



## DE BACA FAMILY PRACTICE CLINIC

*Your Patient Centered Medical Home proudly serving  
De Baca, Guadalupe and surrounding counties.*

# NOTICE OF PRIVACY PRACTICES

Effective Date: 04/14/2003

Modified 09/25/2013, 08/31/2016, 04/19/2017, 06/02/2017

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice of Privacy Practices (NoPP) is NOT an authorization of any kind. This Notice of Privacy Practices describes how De Baca Family Practice Clinic Inc., our Business Associates and their subcontractors, may use and disclose your Protected Health Information (PHI) to carry out treatment, obtain payment for services you receive, manage health care operations, and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your Protected Health Information. PHI is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

**If you have any questions about this notice, please contact our Privacy Officer at (575) 355-2414**

#### **YOUR RIGHTS**

You have the following rights regarding Protected Health Information we have about you:

- Inspect and obtain a copy of your medical information. Generally, we will respond to your request within 30 days but, under certain circumstances, we may deny your request.
- Request a restriction on certain uses and disclosures of your medical information; however, we are not required to agree to a requested restriction.
- Request that we communicate with you by using alternative means or at an alternative location.
- Request an amendment of your medical information, if you believe it is inaccurate; however, we may deny your request for amendment if we believe your medical information is accurate.
- Request an accounting of certain disclosures we have made, if any, of your medical information.
- Restrict disclosures to health plans where you have paid out-of-pocket and in full for care.
- Opt out of receiving fundraising communications from DBFPC.
- Revoke any authorization you have provided to use or disclose your medical information except to the extent that action has already been taken in reliance on such authorization.
- Obtain a paper copy of this Notice upon request.

**We** are required by law to:

1. Maintain the privacy of your medical information.
2. Not sell your medical information without your consent.
3. Notify you following a breach of unsecured medical information.
4. Provide you with a copy of our Notice of Privacy Practices.
5. Abide by the terms of our Notice of Privacy Practices.

#### **HOW DBFPC MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following are examples of the types of uses and disclosures of your protected medical information that are permitted:

**Treatment.** We may use and disclose Protected Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Protected Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

**Payment.** We may use and disclose Protected Health Information so that we may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**Health Care Operations.** We may use and disclose Protected Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Protected Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Protected Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

#### **OTHER PERMITTED USES AND DISCLOSURES:**

We may use and/or disclose your medical information in a number of circumstances in which it is not required that we obtain your consent or authorization, or provide you with an opportunity to agree or object.

Those circumstances include:

- Unless you object, we may disclose your medical information to a family member, relative, close friend, or other person that you identify.
- We may be required by law to disclose your medical information. We will make your medical information available to the Secretary of the Department of Health and Human Services.
- We may disclose your medical information to a public health agency to help prevent or control disease, injury, or disability. This may include disclosing your medical information to report certain diseases, death, abuse, neglect, or domestic violence or reporting information to the Food and Drug Administration, if you experience an adverse reaction from any of the drugs, supplies, or equipment that we use.
- We may disclose your medical information to government agencies so they can monitor, investigate, inspect, discipline, or license those who work in the health care system or for government benefit programs.
- We may disclose your medical information as authorized by law to comply with workers' compensation laws.
- We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a

court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, discovery request, or other lawful process.

- We may disclose your medical information to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.
- We may use or disclose medical information for research purposes when the research received approval of an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.
- If you are a member of the armed forces, we may disclose your medical information as required by military command authorities or to evaluate your eligibility for veteran's benefits, for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.
- We may disclose your medical information to coroners, medical examiners, and funeral directors so that they can carry out their duties or for purposes of identification or determining cause of death.
- We may disclose your medical information to people involved with obtaining, storing, or transplanting organs, eyes, or tissue of cadavers for donation purposes.
- We may use or disclose your medical information to prevent or avert a serious threat to your health or safety, or the health or safety of other persons.
- We may disclose your medical information to a health oversight agency that is authorized by law to oversee our operations.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the law enforcement official or correctional institution. This disclosure is required for the institution to provide health care to you, to protect the health and safety of others, or to protect the health and safety of law enforcement personnel or correctional facility staff.
- We may share your medical information with third party "business associates" that perform various services for us. For example, we may disclose your medical information to third parties to provide billing or copying services. To protect your medical information, however, we require our business associates to safeguard your medical information.

#### **OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION**

DBFPC participates in an electronic health information exchange ("HIE"). An HIE is an electronic connection that a Data Exchange Network of health care providers and health plans can use to share your protected health information for purposes of working together to provide higher quality and more efficient care to the individuals who are shared patients of the health care providers or members of the health plans. As a participant in an HIE, we may request your health information from your other health care providers who are participating in the HIE for our treatment, payment and health care operation purposes. Depending on State law requirements, you may be asked to "opt in" in order to share your information with an HIE, or you may be provided the opportunity to "opt out" of HIE participation. To obtain information on these requirements, please go to <http://www.tricore.org/optout> or call 800-245-3296.

Other uses and disclosures of your medical information not covered by this Notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your medical information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care or services that we have provided to you.

**New Mexico Law** In the event that New Mexico law requires us to give more protection to your medical information than stated in this Notice or required by Federal law, we will provide that additional protection. For example, we will comply with state law confidentiality provisions relating to communicable diseases, such as HIV and AIDS. We will also comply with additional state law confidentiality protections relating to treatment for behavioral health and

substance abuse. Those laws generally require that we obtain your consent before we disclose your information related to behavioral health or substance abuse, subject to certain exceptions permitted by law.

If you apply for and receive substance abuse services from us, Federal law (42 CFR Part 2) requires that we obtain your written consent before we may disclose information that would identify you as a substance abuser or a patient for substance abuse services. There are exceptions to this general requirement. We may disclose such information to our workforce as needed to coordinate your care, to agencies or individuals who help us carry out our services to you; when the disclosure is allowed by a court order; or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law does not protect any information about a crime committed by a patient either at the program or against any person who works for a program or about any threat to commit such a crime. Federal law does not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

**Changes to this Notice** DBFPC reserves the right to change our privacy practices and/or this Notice. If we revise this Notice, the revised Notice will be effective for all medical information we maintain. Any revised Notice will be available by requesting that we send you a copy by mail or by requesting a copy upon your next visit to one of our sites.

**Complaints** If you believe your privacy rights have been violated, you may file a written complaint with our Compliance Officer or the Secretary of the Department of Health and Human Services. You may submit your written complaints to:

**De Baca Family Practice Clinic  
C/o Compliance Officer  
PO Box 349  
Fort Sumner, NM 88119**

DBFPC will not retaliate against you for filing a complaint.