

Northern NM Gastroenterology

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can access this information. Please review it carefully.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is personal. We are committed to protecting the privacy of this information. Each time we provide services, we create a record of the care and services you receive. We need this record to provide quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by us, or received by us from you or others.

Our primary responsibility is to safeguard your personal health information. We must also make available this notice of our privacy practices, and we must follow the terms of the notice that is currently in effect. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights of access, amendment, control, and other rights concerning the use and disclosure of your health information.

PLEASE NOTE: if you are the parent, legal guardian, or personal representative of the patient we are treating, the references herein such as "...your personal health information..." shall be understood to refer to that patient.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with any of our facilities. This complaint can be filed in writing to our Privacy Officer: Ella Fritz-Ruud, 1691 Galisteo, Suite C Santa Fe, NM 87505 There will be no retaliation for filing a complaint. You can also file a complaint with to the Secretary of the Department of Health and Human Services.

How We May Use and Disclose Your Health Information

The following categories describe different ways that we may USE your health information within NNMGA, and DISCLOSE your health information to persons and entities outside of NNMGA. We have not listed every use or disclosure within the categories, but give some examples for understanding.

Common Uses and Disclosures Allowed by Law

Treatment: We may use your health information to provide you treatment and services. We may disclose health information about you to others who are involved in your care.

Payment: We may use and disclose your health information so the treatment and services you receive at NNMGA may be billed to and payment collected from you, an insurance company or a third party. We may also disclose health information to your insurance plan to obtain prior authorization for treatment and procedures.

Health Care Operations: We may use and disclose your health information for health care operations and activities such as: quality assurance; administration; NNMGA financial and business planning and

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development; customer service (including investigation of complaints); and certain marketing and fundraising. These uses and disclosures are necessary to operate our health care facility and make sure patients receive quality care.

Business Associates: Some services may be provided to our organization through contracts with business associates, such as: accountants; consultants; quality assurance reviewers; billing and transcription services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. We require our business associates to sign a contract that states they will appropriately safeguard your information.

Contacting You About Your Health: We may use and disclose health information to contact you, such as a reminder about an appointment or other treatment options at NNMGA.

Marketing or Fundraising: We may contact you as part of a marketing or fundraising effort. We may, for instance, tell you about NNMGA health-related products, services, or activities that may be of interest.

Research That Doesn't Involve Your Treatment: When a research study does not involve any treatment, we may disclose your health information to researchers when an Institutional Review Board has established appropriate protocols to ensure the privacy of your health information, and has approved the research.

Individuals Involved in your care: We may disclose health information about you to a friend or family member who is involved in your care, unless you tell us in advance not to do so.

Other Laws: At times there may be federal, state or local laws that require us to use or disclose health information in other ways, and we will obey those laws. Additionally, when a state law about protecting your health information gives you more protection than the federal laws, we will follow those.

Special Situations Which Do Not Require Your Authorization

The following disclosures of your health information are permitted by law without any oral or written permission from you:

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or transplantation, as necessary to facilitate the donation.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Averting a Serious Threat to Health or Safety: We may use and disclose your health information when necessary to avert a serious threat to you or others. These disclosures would be made only to someone able to intervene.

Public Health Activities: We may disclose health information about you for public health activities, including:

- * To prevent or control disease, injury or disability.
- * To report births and deaths.
- * To report child abuse or neglect.
- * To report reactions to medications, problems with products or other adverse events.
- * To notify people of recalls of products they may be using.
- * To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- * To notify the appropriate government authority if we believe a patient has been the victim of abuse (including child abuse), neglect or domestic violence.

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* To Disaster Relief agencies (such as the Red Cross) for notification as to your location and condition.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may be required to disclose your health information in response to a court order, administrative order, subpoena, discovery request or other lawful process by someone involved in the dispute.

Law Enforcement: We may disclose health information to law enforcement officials for reasons such as:

- * 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 circumstances, we are unable to obtain the person's agreement.
- * About a death we believe may be the result of criminal conduct.
- * About criminal conduct at our facility.
- * In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Home Directors: We may disclose health information to a coroner or medical examiner, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral home directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the institution or official. This is necessary for the correctional institution to provide you with health care, and to protect the health and safety of you, others, and the correctional institution.

Legal Requirements: We will disclose health information about you without your permission when required to do so by federal, state or local law.

Other Uses and Disclosures with Your Authorization

Other uses and disclosures of health information not covered by this notice or applicable laws will be made only with your written permission (called "authorization"). If you give authorization to do so, you may revoke that authorization in writing at any time. Some typical disclosures that require your authorization are as follows:

Research Involving Your Treatment: When a research study involves your treatment, we may disclose your health information to researchers only with your authorization. For any such research study, an Institutional Review Board will often have already have established appropriate protocols to ensure the privacy of your health information, and approved the research. You do not have to sign the authorization in order to get treatment from NNMGA, but without your authorization, you cannot be part of the research study.

Drug and Alcohol Abuse, and Mental Health Treatment Disclosures: We will disclose drug and alcohol abuse, and mental health treatment information about you only in accordance with state and federal laws. In general, your authorization is required for such disclosures.

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Disclosures Requested by NNMGA: We may give you the option of authorizing us to use or disclose your health information for specific purposes such as notifying you of future educational events that might benefit you.

Your Health Information Rights

You have the following rights concerning your health information:

- 1. Request a restriction on certain uses and disclosures of your information.** We are not required by law to agree to your request.
- 2. Obtain a copy of this Notice of Patient Privacy Practices upon request.**
- 3. Inspect and/or request a copy of your health record.** We may deny your request under very limited circumstances. If denied, you may request that the denial be reviewed by another health care professional chosen by our health care team. We will abide by the outcome of that review.
- 4. Request an amendment to your health record** if you feel the information is incorrect or incomplete. We may deny your request if: (1) it is not in writing; (2) it does not include a valid reason; (3) the information was not created by or kept by NNMGA; (4) is not information which you would be permitted to access; (5) if the information is accurate and complete; or (6) it would require us to delete information from your health record.
- 5. Obtain an accounting of disclosures of your health information.** The accounting will not include the allowed common uses and disclosures, or uses and disclosures that you authorized.
- 6. Request communication of your health information by alternative means or locations.**
- 7. Revoke your authorization** except to the extent that action has already been taken.
- 8. File a complaint about any aspect of our health information practices** to us or to the Department of Health and Human Services of the United States. You can complain to us and expect an investigation and explanation by calling or writing our Privacy Officer: Ella Fritz-Ruud, 1691 Galisteo, Suite C Santa Fe, NM 87505. You can make a complaint to the Dept. of Health and Human Services by addressing your written complaint to: Secretary, Dept. of Health and Human Services in an email to OCRComplaint@hhs.gov, or to: The Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. Voice Phone (214) 767-4056. FAX (214) 767-0432. TDD (214) 767-8940.

We reserve the right to change this notice, and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. A copy of the current notice in effect will be available at NNMGA.

Effective Date: 10/05/2012

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Acknowledgement of Receipt
Northern NM Gastroenterology
NOTICE OF PRIVACY PRACTICES

By signing this page you acknowledge that you have received a
copy of our Notice of Privacy Practices.

Name of Patient _____

Signature of Patient _____
(or Personal Representative)

Print Name of Personal Representative _____
(if not Patient)

Date Signed _____

Witnessed by _____

Effective Date: 10/05/2012