

**NOTICE OF PRIVACY PRACTICES**

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 describes:*

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT (575) 748-3333 OR EMAIL CBUCK@ARTESIAGENERAL.COM IF YOU HAVE ANY QUESTIONS.

**About This Notice**

We are required by law to maintain the privacy of Protected Health Information and substance use disorder treatment records (SUD Records), to give you this Notice explaining our privacy practices with regard to that information, and to notify you following a breach of unsecured information. You have certain rights – and we have certain legal obligations – regarding the privacy of your Protected Health Information and SUD Records. This Notice explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

**What is “Protected Health Information”?**

“Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care. The federal law that governs the privacy and security of Protected Health Information is commonly known as “HIPAA.”

**What is a “SUD Record”?**

A SUD Record is any information, including patient identifying information, created or received by us that relates to your diagnosis, treatment, or referral for treatment of a substance use disorder. Oral communications made with your consent to a health care provider that is not subject to the restrictions on SUD Records is not a SUD Record. The federal law that governs the privacy and security of SUD Records is commonly known as 42 CFR Part 2.

**What is a “Part 2 Program”?**

A federally assisted program that provides substance use disorder diagnosis, treatment, or referral for treatment.

**How We May Use and Disclose Your Protected Health Information and SUD Records**

Except in an emergency or other special situations, you may provide a single consent for all future uses and disclosures of your SUD Records for treatment, payment, and health care operations purposes. SUD Records that are disclosed pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by us without your further written consent, to the extent the HIPAA regulations permit such disclosure.

We may use and disclose your information in the following circumstances:

- **For Treatment.** We may use or disclose your Protected Health Information and SUD Records (with your consent) to give you medical treatment or services and to manage and coordinate your medical care. For example, your information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom

you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.

- **For Medical Emergencies.** We can use and disclose your Protected Health Information or SUD Records during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency. We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.
- **For Payment.** We may use and disclose your Protected Health Information and SUD Records (with your consent) so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure 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, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- **For Health Care Operations.** We may use and disclose Protected Health Information and SUD Records (with your consent) for our health care operations. For example, we may use your information to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- **Certain Program Communications.** We can use and disclose your Protected Health Information and SUD Records within our Part 2 Program, with an organization that has administrative control over our Part 2 Program, and with contractors who help us run our Part 2 Program.
- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose Protected Health Information and SUD Records (with your consent) to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- **Minors.** We may disclose the Protected Health Information or SUD Records of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Research.** We may use and disclose your Protected Health Information and SUD Records for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information or SUD Records. Even without that special approval, we may permit researchers to look at Protected Health Information but not SUD Records to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
- **As Required by Law.** We will disclose Protected Health Information or SUD Records about you when required to do so by international, federal, state, or local law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Protected Health Information or SUD Records when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose Protected Health Information or SUD Records to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information or SUD Record is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information and SUD Records.
- **Organ and Tissue Donation.** If you are an organ or tissue donor, we may use or disclose your Protected Health Information or SUD Records to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose Protected Health Information or SUD Records as required by military command authorities. We also may disclose Protected Health Information or SUD Records to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may use or disclose Protected Health Information or SUD Records for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose Protected Health Information or SUD Records for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. In disclosing SUD Records for public health activities, we will not share information that identifies you for certain situations, such as preventing disease or reporting adverse reactions to medications.
- **Abuse, Neglect, or Domestic Violence.** We may disclose Protected Health Information or SUD Records to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities.** We may disclose Protected Health Information and SUD Records to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information or SUD Records to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information or SUD Records in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information or SUD Records to defend ourselves in the event of a lawsuit. For legal proceedings and investigations involving SUD Records:

- We will not use or share your SUD Records or provide testimony about your SUD Records in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
  - We will only respond to a court order to use or share your SUD Records if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
  - We will only use or share your SUD Records in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
  - We may use or share your SUD Records to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.
- **Law Enforcement.** We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.
  - **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.
  - **Coroners, Medical Examiners, and Funeral Directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties. We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.
  - **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health safety or the health and safety of others; or (3) the safety and security of the correctional institution.

#### **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out**

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may 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. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- **Fundraising Activities.** We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. We may use or disclose your SUD Records for fundraising activities only if we first provide you with a clear and conspicuous opportunity to elect not to receive fundraising communications.

- **Resident Directory.** Unless you object and without revealing that you have a substance use disorder (unless we have your consent to do so), we may use and disclose in our resident directory your name, your location in the community, your general condition and your religious affiliation. All of this information, except religious affiliation, may be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation. You have the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

#### **Your Written Authorization is Required for Other Uses and Disclosures**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information

The following disclosures of your SUD Records will be made only with your consent:

1. Disclosures to a central registry to prevent multiple enrollments in withdrawal management or maintenance treatment programs
2. Most disclosures of SUD counseling notes
3. Disclosures to fulfill your requests to share information
4. Disclosures to report about court-referred treatment
5. Disclosures to prescription drug monitoring programs

Other uses and disclosures of Protected Health Information or SUD Records not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information or SUD Records under the authorization. Disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### **Redisclosure in Certain Circumstances**

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA (the federal law regulating privacy and security of Protected Health Information), then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

#### **Your Rights Regarding Your Protected Health Information and SUD Records**

You have the following rights, subject to certain limitations, regarding your Protected Health Information and SUD Records:

- **Consent for SUD Records.** You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services. You may provide a general consent to share your

information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.

- **Right to Inspect and Copy.** You have the right to inspect and copy Protected Health Information or SUD Records that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right to a Summary or Explanation.** We can also provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay any associated fees.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information or SUD Records are maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information or SUD Records.
- **Right to Request Amendments.** If you feel that the Protected Health Information or SUD Records we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an 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.
- **Right to an Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your Protected Health Information and SUD Records. For Protected Health Information, this right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. For SUD Records, this right applies to disclosures made with your consent. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records and SUD Records. When there are charges for these disclosures, we will tell you what they are, and you may choose to withdraw or modify your request before the charges are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information or SUD Records we use or disclose for treatment, payment, or health care operations. You also have

the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your Protected Health Information or SUD Records, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information or SUD Records to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do 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.

- **Out-Of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for specific item or service, you have the right to ask that your Protected Health Information or SUD Records with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.
- **Personal Representatives.** If a person has legal authority to act on your behalf in making decisions related to your health care, then that person can make decisions regarding your SUD Records, such as granting consent for use and disclosure of your SUD Records.

#### **How to Exercise Your Rights**

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at 702 N. 13<sup>TH</sup> Street, Artesia, NM 88210. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information or SUD Records, you may also contact your physician directly. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail. If you have questions about this Notice, you may contact the Privacy Officer at (575) 748-3333.

#### **Our Responsibilities**

- We are required to obtain your consent for most uses and sharing of your information.
- We are required by law to maintain the privacy and security of your information.
- We must let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

#### **Changes To This Notice**

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information and SUD Records we already have as well as for any Protected Health Information or SUD Records we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

#### **How to File a Complaint**

- You can complain if you feel we have violated your rights by contacting our Privacy Officer using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.