

## Notice of Privacy Practices

This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review it carefully.

### I. Our pledge regarding medical information:

The privacy of our medical information is important to us. We understand that your information is personal and are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and disclose of medical information.

### II. Our legal duty, the law requires us to:

- Keep your medical information private
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- Follow the terms of this notice that is now in effect.

### III. We have the right to:

- Change our privacy practices and the terms of this notice at any time, provided that law permits the changes.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

### IV. Notice of change to privacy practices:

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

### V. Use and disclosure of your medical information

- This section describes how and when we are permitted to use or disclose medical information. **We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.**
- **For Treatment:** We may use or disclose your PHI (Protected Health Information) to provide, coordinate or manage your care or any related services. This includes the coordination or management of your health care with a third party that has obtained permission to have access to your PHI.
- **For Payment:** We may use and disclose your medical information for payment purposes.
- **For health care operations:** We may use or disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performances of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

## Notice of Privacy Practices (continued)

- **Victims of Abuse, Neglect, or Domestic Violence:** We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety of others. We may share your medical information if necessary to help law enforcement officials apprehend a person who has admitted to being part of a crime or has escaped from legal custody.
- **Workers Compensation:** We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.
- **Notification:** We may disclose medical information to notify or help notify a family member, your personal representative, or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make a decision in your best interest, about allowing someone to pick up medicine, medical supplies, or medical information for you.

### IV. Your Individual Rights

- **You Have a Right to:** review or get copies of your medical information. You may request copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by sending a letter to the contact person listed at the end of this notice. If you request copies, we will charge you \$18.75 for the first three pages and \$0.50 for each page thereafter, and postage if you want the copies mailed to you.
- If you have received this notice electronically, and wish to receive a paper copy; you have the right to obtain a paper copy by making a request in writing to our Privacy Officer.

### V. Limits of confidentiality: state laws, etc.

### VI. Questions and Complaints:

- If you have any questions about this notice or if you think we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services.
- **Privacy Officers' Contact:** Richard Hiester, MA, LPCC or Christa Keller 505-247-1921

### Privacy Practice Acknowledgement

I have received the Notice of Privacy Practice and I have been provided an opportunity to review it.

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Print Patient's Name

Date of Birth

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Parent or Patient's 14 yrs or older Signature

Date signed