

New Mexico **CLINICAL RESEARCH & OSTEOPOROSIS CENTER, INC.**

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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.

If you have any questions about this Notice please contact: *the Practice Manager or Billing Supervisor (our Privacy Contacts)*.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices via internet at www.nmbonecare.com or a revised copy be sent to you in the mail or a copy can be given to you at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information Acknowledgment of the Privacy Notice

Your protected health information may be used and disclosed by your health care provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the health care provider's practice.

Following are examples of the types of uses and disclosures of your protected health care information that the health care provider's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, we might use your health information in order to write a prescription for you, or we might disclose your health information to a pharmacy when we order a prescription for you. We will also disclose protected health information to other health care providers who may be treating you. For example, your protected health information may be provided to a health care provider to whom you have been referred to ensure that the health care provider has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another health care provider or health care provider (e.g., a specialist or laboratory) who, at the request of your health care provider, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your health care provider.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This 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, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission. We may also disclose your protected health information to obtain payment from third parties that may be responsible for such costs, such as a family member. We may disclose your protected health information to other health care providers and entities to assist in their billing and collection efforts.

However, we will reasonably limit the amount of information disclosed for such purposes to the minimum necessary, as well as to abide by any reasonable request for confidential communications and any agreed-to restrictions on the use or disclosure of protected health information.

4/16/2003

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of your health care provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your health care provider. We may also call you by name in the waiting room when your health care provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your health care provider, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Contact and request that these fundraising materials not be sent to you.

However, we will reasonably limit the amount of information disclosed for such purposes to the minimum necessary, as well as to abide by any reasonable request for confidential communications and any agreed-to restrictions on the use or disclosure of protected health information.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Our practice will obtain your written authorization to uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide us regarding the use and disclosure of your health information may be revoked at any time. *A request to revoke an authorization must be submitted in writing.* After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. However, if you are a research participant, we may continue to use your protected health information that was obtained prior to the time you revoked your authorization, as necessary to maintain the integrity of the clinical trial/research study. For example, we are permitted to continue use and disclosure of protected health information to account for your withdrawal from the clinical trial/research study, as necessary to incorporate the information as part of a marketing application submitted to the Food and Drug Administration, to conduct investigation of scientific misconduct, or report adverse events. Please note, we are required by law to retain records of your care.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

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 not present or able to agree or object to the use or disclosure of the protected health information, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. We may use and disclose your protected health information in the following instances:

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person(s) assisting in your care, 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. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your health care provider shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your health care provider or another health care provider in the practice is required by law to treat you and the health care provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: We may use and disclose your protected health information if your health care provider or another health care provider in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the health care provider determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Research: We will use and disclose protected health information for research with individual authorization, or without individual authorization under limited circumstances. Please ask to speak with our Privacy Contact if you would like to know the limited circumstances permitted by applicable law.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization:

Required By Law: We may use or disclose your protected health information to the extent, that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information 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. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to

foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your health care provider created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

2. Your Rights Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information

This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your health care provider and the practice use for making decisions about you. *You must submit your request in writing in order to inspect and/or obtain a copy of your health information. If you request a copy, our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.* Such requests will be honored within 30 days or as required by law, and you will be notified in writing of NMCROC's receipt of the request and the date upon which the information will be available to you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

Please note: The Privacy Rule permits an exception to access of protected health information created or obtained by a covered health care provider/researcher for a clinical trial. Per this exception, your right to access your protected health information will be suspended while the clinical trial is in progress, provided that if you are a research participant in a clinical trial, you agreed to this denial of access when consenting to participate in the clinical trial. In addition, at the conclusion of the clinical trial, your right to access protected health information will be reinstated.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices.

Your health care provider is not required to agree to a restriction that you may request. If health care provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your health care provider does 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. *In order to request a restriction in our use or disclosure of your protected health information, you must make your request in writing to the Privacy Contact. Your request must describe in a clear and concise fashion:*

- (a) *The information you wish restricted;*
- (b) *Whether you are requesting to limit our practice's use, disclosure or both; and*
- (c) *To whom you want the limits to apply.*

If, in our sole opinion, your request does not involve information that is required by us to carry out treatment, payment or health care operations, we will accept your request for restrictions and will notify you if your request will be honored within 30 days or as required by law.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also 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 request an explanation from you as to the basis for the request. *Please make this request in writing to our Privacy Contact.* Such request will be honored within 30 days, or as required by law.

You may have the right to have your health care provider amend your protected health information. This means you may request an amendment of protected health information 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. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the health information kept by or for the practice; (c) not part of the health information which you would be permitted to inspect and copy; or (d) not created by our practice. 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. *To request an amendment, your request must be in writing and submitted to the Privacy Contact. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.* Upon agreement by your health care provider, request to amend health information will be honored within 30 days or as required by law, and you will be notified in writing of NMCROC's action taken. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to a provider involved in your care, to family members or friends involved in your care, or for notification purposes. *In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Contact at the address listed at the top of this document.* Such request will be honored within 30 days or as required by law, and you will be notified in writing of the date on which the accounting will be available to you. All requests for an account of disclosures must state a time period, which may not be longer than six (6) years from the date of the disclosure and may not include dates before April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. The first request within a 12-month period is free of charge, but our practice may charge you for additional lists with the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

NMCROC has also required in our business associate contracts that they offer a means to provide such a listing for you.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. *All complaints must be submitted in writing.* We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact at (505) 855-5525, or www.nmbonecare.com for further information about the complaint process.

This notice was published and becomes effective on *April 14, 2003*.