us know by contacting us at 720-777-1700 or email [info@childrenscoloradofoundation.org](mailto:info@childrenscoloradofoundation.org).

**Research That Doesn't Involve Your Treatment** - When a research study does not involve any treatment, we may share your health information with researchers when the Institutional Review Board (IRB) determines the request for your PHI has met federal guidelines for release of your PHI for research purposes.

**Public Health Activities** - We may share your health information for public health activities. These generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications, problems with products or other adverse events;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only share this information if you agree or when required or authorized by law.

**Organ and Tissue Donation** - If you are an organ donor, we may share your health information with organizations that handle organ procurement or organ, eye or tissue transplantation, or with an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans** - If you are a member of the armed forces, we may share your health information as required by military command authorities.

**Averting a Serious Threat to Health or Safety** - We may use and share your health information when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. This information would only be shared with someone able to help prevent the threat.

**Disaster Relief Organizations** – We may share your health information with an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status, and location.

**Health Oversight Activities** - We may share your health information with a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for government agencies to monitor the health care system, government programs, and compliance with laws.

**Worker's Compensation** - We may share your health information for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits for work related injuries.

**Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may share your health information in response to a court or administrative order. We may share your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement** - We may share your health information if asked to do so by law enforcement officials in the following circumstances:

- when we receive a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- when the patient is the victim of a crime if we are unable to obtain the person's agreement;
- when we believe the patient's death may be the result of criminal conduct;
- criminal conduct at our facility;
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Home Directors** - We may share your health information with a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also share health information about patients at our facility with funeral home directors as necessary to carry out their duties.

**National Security and Intelligence Activities** - We may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Inmates** - If you are an inmate of a correctional institution or under custody of a law enforcement official, we may share your health information with the correctional institution or the law enforcement official when necessary for the correctional institution to provide you with healthcare, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution

**Legal Requirements** - We will share your health information without your permission when required to do so by federal, state or local law.

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## **SITUATIONS THAT REQUIRE YOUR SPECIFIC WRITTEN "AUTHORIZATION"**

Other uses of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called "authorization"). Some typical situations that require your authorization are as follows:

**Substance Abuse Treatment Disclosures** - We will share substance abuse treatment information only in accordance with state and federal law, including 42 CFR Part 2. Other than the permitted disclosures mentioned above, state and federal law may require your authorization or the authorization of your representative.

**Disclosure of Mental Health Treatment Information** - We will share your mental health treatment information only in accordance with state law. Other than the permitted disclosures mentioned, Colorado law requires your authorization or the authorization of your representative.

**Research Involving Your Treatment** - When a research study involves your treatment, we may share your health information with researchers after you have signed a consent and authorization form. You do not have to sign the consent and authorization form in order to get treatment from us, but if you do refuse to sign the consent and authorization form, you cannot be part of the research study.

Research studies require an IRB to review and approve research protocols for protection of the individuals that participate. In rare circumstances, an IRB may issue a waiver allowing the research study to take place without you needing to sign a consent to share your information. Waivers are granted only when the IRB determines appropriate safeguards are in place to protect the privacy of your personal health information.

**Marketing** - We may ask you to sign an authorization to use or disclose protected health information as part of a marketing effort. The authorization will state whether we received any direct or indirect compensation for the marketing. Your authorization is needed except for face-to-face communications we make to you or for promotional gifts of nominal value. Marketing is defined as a communication about a product or service that encourages recipients of the communication to purchase or use the product or service, except communications made:

- to describe a health-related product or service that we provide;
- for your treatment;
- for case management or coordination of your care, or to direct or recommend alternative treatments, therapies, providers, or settings of care to you; or
- To provide refill reminders about a drug or biologic that is currently being prescribed for you, only if the financial remuneration we receive in exchange for the communication is reasonably related our cost of making the communication.

**Sale of Electronic Health Records or PHI** –We may not sell protected health information unless authorized by you. An authorization is not needed if the purpose of the exchange is for:

- treatment, payment or certain healthcare operations purposes, including the sale, merger or consolidation of a covered entity;
- public health activities;
- research purposes where the price charged reflects the cost of preparing and transmitting the information;
- performance of services by a business associate on our behalf;
- providing you with a copy of the PHI maintained about you; or
- other reasons determined necessary and appropriate by the Secretary or by law.

**Disclosures Requested by Children's Colorado** - We may ask you to sign an authorization allowing us to use or to share your health information with others for specific purposes such as notifying you of future educational or social events that you might enjoy.

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## YOUR HEALTH INFORMATION RIGHTS

Although your health record is our physical property, the information in the health record belongs to you and you have certain patient health information rights in it. You have the right to:

**Request a restriction on certain uses of your protected health information.** You must submit your request in writing. We will review all requests, but we are not required by law to agree to your request unless it is a restriction on health information to your health plan for payment or health care operations where you have paid the full cost of the service to which the information relates. Even when we agree to a restriction, we may still share your information during a medical emergency or as required by state or federal law.

**Inspect and request a copy of your protected health information for a reasonable fee.** You and your personal representatives may inspect your records or request copies of all or portions of your records. You also may request that we send copies of your records to any third party of your choosing. All requests for access, or copies of records, must be made in writing. If you request a copy in electronic format, we must provide the information in an electronic format. We may deny your request under limited circumstances. If we deny you access to health information, you may request that the denial be reviewed by another healthcare professional chosen by someone on our healthcare team. We will abide by the outcome of that review. We may deny access to psychotherapy notes.

**Obtain a record of the sharing/disclosures of your health information.** The accounting will only list information shared for purposes other than treatment, payment or healthcare operations and will exclude information that was shared because of a valid authorization.

**Request an amendment to your health record if you feel the information is incorrect or incomplete.** We may deny your request for an amendment if:

- it is not in writing,
- does not include a reason to support the request,
- the information was not created by our healthcare team,
- it is not part of the information kept by our facility,
- it is not part of the information which you would be permitted to inspect and copy,
- the information already in the record is accurate and complete.

Please note that even if we accept your request, we are not required to delete any information from your health record. If we disagree with your request, you have the right to submit a statement of disagreement to be enclosed with future releases of the information in question.

**Receive notification of a breach of your information.** You will receive notification if at any time we determine that you unsecured health information has been breached under criteria established by law.

**Request communication of your health information by alternative means or to alternative locations.** We will honor reasonable requests when you provide an alternative address/contact information and information on how payment will be handled.

**Revoke your authorization to use or share health information.** You may cancel your previous authorizations in writing at any time. If you cancel your authorization, we will no longer use or share your health information previously allowed under the authorization. This will not apply to any prior actions taken in response to a valid authorization.

**Obtain a copy of this Notice of Privacy Practices upon request.** This Notice is available at any of our departments, and is also on our website at: <https://www.childrenscolorado.org/your-visit/after-your-visit/your-bill/hipaa/>

**Complain about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States.** If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Patient Relations Program at:

Phone: 720-777-1010  
Email: [patientrelations@childrenscolorado.org](mailto:patientrelations@childrenscolorado.org)  
Mailing 13123 E. 16th ave, B220  
Address: Aurora, CO 80045

Your complaint will be forwarded to the Privacy Officer and will be fully investigated.

You may also file a complaint with the Department of Health and Human Services, Office for Civil Rights. Information regarding how to file a complaint with this agency can be found online at: [www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html).

There will be no retaliation for filing a complaint.

We reserve the right to change this notice by posting changes to our web site at <http://www.childrenscolorado.org>.. 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 facilities, and it will also be available on request.



# Patients' and Parents' Rights and Responsibilities

## Information for our Patients and Families

*You and your family are a valued part of your healthcare team.*

*We encourage you to talk with your team when you have questions or concerns.*

A Spanish version of this brochure is available from your provider.

### To Our Patients and Families:

At Children's Hospital Colorado, you and your child are our main concern, and we will do everything we can to make your stay here as comfortable as possible. We are grateful for the trust you have in us, and we aim to give outstanding service to you/your child while you are here.

We know this is a stressful time for you. If you have a complaint, we give our word that we will try to resolve it as quickly as we can. We hope you will tell us when we do a good job and when we don't.

Thank you for choosing Children's Hospital Colorado and for letting us care for you/your loved one.

Sincerely,



Jena Hausmann  
President and Chief Executive Officer



Pat Givens, DHA, EdM, RN, NEA-BC  
Senior Vice President and Chief Nursing Officer

**If you feel your rights have not been respected, please talk to your/your child's healthcare team.**

**Individuals 18 years old and older have the right to make healthcare decisions.**

### You and/or your child have a right to:

#### Communication

- A copy of the Patients' and Parents' Rights and Responsibilities. If you do not understand your rights, they will be explained to you in a language you understand.
- Understand your/your child's care and treatment plan.
- Know the members of the healthcare team who are caring for and treating you/your child.
- Have a person and/or doctor of your choice be told about your/your child's hospitalization.
- Get information about your/your child's medical condition in words or a language you understand (this requirement does not necessarily apply to medical record requests). This information includes diagnosis, tests, procedures, and treatment options, as well as possible risks and benefits.
- Be a part of the decisions made about your/your child's treatment. This includes asking for help from someone in the Ethics department, as well as naming a family spokesperson to work with the staff if ethical issues arise in your/your child's care. Give informed consent for treatment and procedures. This includes changing your mind about treatment and procedures, refusing to sign a consent form if you do not understand and/or agree to everything, refusing treatment (if the law allows), and being told the risks of refusing treatment. If you do not consent to recommended treatment, you may need to seek care from another provider. If you decide to leave against medical advice, care providers are not obligated to follow-up with you, but you may return for future treatment or if you change your mind.
- Be told what you need to know and do when you or your child goes home.
- Have Children's Hospital Colorado staff listen to what you say and answer your questions. Know that you can express your feelings or fears and get caring responses.
- Feel free to complain and get feedback without worrying that it will affect your/your child's care. Please see the back panel for contact information.

## PATIENTS' AND PARENTS' RIGHTS AND RESPONSIBILITIES

- Get all medical care and treatment that is available and medically necessary regardless of your/your child's race, color, national origin, ancestry, sex, creed, religion, cultural, economic, educational background, marital status, genetic information, gender identity or expression, sexual orientation, disability (mental and physical), or other protected classification to the extent required by applicable laws.
- Choose someone to make decisions if you/your child cannot make decisions.
- Sign an advance directive (living will) if allowed by law. Expect your/your child's healthcare team to follow this directive, when it's legal for them to do so.
- Decide not to take part in the training of healthcare workers, research, or in experimental programs.
- Get an estimated cost for services when you ask for it before we provide non-emergency care.
- Get information about Children's Colorado's financial assistance, charity care, and payment policies as provided by Colorado Revised Statute § 25-3-112. Please see the back panel for contact information.
- An explanation of your bill and the services provided to you/your child.
- Be told of the patient's rights before giving or stopping patient care whenever possible.
- Be given access to the medical record after discharge.
- All requests to see and/or receive copies of medical records should be made to the Health Information Management/Release of Information Department.
- Expect that medical information be only shared with those allowed to have it, such as your medical team (doctors, nurses, and social workers), insurance providers, or people you ask for your records be shared with.
- For a full description of who we can share your medical records with, please refer to the Notice of Privacy Practices.
- If you have questions or concerns about your medical information being seen or used inappropriately, please see the back panel for contact information.

### Privacy and Dignity

- Get care and treatment that is right for you and your family's emotional, educational, spiritual, and developmental needs. This means giving as much personal privacy as we can.
- Not be isolated or restrained in any way, as a means of control, punishment, convenience or revenge by the staff.
- Get comfort and respectful care if you are/your child is dying. This includes managing pain, respecting cultural and spiritual concerns and giving compassionate care during your time of grief.
- Get care and treatment in a safe setting, free from bullying and abuse.
- Be told about pain and ways to relieve the pain.
- Have family around to comfort and help take care of you/your child whenever they can.
- Parents, legal guardians and the patient's spouse/partner can visit 24/7. All other visitors, including siblings, may only visit during visiting hours. Visitation restrictions may be put into place, or changed when appropriate to limit the spread of contagious disease, or for safety purposes.
- Be told if there is any reason why you/your child cannot have visitors.
- Decide who can visit you/your child in the hospital. Not have visitors limited or denied because of their race, national origin, religion, sex, gender identity or expression, sexual orientation, or disability.
- Decide who will care for you/your child after you leave Children's Colorado. Children's Colorado staff will give you information about care providers or available services.
- Be told whether referrals are to providers in which Children's Colorado has a financial interest.





### You and/or your child have the responsibility to:

#### Communication

- Tell your/your child's doctor or Children's Colorado staff right away if you need a language other than English so that you can understand and give informed consent for your/your child's care and treatment.
- Give true and complete information about you/your child's health. Tell us about any unexpected changes in you/your child's condition.
- For parents/legally authorized representatives, when asked, give us proof that you have the right to consent to your child's admission and medical/surgical treatment.
- Give Children's Colorado accurate information about your/your child's current insurance coverage and/or eligibility for state or federal programs, and pay bills in a timely manner.
- Give us a copy of your/your child's current advance directive (living will), if there is one.
- Ask questions if you don't understand information or instructions.
- Follow the treatment plan you and the caregivers agree on. Be aware of what will happen if you refuse treatment or don't follow instructions and take responsibility for those actions. Work with members of the medical team to have a pain management plan.
- Keep your appointments and be on time. If you can't keep your/your child's appointment, call as soon as possible to schedule a new one.
- Tell your/your child's doctor, nurse, or patient representative if you have concerns or aren't happy with the care you are/your child is receiving.
- Act appropriately and be respectful when you try to settle disagreements.
- Be thoughtful of other patients and Children's Colorado staff by limiting noise levels and numbers of visitors.
- Respect the privacy of other children and families getting care at Children's Colorado.
- Keep cell phones on silent/vibrate mode when around patients or the healthcare team.
- Have no more than two family members stay overnight in patient rooms, as facilities and requirements allow.
- Pay the medical bills for which you are responsible.

#### Follow Safety Rules

- Learn and follow Children's Colorado's rules and Standards of Behavior.
- Help the staff make Children's Colorado a safe place for everyone by telling us about safety concerns you have.
- Not use illegal drugs, marijuana, alcohol, tobacco, e-cigarettes, and/or carry guns or other weapons.
- Not take pictures, videos, or recordings of staff, equipment, or any non-family members.

- Follow the rules for visitors. Parents or another adult in the family must look after children younger than 18 who come to visit you/your child. Children must also follow the rules.
- Always keep your personal items with you. Children's Colorado is not responsible for any items that may be lost or stolen when left in the patient's room or elsewhere at Children's Colorado facilities.
- Not allow anyone who is under the influence of any substance to visit you/your child.
- Dress appropriately.
- Not swear, make threats, or engage in behaviors that impact patient care.
- Not have sexual relations or view content of an inappropriately sexual nature, including pornography, while at Children's Hospital Colorado.
- Know if you break the rules, security will be called and you may be taken off the property.
- Know if you break the rules:
  - The security team may be called and you may be asked to leave the unit or the hospital.
  - We may need to restrict your child's visitors.
  - For virtual visits and telephone calls, your care team may end the virtual visit or phone call.





## Complaints

Feel free to complain and get feedback without worrying that it will affect your/your child's care.

You can call a Patient Advocate:

### Denver-Metro:

Phone: 720-777-1010

### Southern Colorado:

Phone: 719-305-1010

You can also file a complaint with:

The Colorado Department of Public Health and Environment (CDPHE)

4300 Cherry Creek Dr. South, Denver, CO 80246 | 303-692-2800

The ESRD Network #15 for any complaints about dialysis or kidney disease

165 South Union Blvd., Suite 466, Lakewood, CO 80228

info@nw15.esrd.net | 303-831-8818 or 1-800-783-8818

You can contact Behavioral Health Administration

710 S. Ash St., Denver, CO 80246 | 303-866-7400

Email: cdhs\_bha@state.co.us

You may also call the Colorado Department of Regulatory Agencies

1560 Broadway, Suite 110, Denver, CO 80202

303-894-7855 or toll free: 1-800-886-7675

If you feel your patient safety or care quality concerns have not been addressed you may call The Joint Commission at 1-800-994-6610.

## Privacy

If you have questions or concerns about your medical information being seen or used inappropriately, you may call:

Patient Advocates:

### Denver-Metro:

Phone: 720-777-1010

### Southern Colorado:

Phone: 719-305-1010

Compliance Anonymous Hotline: 866-568-5420

Privacy Officer: 720-777-5834, or you may send a letter to:

Children's Hospital Colorado

Attn: Privacy Officer

13123 E. 16th Avenue, Box 450

Aurora, CO 80045

## Billing

Billing information is available on our website at [childrenscolorado.org/about/your-bill](http://childrenscolorado.org/about/your-bill), or you may call us at 720-777-6422.

You have the right to ask to see an in-network health care provider at an in-network facility. If an in-network provider is not available, you may receive medical services from an out-of-network provider. For questions, please call your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance.



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**It is the policy of Children's Hospital Colorado to respect the rights of people 18 years old and older and those authorized by federal and state laws to make healthcare decisions:**

- Agree to or turn down medical or surgical treatment, including not having or stopping life-sustaining treatment or asking not to be resuscitated.
- Have the option to review and re-write advance directives (living wills).
- To present advance directives or ask for help with writing them.

The presence or lack of an advance directive (living will) has no effect on your access to care, treatment, and services.

Children's Hospital Colorado respects the rights of every patient/parent and is devoted to providing equal access for everyone.

This includes the right to communication in a language that you can understand. To provide safe and effective communication, our policy says that only professional and qualified medical interpreters can be used. This means that patients, their family members, and friends may not be used as the main interpreters when talking about medical care.

Medical interpreters transfer information from one language to another. They must completely understand the topics they are talking about, so they can accurately transfer information from one language to another. They must be sensitive to the cultures of the language(s) in which they interpret as well as maintain confidentiality and neutrality.

- Medical Interpreter Office: either in-house or contracted medical interpreters can be scheduled through the Children's Hospital Colorado Medical Interpreter Office. Phone and video interpreter systems are also available at all Children's Hospital Colorado locations. If you need help or if you have unanswered questions, please call the Children's Hospital Colorado Medical Interpreter Office.

### Denver-Metro:

Phone: 720-777-9800

### Southern Colorado:

Phone: 719-305-6363

You may also ask to speak with the Charge Nurse or House Supervisor.

- Sign Language: Children's Hospital Colorado provides sign language interpretation either by an in-person RID-certified interpreter or by video remote interpretation (VRI) services for our patients and parents/legally authorized representatives who are deaf or hard of hearing.
- If the patient/parents/legally authorized representative needs either a sign language interpreter or a spoken language interpreter, please tell the registration desk when you check in or when you are scheduling your appointment, so that the patient's record will show this, and an interpreter can be scheduled ahead of time to be at the appointment.
- All of these services are provided free of charge on behalf of Children's Hospital Colorado.

*Information is subject to change. Please refer to your Patients' and Parents' Rights and Responsibilities brochure for the most up-to-date information.*

# Financial Assistance, Charity Care and Payment Plan Information

## Financial Assistance Program

Many of our patient families who do not have health insurance are surprised to learn that their child may qualify for help. Children's Hospital Colorado works with eligible patients and families to apply for government aid for hospital services. If patients and their families are not eligible for government aid, the Financial Counseling team may be able to offer other financial aid in the form of discounts and payment plans.

The Financial Assistance Program is available to all patients who do not have health insurance and live in the United States. We expect families to use all available resources before financial aid will be considered.

Qualifications for many assistance programs require applicants to meet federal poverty income guidelines based on the Federal Poverty Level (located at [www.childrenscolorado.org](http://www.childrenscolorado.org)). Eligibility for financial aid depends upon family size, income, and the age of the applicant.

Please call us at 720-777-7001 to speak with a Financial Counselor. They will help you apply for financial aid programs that are available.

## Children's Hospital Colorado Charity Program

Children's Hospital Colorado Charity Program provides financial aid to patients and families in need. The decision to provide charity care will, in most cases, be based on a review of the family's income, assets and liabilities at the time of visit, and will typically result in a sliding-scale co-payment due from the family.

Copies of our Financial Assistance Policy and Application are available online ([childrenscolorado.org](http://childrenscolorado.org)) or by visiting or calling our Financial Counseling offices at these locations:

**Children's Hospital Colorado, Anschutz Medical Campus**  
13123 East 16th Avenue, Aurora, CO 80045  
Phone: 720-777-7001

**Children's Hospital Colorado, Colorado Springs**  
4090 Briargate Parkway, Colorado Springs, CO 80920  
Phone: 719-305-9993

Copies are available for free in multiple languages, including English and Spanish.

## What are the general requirements?

*\*Exceptions may apply*

- Ineligibility for Medicaid, Child Health Plan+, Colorado Indigent Care Program, and other health insurance
- Federal Poverty Level below 250%; accounting for household size, income, and liquid assets
- Submission of required information within 365 days from the date that the first post-discharge billing statement for the care is provided

## Amounts Generally Billed (AGB)

Children's Hospital Colorado limits the amount charged for care it provides to any individual who is eligible for Financial Assistance. CHCO uses the look-back method as defined in federal regulation §501(r) to determine the AGB.

## Payment Plan Options

Children's charges are consistently applied to all patients regardless of their ability to pay or method of payment. Children's Hospital Colorado provides flexible payment plan options for our patients and families. While many payment plans do not exceed 6 months, exceptions can be made on a case-by-case basis. To set-up a payment plan, please call us at 720-777-6422 to speak with a Customer Service representative.



**Children's Hospital Colorado**

# Are You Eligible for Discounted Care?

## Your Rights as a Patient Under Hospital Discounted Care

If you need help paying a hospital bill, you can see if you qualify for discounted care. You can call Children's Hospital Colorado at 720-777-7001, email us at [FinancialAssistance@childrenscolorado.org](mailto:FinancialAssistance@childrenscolorado.org) or visit us at [www.childrenscolorado.org](http://www.childrenscolorado.org) to set up an appointment to see if you qualify.

### Overview

- You may qualify for discounted care if your income is low.
- If you qualify:
  - Hospitals and providers must limit your bills.
  - You must be offered a payment plan based on your income.
- You may still qualify even if you:
  - Are not a citizen.
  - Are an immigrant.

### Your Rights

- Under the new law you have the right to:
  - Check to see if you qualify for discounted care.
  - Check to see if you qualify for public health care coverage.
  - Be given a payment plan if you qualify.

### Summary of New Law, starting September 1, 2022

- If your gross household income is at or below 250% of the federal poverty level:
  - You may be able to get discounts on your health services.
  - You have the right to a payment plan based on your income.
  - To see if your household income qualifies you may ask the hospital where you received care or visit:  
<https://hcpf.colorado.gov/colorado-hospital-discountedcare>
- You can get information in your primary language about your rights.
- For more information go to: <https://hcpf.colorado.gov/colorado-hospital-discountedcare>

### New Law About Bills from Hospital

- The most a hospital can bill for a service is set by the Department of Health Care Policy and Financing.
- The hospital must break the bill into monthly charges.
  - Your monthly bill cannot be more than 4% of your monthly income.
- You may be billed by a provider who works at the hospital.
  - The provider's monthly bill cannot be more than 2% of your monthly income.
- You do not owe any more money
  - Once you make 36 payments, or
  - Pay the full amount due on your payment plan

### Public Health Coverage and Discounts

- If you do NOT have health insurance:
  - The hospital must see if you are eligible for the following:
    - Public health coverage and discount programs, like Health First Colorado, Child Health Plus (CHP+), Emergency Medicaid, Colorado Indigent Care Program (CICP), and hospital discounts.
      - These can cover all or most of your health care bills.
- If you have health insurance:
  - You have the right to have your eligibility checked for discounts.
  - You must ask to be checked for eligibility for discounts and public health coverage programs.
- The hospital must check to see if you qualify within 45 days of when you received the service or ask to be screened.



- You may refuse to be screened. If you refuse to be screened, you may lose your right to take legal action against the hospital and providers for:
  - Not checking to see if you qualify for programs, or
  - Not giving you discounts.

### **Bill Collection Under Hospital Discounted Care**

- Before sending your bill to collections, a hospital or provider who works at the hospital must:
  - Do what is listed above.
  - Give you a payment plan if you are eligible.
  - Explain all the services and fees on your bill in your primary language.
  - Bill your insurance (if you have insurance).
  - Notify you they may send you to collections.
- If your bill is sent to collections without doing all the steps listed above, you can take legal action.

### **Decision and Appeals**

- The hospital must notify you of the decision within 14 days of completing an application.
- How to appeal the decision.
  - An appeal happens when you do not agree with a decision.
  - You ask for your case to be reviewed for mistakes.
  - You have 30 days from the date the hospital gave you the decision to file an appeal.
  - For more information on how to appeal visit <https://hcpf.colorado.gov/hospitaldiscounted-care> or call 1-800-221-3943.

### **Complaints**

- You can file a complaint if you feel that any of your rights listed above have not been met.
- Complaints can be filed with the hospital or provider.
- Complaints can also be filed with the Department of Health Care Policy and Financing.
  - To file a complaint with the Department, contact 303-866-2580 or [hcpf\\_HospDiscountCare@state.co.us](mailto:hcpf_HospDiscountCare@state.co.us)

# Patients' Right to Know Act Service Availability Form

## Ley sobre el derecho de los pacientes a saber Formulario de disponibilidad de servicios



**COLORADO**

Health Facilities & Emergency  
Medical Services Division

Department of Public Health & Environment

What is this form? You have the right to get the information you need to make informed health choices. Colorado law (Section 25-58-101, C.R.S.) requires healthcare facilities to provide you with information on the availability of services related to:

*¿Qué es este formulario? Usted tiene derecho a recibir la información que necesite para tomar decisiones informadas sobre su salud. La ley de Colorado (Sección 25-58-101, C.R.S.) exige que los centros de salud le proporcionen información sobre la disponibilidad de los servicios relacionados con:*

- Reproductive healthcare/*Salud reproductiva*
- LGBTQ healthcare/*Salud LGBTQ*
- End-of-life healthcare/*Salud hacia el final de la vida.*

This form tells you what services are available at this facility:

*Este formulario le indica qué servicios están disponibles en este centro:*

Facility Name: <i>Nombre del centro:</i>	Children's Hospital Colorado <ul style="list-style-type: none"><li>• Anschutz Medical Campus</li><li>• North Campus</li><li>• South Campus</li><li>• Colorado Springs Campus</li></ul>	Facility Address: <i>Dirección del centro:</i>	<ul style="list-style-type: none"><li>• 13123 E 16th Avenue; Aurora, CO 80045</li><li>• 469 State Highway 7; Broomfield, CO 80023</li><li>• 1811 Plaza Dr.; Highlands Ranch, CO 80129</li><li>• 4090 Briargate Prkwy; Colorado Springs, CO 80920</li></ul>
Contact Name: <i>Persona de contacto:</i>	Linda Michael	Facility ID (FACID): <i>ID del centro:</i>	<ul style="list-style-type: none"><li>• 010417</li><li>• 018MU3</li><li>• 01F105</li><li>• 01B436</li></ul>
Contact Phone: <i>Teléfono de contacto:</i>	720-777-1234		
Call this number if you have questions about this form. <i>Comuníquese a este número si tiene alguna pregunta sobre este formulario.</i>			
Facility Type (per 6 CCR 1011-1): <i>Tipo de centro (de acuerdo con la norma 6 CCR 1011-1):</i>	Hospital: 6 CCR 1011-1 Chapter 4		

The availability of each service and referral is marked with a letter, Y, L, or N. The letter used shows if a service or referral is: available, limited by a non-medical restriction, or not available at this location.

*La disponibilidad de cada servicio y referencia está marcada con una letra, Y, L, o N. Dicha letra indica si un servicio o referencia está disponible, limitada por una restricción no médica o no disponible en esta ubicación.*

- **Y = Yes/Sí.** This means the service or referral is available to all patients. There are NO non-medical restrictions.  
*Esto significa que el servicio o referencia está disponible para todos los pacientes. NO existen restricciones no médicas.*
- **L = Limited/Limitada.** This means there is at least one non-medical restriction for this service or referral.  
*Esto significa que existe al menos una restricción no médica para este servicio o referencia.*
- **N = No.** This means the service or referral is not available for any patient. This includes when the facility is not licensed to provide the service, or has a policy that prohibits providing referrals for that service.  
*Esto significa que el servicio o referencia no está disponible para ningún paciente. Esto incluye cuando el centro no cuenta con licencia para proporcionar el servicio o tiene una política que prohíbe referenciar a ese servicio.*

Need help?

*¿Necesita ayuda?*

[Click to open the FAQ.](#)

[Haga clic para abrir las FAQ.](#)

Use this  
QR  
code for  
more  
info:



*Escanee este código QR  
para obtener más  
información:*

# Patients' Right to Know Act Service Availability Form (continued)



**COLORADO**

**Health Facilities & Emergency  
Medical Services Division**

Department of Public Health & Environment

## **Ley sobre el derecho de los pacientes a saber Formulario de disponibilidad de servicios (continuación)**

### **Reproductive and Gender Affirming Healthcare Services Servicios de salud reproductiva y de afirmación de género**

#### **Primary Care, Sexual Health, and Sexually Transmitted Infection Treatment Services**

#### **Servicios de atención primaria, salud sexual y tratamiento de infecciones de transmisión sexual**

<b>Service or Item</b> <i>Servicio o concepto</i>	<b>Service</b> <i>Servicio</i>	<b>Referral</b> <i>Referencia</i>	<b>Service or Item</b> <i>Servicio o concepto</i>	<b>Service</b> <i>Servicio</i>	<b>Referral</b> <i>Referencia</i>
Primary care services <i>Servicios de atención primaria</i>	L	Y	Human immunodeficiency virus (HIV) care and treatment <i>Atención y tratamiento del virus de la inmunodeficiencia humana (VIH)</i>	L	Y
Testing for sexually transmitted infections (STIs) <i>Pruebas de detección de infecciones de transmisión sexual (ITS)</i>	L	Y	HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) prescriptions and related counseling <i>Recetas y asesoramiento relacionados con la profilaxis previa a la exposición al VIH (PrEP) y la profilaxis posterior a la exposición (PEP)</i>	L	Y
Treatments for STIs including prescriptions <i>Tratamientos para las ITS, incluyendo recetas</i>	L	Y			
Vaccinations for STIs <i>Vacunas contra las ITS</i>	L	Y			

#### **Family Planning, Contraception, and Infertility Services**

#### **Servicios de planificación familiar, anticoncepción e infertilidad**

<b>Service or Item</b> <i>Servicio o concepto</i>	<b>Service</b> <i>Servicio</i>	<b>Referral</b> <i>Referencia</i>	<b>Service or Item</b> <i>Servicio o concepto</i>	<b>Service</b> <i>Servicio</i>	<b>Referral</b> <i>Referencia</i>
Family building/planning services <i>Servicios de planificación y conformación familiar</i>	L	Y	Removal of contraceptive devices <i>Extracción de dispositivos anticonceptivos</i>	L	Y
Birth control including pills, rings, patches, intrauterine devices (IUDs), condoms, and others <i>Métodos anticonceptivos, como pastillas, anillos, parches, dispositivos intrauterinos (DIU), preservativos y otros</i>	L	Y	In-vitro fertilization (IVF) <i>Fecundación in vitro (FIV)</i>	N	Y
			Intra-uterine insemination (IUI) <i>Inseminación intrauterina (IIU)</i>	N	Y
			Egg/sperm collection/storage <i>Recolección y almacenamiento de óvulos y espermia</i>	L	Y
Emergency contraception <i>Anticoncepción de emergencia</i>	L	Y			



# Patients' Right to Know Act Service Availability Form (continued)



**COLORADO**

Health Facilities & Emergency  
Medical Services Division

Department of Public Health & Environment

## **Ley sobre el derecho de los pacientes a saber Formulario de disponibilidad de servicios (continuación)**

Pregnancy Testing, Support, and Termination Services <i>Servicios de pruebas, apoyo e interrupción del embarazo</i>					
Service or Item <i>Servicio o concepto</i>	Service <i>Servicio</i>	Referral <i>Referencia</i>	Service or Item <i>Servicio o concepto</i>	Service <i>Servicio</i>	Referral <i>Referencia</i>
Pregnancy testing <i>Pruebas de embarazo</i>	L	Y	Treatment/management of miscarriage or threatened miscarriage, including abortion when requested by patient <i>Tratamiento y manejo del aborto espontáneo o de la amenaza de aborto espontáneo, incluyendo el aborto cuando la paciente lo solicite</i>	L	Y
Genetic testing <i>Estudios genéticos</i>	L	Y			
Ultrasound <i>Ultrasonido</i>	L	Y			
Labor and delivery <i>Trabajo de parto y alumbramiento</i>	L	Y			
Neonatal intensive care <i>Cuidados intensivos neonatales</i>	L	Y	Medications that may cause unintentional termination of pregnancy <i>Medicamentos que pueden provocar la interrupción involuntaria del embarazo</i>	Y	Y
Trial of labor after cesarean (TOLAC) <i>Prueba de trabajo de parto después de cesárea</i>	L	Y			
Medication abortion <i>Aborto con medicamentos</i>	N	Y	Surgical treatment for ectopic pregnancy by salpingectomy <i>Tratamiento quirúrgico del embarazo ectópico mediante salpingectomía</i>	N	Y
Procedural/surgical abortion <i>Aborto de procedimiento o quirúrgico</i>	N	Y			
Diagnostic aspiration of uterus <i>Aspiración diagnóstica del útero</i>	N	Y	Other treatments for ectopic pregnancy <i>Otros tratamientos para el embarazo ectópico</i>	N	Y
Feticidal injection <i>Inyección feticida</i>	N	Y			
Induction of labor after fetal demise <i>Inducción del parto tras muerte fetal</i>	L	Y	Post termination care, including complication management <i>Atención posterior a la interrupción del embarazo incluyendo el manejo de complicaciones</i>	N	Y

# Patients' Right to Know Act Service Availability Form (continued)



**COLORADO**

**Health Facilities & Emergency  
Medical Services Division**

Department of Public Health & Environment

## **Ley sobre el derecho de los pacientes a saber Formulario de disponibilidad de servicios (continuación)**

<b>Reproductive, Gender Affirming, and Sterilization Services</b> <b>Servicios de reproducción, afirmación de género y esterilización</b>					
<b>Service or Item</b> <i>Servicio o concepto</i>	<b>Service</b> <i>Servicio</i>	<b>Referral</b> <i>Referencia</i>	<b>Service or Item</b> <i>Servicio o concepto</i>	<b>Service</b> <i>Servicio</i>	<b>Referral</b> <i>Referencia</i>
Hysterectomy <i>Histerectomía</i>	L	Y	Facial and neck surgeries <i>Cirugías faciales y de cuello</i>	L	Y
Tubal ligation <i>Ligaduras de trompas</i>	L	Y	Bilateral mastectomy <i>Mastectomía bilateral</i>	N	Y
Oophorectomy <i>Ooforectomía</i>	L	Y	Breast augmentation <i>Aumento de senos</i>	N	Y
Salpingectomy <i>Salpingectomía</i>	L	Y	Orchiectomy <i>Orquiectomía</i>	L	Y
Endometrial ablation <i>Ablación endometrial</i>	L	Y	Vaginoplasty <i>Vaginoplastia</i>	L	Y
Vasectomy <i>Vasectomía</i>	N	Y	Phalloplasty <i>Faloplastia</i>	N	Y
Medications which may cause unintentional sterilization <i>Medicamentos que pueden causar esterilización involuntaria</i>	L	Y	Metoidioplasty <i>Metoidioplastia</i>	N	Y
Letters in favor of gender affirming healthcare services <i>Cartas a favor de los servicios de salud relacionados con la afirmación de género</i>	L	Y	Hair removal laser/electrolysis <i>Depilación láser o electrólisis</i>	N	Y
Gender affirming mental health therapy <i>Terapia de salud mental relacionada con la afirmación de género</i>	L	Y	Hair transplant surgery <i>Cirugía de trasplante de cabello</i>	N	Y
Gender affirming voice/speech therapy <i>Terapia del habla o de la voz para la afirmación de género</i>	L	Y	Puberty blocking hormone therapy <i>Terapia hormonal de bloqueo de la pubertad</i>	L	Y
			Gender affirming hormone therapy (GAHT), hormone replacement therapy (HRT) <i>Terapia hormonal de afirmación de género (THAG) y terapia de reemplazo hormonal (TRH)</i>	L	Y

# Patients' Right to Know Act Service Availability Form (continued)



**COLORADO**  
Health Facilities & Emergency  
Medical Services Division  
Department of Public Health & Environment

## **Ley sobre el derecho de los pacientes a saber** **Formulario de disponibilidad de servicios (continuación)**

### End-of-life Healthcare Services *Servicios de salud hacia el final de la vida*

#### Medical-Aid-in-Dying Services

#### *Servicios de asistencia médica para el proceso de muerte*

Service or Item <i>Servicio o concepto</i>	Service <i>Servicio</i>	Referral <i>Referencia</i>	Service or Item <i>Servicio o concepto</i>	Service <i>Servicio</i>	Referral <i>Referencia</i>
Counseling, discussion, and education regarding medical-aid-in-dying services <i>Asesoramiento, diálogo y educación con respecto a los servicios de asistencia médica para el proceso de muerte</i>	L	Y	Performing or assisting with the written and verbal request requirement <i>Realizar o asistir en el cumplimiento de peticiones escritas o verbales</i>	L	Y
Providing procedure for medical-aid-in-dying medication <i>Procedimiento para suministrar medicamentos de asistencia médica para el proceso de muerte</i>	L	Y	Performing or assisting with the attending physician requirement <i>Realizar o asistir en el cumplimiento de los requisitos del médico tratante</i>	L	Y
Selling or furnishing medical-aid-in-dying medication <i>Venta o suministro de medicamentos de asistencia médica para el proceso de muerte</i>	N	Y			

#### Palliative and Hospice Care Services

#### *Servicios de cuidados paliativos y para enfermos terminales*

Service or Item <i>Servicio o concepto</i>	Service <i>Servicio</i>	Referral <i>Referencia</i>	Service or Item <i>Servicio o concepto</i>	Service <i>Servicio</i>	Referral <i>Referencia</i>
Palliative care <i>Cuidados paliativos</i>	L	Y	Hospice care <i>Cuidado de enfermos terminales</i>	L	Y
Assessment or counseling for palliative care <i>Orientación o asesoramiento en relación con los cuidados paliativos</i>	L	Y	Assessment or counseling for hospice care <i>Orientación o asesoramiento en relación con el cuidado de enfermos terminales</i>	L	Y



# Patients' Right to Know Act Service Availability Form (continued)



**COLORADO**  
Health Facilities & Emergency  
Medical Services Division  
Department of Public Health & Environment

## Ley sobre el derecho de los pacientes a saber Formulario de disponibilidad de servicios (continuación)

### Services in Advance Directives and Medical Orders for Scope of Treatment (MOST) Forms

The facility will honor a patient's or medical decision-maker's request regarding:

#### **Servicios relacionados con los formularios de voluntad anticipada y las órdenes médicas para el alcance del tratamiento (MOST)**

*El centro respetará la solicitud del paciente o del responsable médico en relación con:*

Service or Item <i>Servicio o concepto</i>	Service <i>Servicio</i>	Referral <i>Referencia</i>	Service or Item <i>Servicio o concepto</i>	Service <i>Servicio</i>	Referral <i>Referencia</i>
Do not resuscitate/No cardio-pulmonary resuscitation (CPR) <i>No intentar reanimar o practicar la reanimación cardiopulmonar (RCP)</i>	Y	Y	Voluntary stoppage of eating and drinking (VSED) <i>Interrupción voluntaria de la alimentación e hidratación</i>	L	Y
No ventilator support <i>No brindar asistencia respiratoria</i>	L	Y	Duration of artificial nutrition/hydration <i>Duración de la nutrición e hidratación artificial</i>	L	Y
Duration of ventilator support <i>Duración de la asistencia respiratoria</i>	L	Y	Withdrawal of nutrition services <i>Suspensión de los servicios de nutrición</i>	L	Y
No artificial nutrition/hydration <i>No brindar nutrición e hidratación artificial</i>	L	Y			

(Optional) Brief explanation of service availability:

*Breve explicación sobre la disponibilidad del servicio (opcional):*

Children's Hospital Colorado's target patient population is the pediatric age group. In limited circumstances where Children's Hospital Colorado offers expertise not found in other hospitals, medical/surgical services are offered to adult patients. Children's Hospital Colorado does not perform gender-affirming surgery on any patient, regardless of age.

Los pacientes objetivo del Children's Hospital Colorado son los que pertenecen al grupo etario en pediatría. En ciertos casos para los que se brinde alguna especialidad en el Children's Hospital Colorado y que no se pudiera ofrecer en otros hospitales, los pacientes adultos pueden recibir servicios médicos o quirúrgicos. En el Children's Hospital Colorado no se realiza cirugía de reasignación de sexo a ningún paciente, sea cual fuere su edad.

Signature of Person Preparing Form:

Firma de la persona que llena el formulario:

**Linda Michael**

Digitally signed by Linda Michael

Date: 2024.07.22 12:22:24 -06'00'

Need help? Click the link below to view frequently asked questions:

*¿Necesita ayuda? Haga clic en el siguiente enlace para ver las preguntas frecuentes:*

<https://docs.google.com/document/d/e/2PACX-1vTQKDvxxXGIIIPN4Lhlf9PEqX8NiU931jXmBTv5nHLvwasH8KjXb1yAuYzV-cH9YvBnTF6wSiZ-oBo/pub>

# Your Rights and Protections Against Surprise Medical Bills

*When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.*

## What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

## You are protected from balance billing for:

### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

### Non-emergency Services at an In-Network or Out-of-Network Facility

If you have a Colorado health plan and “CO\_DOI” on your health insurance ID card:

- The facility must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services may be provided by an out-of-network provider.
- You have the right to request that an in-network provider perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for covered services is your in-network cost-sharing amount (copayments, deductibles, and/or coinsurance). These providers cannot balance-bill you.

**Additional Protections** under Colorado State Law (applicable if you have “CO-DOI” on your health insurance ID Card:

- Your insurer will pay out-of-network providers and facilities directly.
- The provider or facility must refund any amount you overpay within 60 days of being notified.

**You’re never required to give up your protections from balance billing. You also aren’t required to get care out-of-network. You can choose a provider or facility in your plan’s network.**

**When balance billing isn’t allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you’ve been wrongly billed, please contact our billing department at 720-777-6422 or [pfs@childrenscolorado.org](mailto:pfs@childrenscolorado.org), or the insurance verification team at 720-777-0720, or visit [www.childrenscolorado.org/your-visit/](http://www.childrenscolorado.org/your-visit/) for additional information.

Visit [cms.gov/nosurprises/consumers](http://cms.gov/nosurprises/consumers) for more information about your rights under federal law, or contact the No Surprises Helpdesk at 800-985-3059. You may also contact the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745, or visit [doi.colorado.gov](http://doi.colorado.gov)



My signature confirms that the above information has been explained to me, and I have been offered a copy of the following:

- (1) HIPAA Notice of Privacy Practices
- (2) Patients’ and Parents’ Rights and Responsibilities
- (3) Financial Assistance Program Information
- (4) Patient Rights Under Hospital Discounted Care
- (5) Patients’ Right to Know Act Service Availability Form
- (6) Your Rights and Protections Against Surprise Medical Bills (for commercially-insured patients)

Patient's Name:	Date:
Patient MRN:	
Guarantor:	Guarantor Address:
Signature of Patient or Legally Authorized Representative:	