

**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.**

If you have any questions about this notice, please contact the Privacy Official for further information FESSS FAMILY HEALTH CARE at (575)522-4145

### **Introduction**

This Notice of Private Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA).

At FESSS FAMILY HEALTH CARE, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information privacy Practices describes the personal health information we collect, and how and when we use or disclose that information. This notice also describes your rights as they relate to your Protected Health Information. This notice went into effect April 14, 2003 and applies to all protected health information as defined by federal regulations.

### **Acknowledgment of Receipt of this Notice**

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide you treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

### **Understanding Your Health Record/Information**

Each time you visit FESSS FAMILY HEALTH CARE, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, and serves as

- Basis for planning your care and treatment,
- Means of communication among the many health professional who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials in charge of improving the health of this state and the nation,
- A tool with which we assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when or why others may access your health information, and make more informed decisions when authorizing disclosures to others.

### **Your Health Information Rights**

Although your health record is the physical property of FESSS FAMILY HEALTHCARE, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request,
- Inspect and obtain a copy of your health records as provided for in 45 CFR 164.528,
- Request to Amend your health records as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.528 and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

FESSS FAMILY HEALTHCARE is required to adhere to the following:

1. Maintain the privacy of your health information.
2. Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by terms of this notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
6. Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under the law.

FESSS FAMILY HEALTHCARE reserves the right to change our Privacy Information practices and to make the new provisions effect for all protected health information we maintain. Revised notices will be available to you at this office during business hours, or by mail if requested. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization. Below are examples of How FESSS FAMILY HEALTHCARE May Use or Disclose Your Health Information.

For Treatment: FESSS FAMILY HEALTHCARE may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse or other person providing health services

to you will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record action taken by them in the course of your treatment and note how you respond to those actions.

For Payment: FESSS FAMILY HEALTHCARE may use or disclose your health information to others for purposes of receiving payment for treatment and services that you received. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations: For example, Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

For Appointments: FESSS FAMILY HEALTHCARE may use your information to provide to provide appointments reminders or inform you about treatment alternatives or other health related benefits and services that may be of interest to you.

Business Associates: Some services in our organization are Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, or a copy-service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the task we have asked them to and bill you or your third-party for services rendered. To protect your health information, however, we require business associates to appropriately safeguard your information.

Directory: Unless you notify us that you object, we may use your name, if you have been transported to a hospital or other facility, and give your general condition, religious affiliation to other people who ask for you by name.

Notification or Communication with Family members: Health professionals, using their best judgment, may use or disclose information to notify or assist in notifying family relatives, personal representatives, close personal friends, or other people you identify; information relevant to that persons' involvement in your care or payment information related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board (IRB) that has reviewed the proposal and established protocols to ensure the privacy of your health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organization or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Marking: We may contact you to provide appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund Raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: Your health information may be used or disclose for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability or for other health oversight activities.

Required by Law: FESSS FAMILY HEALTHCARE may be used or disclose information about you as required by law. For example FESSS FAMILY HEALTHCARE may disclose information for the following purposes:

- Judicial and administrative proceedings pursuant to legal authorities
- To report information related to victims of abuse, neglect or domestic violence
- To assist law enforcement officials in their law-enforcement duties.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or public.

Health and Safety: Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person in pursuant to applicable law.

Government Functions: Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

For More Information, to Report a Problem or If you have questions and would like additional information, you may contact our practice's Privacy Official

FESSS FAMILY HEALTH CARE

3039 Memorial Court

Phone: (575)522-4145

Fax: (575)522-5236

If you believe your privacy rights have been violated, you can file a complaint with the Practice's Privacy Officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights (OCR). The address for the OCR is listed below.

The U.S. Department of Health & Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

(202) 619-0257

Toll Free: 1-877-696-6775

866-OCR-PROV (866-627-7748) or 866-788-4989 TTY

#### Acknowledgement of Receipt of this Notice

FESSS FAMILY HEALTHCARE is concerned about the privacy of your patient health care information. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

I acknowledge that I have received the Notice of privacy Practices for:  
FESSS FAMILY HEALTHCARE.