



Notice of Privacy Practices

Notice Effective: April 2003
Revised: 2009 and September 2013

The Privacy Officer, 1617 University Blvd NE, Albuquerque, NM 87102, 505-341-4148

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may, our Business Associates and their subcontractors may use and disclose your protected health information (PHI) to carry out treatment, payment or healthcare operations – or for any other purposes that are permitted by law.. It also describes your rights and our legal obligations with respect to your PHI. If you have any questions about this Notice, please contact our Privacy Officer listed above.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment: We use medical information about you to provide, coordinate and manage your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.

Payment: We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

Healthcare Operations: We may use and disclose medical information about you to operate this medical practice. These activities may include, but are not limited to quality assessment of the care we provide, employee review, obtaining health plan authorizations or referrals, information necessary for medical reviews, legal services and audits - including fraud and abuse detection, compliance programs, business planning and management, other health care providers, health care clearinghouses or health plans that have a relationship with you, quality improvement processes and their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, training of medical/healthcare students, licensing, or health care fraud and abuse

detection and compliance efforts. We may use a sign-in sheet at the registration desk. We may call you by name in the waiting room when it is time for your appointment, we may use your PHI to contact you to remind you of your appointment, inform you about treatment alternatives or other health-related benefits. If we use or disclose your PHI for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

We may also share your medical information with our "business associates," such as billing and technology. We have a written contract with each of these business associates that contains terms

Right to Amend or Supplement PHI: You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information, if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

Right to an Accounting of Disclosures.