



# **NOTICE OF PRIVACY PRACTICES**

**As required by the Federal Health Insurance Portability and Accountability Act of  
1996**

**Effective March 1, 2007**



## Notice of Privacy Practices

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### **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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at this office, which we need in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office whether made by your personal physician or one of our staff employees.

We are required by law to: (1) make sure that medical information about you is kept private, (2) give you this Notice of our legal duties and privacy practices with respect to medical information about you, and (3) abide by the terms of this Notice.

We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time. You may acquire any revised Notice of Privacy Practices by accessing our website at [www.nmhi.com](http://www.nmhi.com), calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

#### **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE**

Our staff will ask you to sign a document acknowledging your receipt of our Notice of Privacy Practices. 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.

**If you have any questions about this Notice, please contact our Privacy Official at 1-877-788-2545 or via email at [privacy@nmhi.com](mailto:privacy@nmhi.com)**

## **1. HOW WE MAY *USE AND DISCLOSE* YOUR PROTECTED HEALTH INFORMATION**

Your physician will use or disclose your protected health information as described in Section 1. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that we are permitted to make without your specific written authorization. These examples are not meant to be exhaustive but will fit within one of these general categories:

### **Treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you.

We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

We may also use or disclose your protected health information in an emergency treatment situation.

### **Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

### **Healthcare Operations**

We may use or disclose, as-needed, your protected health information in order to support the business activities of New Mexico Heart Institute, PA. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, communications about a product or service, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical school students who see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Official to request that these materials not be sent to you.

## **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION**

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

### **As Required By Law**

We will disclose medical information about you when required to do so by federal, state, or local laws. For example, disclosure may be required by Workers’ Compensation statutes and various public health statutes in connection with required reporting of certain diseases, child abuse, domestic violence, adverse drug reactions, etc.

### **Public Health**

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

### **Communicable Diseases**

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

### **Health Oversight**

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

### **Abuse or Neglect**

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### **Food and Drug Administration**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

### **Legal Proceedings**

We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

### **Law Enforcement**

We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and as otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

### **Coroners, Funeral Directors, and Organ Donation**

We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties. We may disclose such information in reasonable anticipation of death.

Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

### **Research**

We may disclose your protected health information to researchers when a special review board has approved their research.

### **Criminal Activity**

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

### **Military Activity and National Security**

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service.

We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

### **Workers' Compensation**

We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

### **Inmates**

We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

### **Required Uses and Disclosures**

By law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## **AS PROVIDED BY FEDERAL REGULATIONS, OTHER USES AND DISCLOSURES REQUIRE YOUR SPECIFIC WRITTEN AUTHORIZATION.**

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization to our Privacy Official or the office manager at your treatment location. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

An example of a situation requiring your specific authorization is the selling of your protected health information to a third party such as a medical supply company that wishes to use your information for the purpose of marketing its own products. In such an instance, we are required to give you the details of the transaction and to obtain your authorization for the transaction.

The same would apply to research that uses your information in a manner that keeps it from being private (i.e. you could be identified), unless the requirement for authorization is waived by a research review board.

**IN OTHER CIRCUMSTANCES, YOU HAVE THE OPPORTUNITY TO AGREE OR OBJECT TO THE USE OR DISCLOSURE OF ALL OR PART OF YOUR PROTECTED HEALTH INFORMATION.**

For example, we may use or disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care.

Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death.

Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

## **2. YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights. You may obtain instructions and forms for the above procedures by inquiring at the reception desk.

### **You have the right to inspect and copy your protected health information.**

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of—or use in—a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be eligible for review. Please contact our Privacy Official if you have questions about access to your medical record. There will be a fee associated with the copying of your medical record.

### **You have the right to request a restriction of your protected health information.**

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. Your request will be given to the Privacy Official, who will contact you to review your request and explain how your request will be handled.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health

information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Official.

**You may have the right to ask your physician to amend your protected health information.**

This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Official if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. You may request an accounting of disclosures by contacting our Privacy Official.

**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 electronically.

### **3. COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Official. We will not retaliate against you for filing a complaint. You may contact our Privacy Official for further information about the complaint process.

### **4. CONTACT INFORMATION**

You can reach our Privacy Official by telephone at **1-877-788-2545** or via e-mail at **privacy@nmhi.com**.

Any other correspondence or requests may be sent by mail to the following address:  
New Mexico Heart Institute  
Attn: Privacy Official  
502 Elm Street, N.E.  
Albuquerque, NM 87111

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