



NOTICE OF PRIVACY PRACTICES

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

Dear Patient: The confidentiality of your health information is important to us. We rely on you to give us complete and accurate information about your condition, symptoms and health history to diagnose and treat you. We appreciate how you trust us with this information. We want you to know about our privacy practices that are intended to safeguard the proper use and disclosure of your health information. Our efforts, in part, also depend on you. Please respect the privacy of other patients' health information, just as you would like them to respect yours.

We Want You to Know About HIPAA's Privacy Rule and Why You Are Receiving this Notice.

A law called "HIPAA" protects the use and disclosure of patient health information. Doctors are required by law to keep medical records confidential. We may use or disclose your health information in ways the law permits, or as you authorize us to in writing. HIPAA requires us to give all patients this Notice, which explains our legal obligations and how we may use or disclose health information. It also describes our privacy practices and your legal rights.

We are pleased to give you this Notice, so you may understand how we protect your health information. We may amend our practices in the future. If we amend our practices, the changes will apply to all of your records. We will post any changes to our Notice at the reception window. You may request a copy of our most current Notice.

If a patient is under the age of 18, we will give the Notice to the minor's responsible person (*e.g.* parent or guardian). We will give one Notice per household, unless you request more. The responsible person can sign the Acknowledgment on behalf of all minors who are seen as patients by our office. If the minors are 14 or older, we encourage you to share this Notice with them. If the patient is over the age of 18, we will give him or her a separate Notice of Privacy Practices. This Notice refers to "your" health information and "your" rights. The use of "your" applies to the patient and his or her responsible person, who may exercise rights on the patient's behalf.

Our privacy practices follow HIPAA's Privacy Rule. Please ask us to explain any term you do not understand. Please keep this Notice. It is intended to help answer questions you might have in the future. If you received this Notice electronically, you have a right to obtain a paper copy of this Notice from us.

We Want You to Know About Our Privacy Practices for Protecting Your Health Information:

- **How We Use and Disclose Health Information for Treatment, Payment, and Health Care Operations.**

HIPAA's Privacy Rule allows us to use and disclose your health information for treatment, payment, and health care operations, without your having to sign an Authorization:

Treatment. For example, our providers and staff will use your health information to treat you in our office. We may ask other providers to send us notes or laboratory tests. We may disclose health information to other doctors, hospitals or nursing homes that are involved in treating you. We may send information to your pharmacy to fill your prescription.

Our records may contain information we receive from other sources, such as the hospital (if you have been a patient or had tests performed). If another doctor or provider (hospital or nursing home) treating you asks for your office record, our policy is to send the entire record. We believe that is in the best interests of patient care and treatment. Please let us know if you have a concern about our sending the entire record.

Payment. An example of our using and disclosing health information for payment purposes is when we check with your health plan or insurance about eligibility or coverage. We also need to disclose certain health information when we send a claim to your health insurance for payment of treatment we provided.

Operations. We may use your health information for health care operations, for example, when we evaluate our own performance in providing you treatment and service.

Business Associates. We may use outside persons called "Business Associates" to perform services (such as transcription, billing, or collection services) on our behalf. We will enter into contracts with these Business Associates to assure they protect the privacy of your health information.

- **Use and Disclosure of Information Without Written Authorization, As Permitted or Required by Law**

We may use or disclose your health information, without Authorization, as permitted or required by law, such as:

Workers' Compensation. New Mexico law permits us to disclose health information, without a separate Authorization, when an employee files a Workers' Compensation claim.

Public Health Agencies. New Mexico law requires us to disclose health information to public health agencies to help control and track disease, injury or disability. The law also requires us to report cases of suspected abuse, neglect, and domestic violence.

Regulatory Agencies. Certain NM and Federal governmental regulatory agencies require us to disclose health information for the purpose of monitoring and compliance with State and Federal laws, such as HIPAA, Medicare and Medicaid. Other Federal agencies, such as the FDA and OSHA, require us to report adverse events, product problems, and biological product deviations, so safety precautions, recalls and notifications can be conducted as required by law.

Organ Procurement. We may use or disclose certain health information to organ procurement organizations as necessary for organ donations.



National Security. We may be required by the government to disclose information concerning patients who are in the Armed Forces or for National Security purposes.

Coroner and Funeral Directors. We may disclose health information to the Coroner or to a funeral director to perform legally authorized responsibilities.

Law Enforcement and Safety. We may disclose health information to law enforcement officials, provided the information: (1) is limited to identification purposes; (2) applies to victims of crime; (3) involves a suspicion that injury or death has occurred because of criminal conduct; (4) is needed in a criminal investigation; (5) is necessary to prevent or lessen the threat to the health or safety of a person or to the public; or (6) is required by law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, your medical information will be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process by someone else involved in the dispute when we are legally required to respond.

Marketing Activities: We may, without obtaining your authorization and so long as we do not receive payment from a third party for doing so, 1) provide you with marketing materials in a face-to-face encounter, 2) give you a promotional gift of nominal value, or 3) tell you about our own health care products and services. We will ask your permission to use your health information for any other marketing activities.

Health Oversight Activities: Your medical information may be disclosed to a health oversight facility for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the following reasons: 1. For the institution to provide you with health care; 2. To protect the health and safety of you and others; 3. For the safety and security of the correctional institution.

To Alert a Serious Threat to Health or Safety: Your medical information may be used and disclosed when necessary to prevent a serious threat to your health and safety and that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risk: Your medical information may be used and disclosed for public health activities. These activities generally include the following: 1. To prevent or control disease, injury or disability; 2. To report births and deaths; 3. To report child abuse or neglect; 4. To report reactions to medications or problems with products; 5. To notify people of recalls of products they may be using; 6. 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; 7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.



- **Use and Disclosure of Health Information You Authorize and Your Right to Revoke Authorization**

We will first obtain your written authorization before using or disclosing your protected health information for any purpose not described above, including disclosures that constitute the sale of protected health information or for marketing communications paid for by a third party (excluding refill reminders, which the law permits without your authorization). If you provide the facility permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care that the facility provided to you.

- **Our Privacy Practices for Contacting You and Sharing Information with Family Members**

We may contact you for scheduling or reminding you of an appointment, or giving you test results, or informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may contact you by mail or we may call you. If we contact you by mail, we will address the card or envelope to you. Test results or other health information will be sent in a sealed envelope.

If we call you, we simply will identify our office and ask to speak with you. If you are not available, we will leave a message with the person answering the telephone for you to call us. We will give a telephone number but will not disclose details. If you have an answering machine, we will identify our office and telephone number with a message for you to return our call, but we will not disclose any details. Please let us know in writing if you do not want us to leave any message on your answering machine.

Most of our patients would like us to be able to discuss health information with family members or others who are assisting in their care. For example, we may answer questions your spouse may have about your condition. Please let us know in writing if you do not want us to discuss your health information with family members.

We Want You to Know Your Rights under the Privacy Rule and Our Privacy Practices

- **You have the right to request and receive from us confidential communications about health information by alternative means or at alternative locations.**

Our general policy is to contact you by mail or by telephone at your home address or telephone number. You have the right to request in writing that we contact you confidentially by alternative means or at alternative locations. You do not have to explain why you are making this request. Our policy is to honor reasonable requests. If we cannot honor your request, we will let you know why.

- **You have the right to request your health record in electronic form.**

To the extent that your medical record with our practice exists in electronic form, we will, upon your request, give you a copy of your medical record in electronic form.

- You have the right to request restrictions on certain uses and disclosures of health information.

You may request that we restrict certain uses or disclosures of your health information by completing a Request for Restriction form. You may present or mail the completed form to us. This request may involve certain restrictions connected with treatment, payment or health care operations. It also may involve a request that we do not disclose health information with family members, friends or others who are involved in caring for you. We are required by law to honor requests to restrict disclosures for payment and healthcare operations with you have paid for your treatment in full and out of pocket.

HIPAA's Privacy Rule gives us the right to deny certain requests to restrict the use or disclosure of health information. While we will consider reasonable requests, it is our general policy and practice not to restrict the use or disclosure of health information necessary for providing or arranging for the provision of treatment. It is also our general practice not to restrict the use or disclosure of health information when submitting a claim to insurance or a health plan for reimbursement unless required by law.

We will consider all other requests for restricted use or disclosure of health information on a case-by- case basis, taking into account risks and benefits to you and others. If we agree to your request, we will be bound to honor it. If we cannot agree to your request, we will let you know.

- You have a right to access, inspect and copy your own health information.

You have the general right to access, inspect and copy your own health information that we maintain in a designated record set (records we created). There are some limitations and circumstances in which we are not permitted by law to allow you to inspect certain records. You may request access to your own health information by presenting or sending us a formal written request for such access.

Our practice is to consider all requests according to our legal responsibilities under the Privacy Rule. We generally will act on your request within 30 days from the time we receive the written request. In some circumstances, it may take more than 30 days, in which case we will let you know and will act on your request as soon as reasonably possible.

If we grant your request, we will contact you to set up an appointment for you to inspect your health information and request a copy of it. You may not make changes in the original record. Alternatively, at your request, you may have a summary or explanation of your health information instead of inspecting or copying your records. Under HIPAA, we may charge you for a summary or for copying costs (supplies and labor) and postage.

If we are unable to grant your request, we will notify you in writing of the basis for the denial and your ability to ask for a review of our denial.

- You have the right to amend incorrect or incomplete facts in your health information.

You may request to amend incorrect or incomplete health information in your record by notifying us in writing of your requested changes and presenting or mailing it to us. We will respond to your request within 60 days from the time we receive your request.

We will consider your request and will grant it if permitted by law. If we grant it, we will amend the health information in the designated record set (records we created). We will inform you about the amendment and will notify persons who have received and may have relied on health information that has been amended.

If we deny your request, we will: (1) notify you in writing of the basis for that denial; (2) inform you of your right to submit a written statement of disagreement and provide you with the appropriate form, which we will keep with your record and will include with future disclosures; and (3) inform you of your right to file a complaint. If you file a statement of disagreement, we may prepare a written rebuttal statement.

- You have a right to receive an accounting of disclosures of health information.

You may receive an accounting of disclosures we have made to others in the past. This right is limited and does not require us to provide you with an accounting of disclosures made for: (1) treatment, payment and health care operations; (2) disclosures made to you or your personal representative; (3) disclosures made by your Authorization. Except where individual state laws are more stringent, this facility has a minimum of 60 days to act on your request. To request this list or accounting of disclosures: (1) You must submit your request in writing. (2) Your request must state a time period, which may not be longer than six years and may not include dates before April 5, 2021. 3. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- You have the right to receive notice of any security breach of your PHI.

We will notify you, within sixty (60) day of discovery of any "breach" (unauthorized acquisition, access, use or disclosure of your PHI which compromises the security and privacy of your information).

Complaints:

We are committed to protecting the health information of all our patients. If you have a concern of believe your privacy rights may have been violated, we encourage you to bring that to our attention immediately. You may do so by filing a written complaint, calling, or telling us in person. You may identify yourself or you may remain anonymous. We take all concerns and complaints very seriously and will investigate each one promptly. If we made a mistake, we will do what we can to correct it and take steps to prevent such mistakes from recurring in th future. If we did not make a mistake, we will provide you with an explanation (unless you expressed your concrn anonymously).

Under no circumstances will we retaliate against you for expressing a concern of filing a complaint relating to your Privacy Rights. You also have the right to contact the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated