



## **NOTICE OF PRIVACY PRACTICES PURSUANT TO 45 C.F.R. § 164.520**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. YOUR PRIVACY MATTERS TO US. PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **Our Duties**

We are required by Federal law to maintain the privacy of your Protected Health Information (“PHI”). PHI consists of individually identifiable health information, which may include demographic information we collect from you, create, or receive from another health care provider, a health plan, or your employer. This PHI relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

We must provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of our Notice of Privacy Practices currently in effect. However, we reserve the right to change our privacy practices in regard to PHI and make new privacy policies effective for all PHI that we maintain. We will post a copy of our current Notice of Privacy Practices in the Common Area at ACC Health headquarters, and provide you with a copy upon your request. We will post our Notice of Privacy Practices on our website.

We are required to train ACC Health personnel about privacy and confidentiality of PHI, and to provide a sanction policy to discipline those who breach privacy and confidentiality.

### **Examples of Uses and Disclosures of Your PHI relating to Treatment, Payment and Operations**

HIPAA privacy regulations give us the right to use and disclose your PHI without your consent to carry out (i) treatment, (ii) payment, and (iii) health care operations. Here are some examples of how we intend to use of your PHI in regard to your treatment, payment, and health care operations.

Treatment. We will, for example, use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We will disclose your PHI to other providers who may be treating you. Additionally, we may disclose your PHI to another provider who has been requested to be involved in your care.

Payment. We will use your PHI to obtain payment for our services, including sending claims to your insurer or to a federal program such as Medicare, that pays for your treatment or we may send you a bill for any amounts due which your insurer does not pay.

Health Care Operations. Your PHI will be used to support our business activities, such as allowing our auditors, consultants, or attorneys access to your PHI. This may be necessary to audit our claims to determine: (i) if we billed you accurately for the services we provided to you; (ii) to evaluate our staff to see if they properly cared for you; (iii) to send information about you to third party Business Associates so they may perform some of our business operations.

### **Description of Other Required or Permitted Uses and Disclosures of Your PHI**

As Required by Law. We may use and disclose your PHI when required by Federal, State, or local law. For example, we may receive a subpoena to provide copies of your medical file.

To Avert a Serious Threat to Public Health or Safety. We may use and disclose your PHI to public health authorities that are permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

Workers Compensation. We may use and disclose your PHI for workers compensation purposes or to similar programs that provide benefits for work-related injuries or illness.

Inmates. If you are an inmate, we will use and disclose your PHI to a correctional institution or a law enforcement official only if you are an inmate of that correctional institution or under the custody of the law enforcement official. This information would be necessary for the institution to provide you with health care; to protect the health and safety of others; or for the safety and security of the correctional institution.

Other Services and/or Fundraising. We may use your PHI to contact you with information about treatment alternatives or other health-related benefits and services that, in our opinion, may be of interest to you. We may use your PHI to contact you in an effort to raise funds for our operations. You have the right to opt out of receiving any fundraising communications by sending a letter to our HIPAA Privacy Officer in writing.

### **Uses and Disclosures to Which You Have an Opportunity to Object**

Others Involved in Your Care. We may provide relevant portions of your PHI to a family member, a relative, a close friend, or any other person you identify as being involved in your medical care, or payment for your care. In an emergency, or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI that we determine is in your best interest. If so we will tell you about it after the emergency. You will be given the opportunity to object to future disclosures to family and friends.

## **Uses and Disclosures that Require Your Signed Authorization**

There are certain uses and disclosures of your PHI that require your written authorization. For example, disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require your signed authorization. Any use or disclosure of your PHI not described in this Notice requires your signed authorization.

## **Your Right to Revoke Your Authorization**

If you sign an authorization allowing us to use or disclose your PHI outside of the uses and disclosures made in this Notice, you may revoke that authorization by advising our HIPAA Privacy Officer in writing.

## **Your Right to Restrict Certain PHI to a Health Plan**

You have the right to require us to restrict any disclosure of your PHI to a health plan regarding an item or service for which you (or someone on your behalf - other than a health plan) paid out-of-pocket to us the entire amount due for the health care item or service which we provided and billed to you. You must make such a request in writing to our HIPAA Privacy Officer. If you make such a request, we are required to honor it.

## **Notification in Case of Breach of Unsecured PHI**

In the event of an unauthorized or improper use or disclosure of your PHI (i.e., a “breach”), you have the right to receive, notice of that breach, and what we have done to investigate and mitigate it. We will advise you how to best protect yourself, in our opinion, as a result of any breach.

## **Patient Rights Related to PHI**

In addition to your other rights listed in this Notice, you have the right to:

**Request an Amendment.** You have the right to ask that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our HIPAA Privacy Officer. You must identify what information is incomplete or inaccurate and give your reasoning to support your request. We are permitted to deny your request if it is not in writing or does not include a reason that we believe supports your request. We may deny your request if the original information was not created by us, or the person who created it is no longer available to make an amendment.

**Request Restrictions.** You have the right to request a restriction of how we use or disclose your medical information for treatment, payment, or health care operations. For example, you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to our HIPAA Privacy Officer. We are not required to agree to your request. If we do agree, we will comply with your request, except for emergency treatment.

Inspect and Copy. You have the right to inspect and copy the PHI we maintain about you in our designated record set for as long as we maintain that information. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you wish to inspect or copy your medical information, you must submit your request in writing to our Privacy Officer. We will have 30 days to respond to your request for information that we maintain at our facility. You have the right to request your own health record in an electronic format if we maintain your records in an electronic format. You may direct us to send the health records directly to a third party.

An Accounting of Disclosures. You have the right to request a list of the disclosures of your health information we have made that were not for treatment, payment, or health care operations. Your request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years which is the length of our legal obligation to retain information. Your first request for a list of disclosures within a 12-month period is at no charge to you. If you request an additional list within 12-months of the first request, we may charge you for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before costs are incurred.

Request Confidential Communications. You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a Complaint. If you believe we have violated your medical information privacy rights, you have the right to file a complaint with us, or directly with the Secretary of the United States Department of Health and Human Services: U.S. Department of Health & Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201, Phone: (202) 619-0257, Toll Free: (877) 696-6775. To file a complaint with us, you must file it in writing within 180 days of the suspected violation. You should provide as much detail as you can about the suspected violation and send it to our HIPAA Privacy Officer. No patient will be retaliated against for making a complaint.

A Paper Copy of This Notice. You have the right to receive a paper copy of this notice upon request.

### **Contact Person**

You may contact our HIPAA Privacy Officer by mail at 901 Lambertson Pl. N.E., Albuquerque, NM 87107, and by phone at 1 800-856-6528.

### **Effective Date**

**The effective date of this revised Notice of Privacy Practices is March 26, 2013.**