

## Family Medicine, PC Privacy Practices

***Your Information, Your Rights***  
**and *Our Responsibilities under HIPAA***  
**(Health Insurance Portability and Accountability Act of 1996)**  
(You may ask for a copy of this notice at any time)

### **Your Rights**

- You have a right to receive an electronic copy or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide you a copy or a summary of your health information within 30 days of your request. Under the rules of the New Mexico Medical Board, we reserve the right to charge patients \$30.00 for the first 15 pages, and \$0.25 per page thereafter. In addition, we reserve the right to charge patients \$16.50 if records are requested on a thumb drive. (NM Code §16.10.17.8 RELEASE OF MEDICAL RECORDS)
- You can ask us to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request, however, we’ll explain why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home, office, cell, or email) or to send mail to a different address. We will say “yes” to all reasonable requests.
- You can ask us what not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us to not share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- You can ask for a list (accounting) of the times we have shared your health information 6 years prior to the date you ask, who we share it with, and why. We will provide one accounting year for free, but will charge \$30.00 if you ask for another one within 12 months.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us in writing at:

Family Medicine, PC  
c/o Stephanie Henderson, Privacy Officer  
3825 Eubank Blvd NE, Suite A  
Albuquerque, NM 87111

(We will not retaliate against you for filing a complaint)

### **Your Choices**

- For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us and we will follow your instructions.
  - Share your information with your family, close friends, or others involved in your care.

-Share information in a disaster relief or a world pandemic situation  
-Include your information in a hospital directory if you are hospitalized  
*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.*  
*We may also share your information when needed to lessen a serious and imminent threat to health and safety.*

## **Our Uses and Disclosures**

- How do we typically use or share your health information? We typically use or share your health information in the following ways:
  - To treat you*** - we can use your health information and share it with another professional that are treating you.
  - To run our office*** - we can use and share your health information to run our office, improve care, and contact you when necessary.
  - To bill for services*** - we can use and share your health information to bill and get payment from health plans or other entities
- Less common ways we use or share your health information:
  - To help with public health and safety issues*** - this can include preventing disease, helping with product protocols, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and/or preventing or reducing a serious threat to anyone's health or safety.
  - To comply with the law*** - we will share information about you if State or Federal laws require it, including with the Department of Health and Human Services.
  - To respond to organ and tissue donation requests*** - we can share health information about you with organ procurement organizations.
  - To work with a medical examiner or funeral director*** - we share health information with a coroner, medical examiner or funeral director when an individual passes away.
  - To address workers' compensation, law enforcement, and other government requests*** - we can use or share health information about you:
    - For workers' compensation agencies
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, National Security, and Presidential Protective Services.
  
  - To respond to lawsuits and legal action*** - we share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy and or the security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it if asked.
- We will not use or share your information other than described above, unless you tell us we can in writing. If you tell us we can share your information, you may change your mind at any time. Let us know in writing if you do change your mind.

I hereby acknowledge that on this day I received this notice of Family Medicine, PC Privacy Practices. I understand that if I want a copy of the Privacy Practices, I can ask anytime, free of charge. I may also view the Privacy Practices at [www.familymedicineabq.com](http://www.familymedicineabq.com), in the waiting rooms, or via my Patient Portal.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date