



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF PROTECTED HEALTH INFORMATION AND TO PROVIDE INDIVIDUALS WITH THIS NOTICE.

HOW THE ISLETA HEALTH CENTER (IHC) MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT A WRITTEN AUTHORIZATION. *The law permits us to use or disclose your health information for the following purposes:*

Treatment: We may use or share your health information for treatment purposes. For example, your health information may be shared with doctors, dentists, pharmacies, hospitals or other caregivers that are treating you. Your health information may be used or shared when referring you to other health care providers or to coordinate your care.

Payment: We may use or share your health information in order to receive payment for treatment and services provided to you. We may also tell your health plan about a treatment you are going to receive.

Health Care Operations: We may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Health Plan Sponsors: An employer who provides health insurance to employees is a health plan sponsor. The law allows health information that identifies you to be shared with your health plan sponsor.

Sale of Health Information: We will not sell your health information.

Marketing: Provided we do not receive any payment for making these communications, we may give you information about products or services related to your treatments, case management or care coordination, or direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, tell you about government sponsored health programs or encourage you to purchase a product or service. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications.

Appointment Reminders: We may use and disclose medical information to contact and remind you about appointments. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the phone.

Individuals Involved in Your Care or Payment for Your Care: We may give information about you to a friend or family member who is involved in your medical care with your authorization. We may also give information to someone who helps coordinate or pay for your care such as Contract Health. In the event of your death, we are permitted to disclose a decedent's health information to family members and others who were involved in the care or payment for care of a decedent prior to death, unless doing so is inconsistent with any known prior expressed preference of the individual.

Required by Law: We may use and share your health information when required by federal, state, or local law.

Public Health Activities: We may share health information about you for public health reasons as required by federal or state law to:

- Prevent or control disease, injury, or disability
- Report child abuse, neglect or domestic violence
- Report reactions to medications or other problems with products regulated by the Food & Drug Administration.

Proof of Immunizations: We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself and/or your dependent.

Health Oversight Activities: We may share health information for accreditations, audits, investigations, inspections and licensure. This is necessary for the government to monitor the health care system and government programs such as Medicare and Medicaid.

Legal and Administrative Proceedings: We may share health information in response to a court or administrative order.

Secretary of Health and Human Services: We are required by law to share health information with the Secretary of the U.S. Department of Health and Human Services (HHS) when HHS requests the health information to determine if we are following the privacy law.

Law Enforcement: We may share information if asked to do so by a law enforcement official, subject to federal and state laws and regulations:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About a crime we believe occurred on our premises.

Medical Investigators, Coroners, POI Census Office, and Funeral Directors: We may give health information that may be necessary for identification of a deceased person, or to determine the cause of death. We may release health information to funeral directors as necessary for them to carry out their duties.

Psychotherapy Notes: We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) in response to health oversight activities concerning your psychotherapist, 5) to avert a serious and imminent threat to health or safety, or 6) to the coroner or medical examiner after you die. To the extent you revoke authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

Organ and Tissue Donation: Your health information may be shared with organizations that obtain, store or transplant human organs and tissues if you are an organ donor.

Public Safety: Your health information may be shared to prevent or lessen a serious and immediate threat to the health or safety of any person or the general public.

Correctional Institutions: If you are an inmate, your health information may be shared with correctional institutions or law enforcement officials in order to protect your health, or the health and safety of others.

Business Associates: The IHC provides some healthcare services and related functions, through the use of contracts with business associates. For example, the IHC may have contracts for medical transcriptions. When these services are contracted, the IHC may disclose your health information to business associates so that they can perform their jobs. We require our business associates to protect and safeguard your health information in accordance with all applicable Federal laws.

Other Uses and Disclosures: We will not use or share your health information without your written authorization unless required by law or as described in this *Notice of Privacy Practices*. You may cancel an authorization in writing at any time, except to the extent we have already taken action according to the authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION *All requests must be in writing.*

Right to Inspect and Copy: You have the right to ask to see and receive a copy of the health information we have about you. We may deny your request only for certain reasons.

Right to Request an Amendment to Your Health Information: If you feel that the health information we have about you is not correct or is incomplete, you may ask us to correct it. We may deny your request for a correction if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to correct information that was not created by us, is not part of the health information kept by us, or is correct and complete.

Right to Request Restrictions & Withdraw Restrictions: You have the right to request that your health information is not used or shared for certain purposes. We are not required by law to agree to your request. For example, we will not agree to limit the use or sharing of your health information during a health emergency. We will not violate a restriction we have agreed to honor, except as permitted by law.

Right to Receive Confidential Communications: You have the right to request that we deliver health information to you in a certain way or at a certain location. For example, you may ask that we contact you by mail instead of by telephone. You may ask that your bill be sent to a different address. We must agree to a reasonable request. We may deny your request if it is against the law or our policies.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time by asking for one at patient registration.

Right to Request an Accounting of Disclosures: You have the right to request an Accounting of Disclosures. This report will show when your health information was shared by us and others without your written authorization. This report does not have to include:

- When your health information was shared for purposes of treatment, payment, or health care
- When unintentional sharing of your health information occurred as a result of something we are allowed to do by law, for example, your name called in the waiting area
- When your health information was given to you
- When you signed a valid authorization to share the information
- When your health information was shared with people involved in your care such as a family member
- When your health information was shared after you were given an opportunity to object to sharing the information
- When your health information was shared for national security or intelligence purposes
- When we have been asked by a health oversight agency or law enforcement official to temporarily suspend your right to know if your health information has been shared with them for example, to investigate fraud and abuse
- When your health information is shared as part of a limited data set and the identifying information has been de-identified

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 address to communicate information related to the breach. In some circumstances our business associates may provide the notification. We may also provide notification by other methods as appropriate.

Complaints: If you believe your privacy rights have been violated you may file a complaint with Isleta Health Center by writing to the Medical Records Manager at PO Box 580, Isleta, NM 87022. You may also file a complaint with the Office of Civil Rights, Region VI, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. Should you ever file a complaint, it will not be held against you or any member of your family.

Changes To this Notice of Privacy Practices: We may change this notice at any time. If this Notice is changed, a new notice will be published and posted at our facility. The new Notice will be given to you upon request as required by law.

**For further information contact:
Medical Records Manager
PO Box 580, Isleta, NM 87022, (505) 869-4472**