

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION 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 FESSS FAMILY HEALTH CARE (575)522-4145 for further information.

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, 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 professionals 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 ensure its accuracy, and 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 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 appointment 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 done with business associates. Examples include physician services in the emergency and radiology department, 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 do 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. They will have a reviewed proposal and an established protocol to ensure the privacy of your health information.

Funeral Directors: We may disclose health information to funeral directors consistently 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 disclosed for public health activities such as assisting public health authorities, other legal authorities to prevent and control disease, injury, disability, and for other health oversight activities.

FESSS FAMILY HEALTHCARE is required by law to use or disclose information about you. 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.

To report a problem or if you have questions and would like additional information, you may contact the office at the address, phone number or email below:

FESSS FAMILY HEALTH CARE
3039 Memorial Court
Las Cruces, NM 88011
Phone: (575)522-4145
Fax: (575)522-5236
Email: fesssfamilyhc@yahoo.com

If you believe your privacy rights have been violated, you can file a complaint with the practice 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 our practice or the Office for Civil Rights (OCR). The address for the OCR is listed below.

Office for Civil Rights- U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F, HHH Building
Washington, D.C. 20201
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 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.

FESSS FAMILY HEALTHCARE

2020 S. Solano Ste. B
Las Cruces, NM 88001

PATIENT CONSENT FORM

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected Health information. I understand that this information can be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you of your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such *Notice of Privacy Practices* prior to signing this consent. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and may contact this organization at any time at the address listed above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

NAME (print): _____

PARENT (if minor): _____

SIGNATURE: _____

DATE: _____

FESSS FAMILY HEALTHCARE

2020 S. Solano Ste. B
Las Cruces, NM 88001

CONSENTIMIENTO DE EL PACIENTE

Entiendo que por medio de “Health Insurance Portability & Accountability Act of 1996” (HIPPA), tengo ciertos derechos de privacidad acerca de mi información de salud confidencial. Entiendo que esta información podrá ser utilizada para lo siguiente:

- Conducir, planear y dirigir mi tratamiento médico y citas consiguientes entre multiples proveedores de cuidado medico que pueden estar involucrados directa o indirectamente.
- Obtener pago de aseguradoras médicas independientes.
- Conducir funciones médicas normales como evaluaciones de calidad y certificaciones medicas.

Se me a informado acerca de su *Aviso de Prácticas de Privacidad* que contiene una explicación mas completa acerca de usos y divulgaciones de mi información médica. Se me ha dado el derecho de revisar tal *Aviso de Prácticas de Privacidad* antes de firmar este consentimiento. Entiendo que esta organización conserva el derecho de cambiar su *Aviso de Prácticas de Privacidad* en cualquier momento dado y que yo podré contactar esta organización a la dirección mencionada arriba para obtener una copia actualizada de el *Aviso de Prácticas de Privacidad*.

Entiendo que puedo solocitar por escrito que se limite el uso y divulgación de mi información con fines de llecar a cabo tratamiento médico, pago ó funcionamiento médico. Tambien entiendo que ustedes no tienen obligación de estar de acuerdo con mis peticiones, pero si lo están tienen obligación de respetar mis peticiones.

Entiendo que peudo anular este consentimiento por escrito en cualquier momento dado con excepción de el grado que ya se haya llevado a cabo este consentimiento.

NOMBRE: _____

PARIENTES (menores de edad): _____

FIRMA: _____

FECHA: _____