

Notice of Privacy Practice

Your Rights

[When it comes to your health information, you have certain rights.](#)

This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record:**
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

- **Ask us to correct your medical record:**
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.

- **Request confidential communications:**
 - You can ask us to contact you any specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.

- **Ask us to limit what we use or share:**
 - You can ask us **not** to use or share certain health information for treatment, payment, or other operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for the service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Your Rights (continued)

- **Get a list of those with whom we have shared information:**
 - You can ask for a list (accounting) of the times we ‘ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice:**
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We’ll provide you with a paper copy promptly.

- **Choose someone to act for you:**
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health.
 - We will make sure the person has authority and can act for you before we take action.

- **File a complaint if you feel your rights are:**
 - You can complain if you feel we have violated your rights by contacting us using the information on the back page.
 - You can file a complaint with the U.S. Department of Health and Human Services Office or Civil Rights by sending a letter to 200 Independence Ave., S. W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information the situation as described below, talk to us. Tell us what you want us to do. And we will follow your instructions.

- **In these cases, you have both the right and choice to tell us to:**
 - Share information with your family, close friends, or others involving your care.
 - Share information in a disaster relief situation.
 - If you are a Patient in a hospital directory.

If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

- **In these cases, we *never* share your information unless you give us written permission:**
 - Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes.
- **In the case of fundraising:**
 - We may contact you for fundraising efforts. But you can tell us not to contact you again.

Our Uses and Disclosures

How we typically use or share your health information?

We typically use or share your health information in the following ways.

- **For your Medical Treatment:**
 - We can use your health information and share it with other professionals toward treating you.

- *Example: A provider treating you for an injury asks another provider about your overall health condition.*
 - **Run our organization:**
 - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
 - *Example: We use health information about you to manage your treatment and services.*
 - **Bill for your services:**
 - We can use your health information to bill and get payment from health plans or other entities.
 - *Example: We give information about you to your health insurance plan so it will pay for your services.*
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How else can we use or share your health information?

We are allowed or required to share you information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

- **Help with public health and safety issues:**
 - We can share health information about you for certain situations such as:
 - Preventing spread of contagious disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety.
- **Do Research:**
 - We can use or share your information for health research. If you have provided consent for the research. .

- **Comply with the law:**
 - We will share information about you if state or federal law requires it, including the Department of Health and Human Services to ensure that we're complying with federal privacy law.
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- **Respond to organ and tissue donation requests:**
 - We can share health information about you with organ procurement organizations if you are an organ donor.
- **Work with the medical examiner or a funeral director**
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address Worker's Compensation law enforcement, and other government requests:**
 - We can use or share health information about you:
 - For Worker's Compensation claims
 - For law enforcement purposes or with the law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

- **Respond to lawsuits and legal action**
 - We can share specific health information about you in response to a court or administrative order, or in response to a subpoena, in compliance with law.
- **Please note:**
- As required by law, we will use and disclose health information, but we will limit our use or disclosure to the relevant requirements of the law.
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- Except as described in the Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclosure your health information for other purposes, you may revoke your authorization in writing at any time.
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- When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will comply with the requirement set forth below concerning those activities.
- In the case of a breach or unsecured protected health information, we will notify you as required by law.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

This Notice of Privacy Practices applies to the following organizations.

Please Note: We may use and disclose medical information about you to operate this medical practice, improve quality of care, medical reviews, legal services, and audits, including fraud and abuse detection, compliance programs, business planning and management. We may also share your medical information with other health care providers, clearinghouses, and health plans that participate with us in “organized health care arrangements”, (OHCAs). A listing of the OHCAs we participated in is available from the Privacy Official. We also provide a patient portal, and upon your approval some of your medical information.

Complaints about this Notice of Privacy Practices, or how this medical practice handles your health information should be directed to our HIPAA Privacy Official at (505) 955-9454.

Notice of Privacy Practices
Acknowledgement of Receipt

We are committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. This Notice of Privacy Practices identifies all potential uses and disclosure of your health information by our practice and outlines your rights regarding your health information. Please Acknowledge that you have received our Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices.

Patient or Legal Guardian Name:

Patient or Legal Guardian Signature:

Patient Date of Birth: _____

Patient Address: _____