



Notice of Privacy Practices

Notice Effective: April 2003

Revised: 2009, 9/2013 and 12/2023

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, 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 authorized persons or family 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 may submit information to your health plan for you if required for payment. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you or for coordination of care.

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 requiring them and their subcontractors to protect the confidentiality and security of your protected health information.

Breach Notification: In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach. In some circumstances our business associate may provide the notification.

We may use and disclose your PHI in other situations without your authorization. These situations include: as required by law, public health issues as required by law, communicable diseases, health oversight for audits, investigations and inspection, legal proceedings, abuse and neglect, law enforcement, coroners, organ/tissue donation, research, criminal activity, military activity and national security, workers' compensation and other required uses and disclosures.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Except as described in this 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 disclose your health information for another purpose, you may revoke your authorization in writing at any time.

YOUR HEALTH INFORMATION RIGHTS

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. Send a letter stating the information you would like to obtain to the following: The Privacy Officer, 1617 University Blvd NE, Albuquerque, NM 87102.

Right to Request Special Privacy Protections You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.

Right to Request Confidential Communication You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, i.e. electronically.

Right to Inspect and Copy You have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was

obtained under a promise of confidentiality. If you request a copy of your information, you may be charged a reasonable fee for the costs of copying, mailing or other supplies or services associated with your request.

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 You have the right to receive a list of disclosures pursuant to your written authorization, of your PHI that have been made on or after April 14, 2003 (September 1, 2011 in the case of disclosures of your PHI from electronic health records) over a period of up to six years prior to the date of your request. Certain disclosures are not required to be included in such accounting of disclosures, including but not limited to disclosures made for treatment, payment or health care operations. If you request more than one accounting within a 12 month period, we will charge a reasonable, cost-based fee for each subsequent accounting.

Right to a Paper or Electronic Copy of this Notice You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously agreed to receive this Notice electronically.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the top of this Notice of Privacy Practices.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment. We will also post the current notice on our website.

Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed at the top of this Notice of Privacy Practices.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the United States Secretary of Health and Human Services. You will not be penalized or in any other way retaliated against for filing a complaint with this office or with the Office for Civil Rights.

Please sign the accompanying "Acknowledgment" form. Note that by signing the Acknowledgment form you are only acknowledging that you have received or have been given the opportunity to receive a copy of our Notice of Privacy Practices.

OTHER USES OF HEALTH INFORMATION

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

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

We request that you sign that you have received the Notice of Privacy Practices. If you choose, or are not able to sign, a staff member will sign on your behalf and add their name and the date. This acknowledgement will be filed and kept with your records.

ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

I, _____, have received the Notice of Privacy Practices for Albuquerque Center for Rheumatology, LLC, (ACR).

X _____ Date _____

In lieu of a patient signature, a staff member of ACR states that the patient has been given a current copy of the Notice of Privacy Practices.

X _____ Date _____