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(Referred to in this document as “the practice”)
NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS FOR YOUR PROTECTION AND FOR THE PROTECTION OF YOUR PRIVACY, THIS ACT IS FEDERALLY MANADATED AND DOES NOT COME FROM OUR OFFICE EXCLUSIVELY, YOUR COOPERATION IS APPRECIATED.

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

A federal regulation, known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific areas in this Notice.

I. Our commitment to protecting health information about you.

In this Notice we describe the ways that we may use and disclose health information about our patients. **The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called “PHI”. This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:** Maintain the privacy of **PHI** about you; give you this Notice of our legal duties and privacy practices with respect to **PHI**; and comply with the terms of our Notice of Privacy Practices that is currently in effect.

We reserve the right to make changes to this Notice and to make such changes effective for all **PHI** we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to **our Privacy Officer**.

II. How we may use and disclose **PHI** about you.

The following categories describe the different ways we may use and disclose **PHI** for treatment, payment, or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

Treatment – We may use and disclose **PHI** about you to **provide, coordinate or manage** your health care and related services. We may **consult** with other health care providers regarding you treatment and coordinate and manage your health care with others. For example, we may use and disclose **PHI** when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose **PHI** about you when referring you to another health care provider. For example, if you are referred to another physician, we may disclose **PHI** to your new physician regarding whether you are allergic to any medications. We may also disclose **PHI** about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to a physician that we refer you to so that the other physician may treat you.

Payment – We may use and disclose **PHI** so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we **may share details with your health plan** concerning the services you are scheduled to receive. For example, we may ask for payment approval from your health plan before we provide care or services. We may use and disclose **PHI** to find out if your health plan **will cover the cost of care and services we provide**. We may use and disclose **PHI** to confirm you are receiving the appropriate amount of care to obtain payment for services. We may use and disclose **PHI** for billing, claims management, and collection activities. We may disclose **PHI** to insurance companies providing you with additional coverage. We may disclose limited **PHI** to consumer reporting agencies relating to collection of payments owed to us.

We may also disclose **PHI** to another health care provider or to a company or health plan required to comply with the **HIPAA Privacy Rule** for the payment activities of that health care provider, company, or health

plan. For example, we may allow a health insurance company to review **PHI** for the insurance company's activities to determine the insurance benefits to be paid for your care.

Health Care Operations – We may use and disclose **PHI** in performing business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may **use and disclose PHI** about you in the following health care operations:

- Quality assessment and improvement activities.
- Employee review activities.
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
- Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

Other Uses and Disclosures – As a part of treatment, payment and healthcare operations, we may also use or disclose your **PHI** for the following purposes:

- To remind you of appointments.
- To provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

III. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object.

Federal privacy rules allow us to use or disclose your PHI without your permission or authorization for a number of reasons including the following:

- When **Legally Required** – We will disclose your PHI when we are **required to do so by any Federal, State or local law.**
- When There Are **Risks to Public Health** – We may disclose your **PHI** for the following public activities and purposes: To prevent, control, or report disease, injury or disability as permitted by law; to report vital events such as birth or death as permitted or required by law; to conduct public health surveillance, investigations and interventions as permitted or required by law; to collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance; to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law; to report to an employer information about an individual who is a member of the workforce as legally permitted or required.
- To Report **Abuse, Neglect or Domestic Violence** – We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.
- To **Conduct Health Oversight Activities** – We may disclose your **PHI** to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will **not disclose your health information** if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.
- In Connection with **Judicial and Administrative Proceedings** – We may disclose your **PHI** in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a signed authorization.
- For **Law Enforcement Purposes** – We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows: As **required by law** for reporting of certain types of wounds or other physical injuries; Pursuant to court order, court-ordered warrant, subpoena, summons or similar process; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; under certain limited circumstances, when you are the victim of a crime; to a law enforcement official if the practice has a suspicion that your death was the result of criminal conduct; in an emergency in order to report a crime.

- **To Coroners, Funeral Directors, and for Organ Donation** – We may disclose PHI to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- For Research Purposes – We may use or disclose your PHI for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your PHI.
- In the Event of a **Serious Threat to Health or Safety** – We may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- For **Specified Government Functions** – In certain circumstances, the Federal regulations authorize the practice to use or disclose your PHI to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.
- For **Worker’s Compensation** – The practice may release your health information to comply with worker’s compensation laws or similar programs.

IV. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object:

We may disclose your PHI to your family member or a close personal friend if it is directly relevant to the person’s involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is your best interests for us to make disclosure of information that is directly relevant to the person’s involvement with your care, we may disclose your PHI as described.

V. Uses and Disclosures Which You Authorize:

Other than as stated above, **we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.**

VI. You Have the Following Rights Regarding Your Health Information:

- You have the **right to inspect and copy your PHI.** You may **inspect and obtain a copy** of your protected health information that is contained in a designated record set for as long as we maintain the **PHI.** A **“designated record set” contains medical and billing records** and any other records that your physician and the practice use for making decisions about you.

Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceedings; and PHI that is subject to a law that prohibits access to PHI. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

To inspect and copy your PHI, you must submit a written request to the Privacy Officer whose contact information is listed on the last pages of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

Please contact our Privacy Officer if you have questions about access to your medical record.

- You have the right to request a restriction on uses and disclosures of your PHI. You may ask us not to use or disclose certain parts of your PHI for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may

be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The practice is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the practice does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. **You may request a restriction by contacting the Privacy Officer.**

- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to prove an explanation for your request. Requests must be made in writing to our Privacy Officer.
- **You have the right to have your physician amend your PHI.** You may request an amendment of PHI about you in a designated record set for as **long as we maintain this information.** In certain cases, we may deny your request for an amendment. If we deny your request for 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. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.
- You have the right to receive an accounting. You have the right to request an accounting of certain disclosures of your PHI made by the practice. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. **The request for an accounting must be made in writing to our Privacy Officer.** The request should specify the time period sought for the accounting. **We are not required to provide an accounting for disclosures that take place prior to July 1, 2011. Accounting requests may not be made for periods of time in excess of six years.** We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- You have the right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

VII. Our Duties – **The practice is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices.** We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. If the practice changes its Notice, we will provide a copy of the revised Notice by sending a copy of the Revised Notice via regular mail or through in-person contact.

VIII. Complaints – You have the right to express complaints to the practice and to the **Secretary of Health and Human Services** if you believe that your privacy rights have been violated. **You may complain to the practice by contacting the practice’s Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.**

IX. Contact Person – The **practice’s contact person** for all issues regarding patient privacy and your rights under the Federal privacy standards is the **Privacy Officer**. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints can be mailed to the Privacy Officer by sending it to: The Privacy Officer, 3860 Masthead NE St., Albuquerque, NM 87109, who can be contacted by telephone at 505-828-1010.

X. **This Notice is effective July 1, 2011.**