



1009 Ridgeway Place, Farmington, NM 87401

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW BEHAVIORAL HEALTH CARE (MENTAL HEALTH) INFORMATION ABOUT YOU may be used, disclosed, and safeguarded, and how you can get access to this information. Please review it carefully.

Our Responsibility:

The confidentiality of your personal healthcare information is very important to us. Your health information includes records that we create and obtain when we provide you care, such as a record of your symptoms, psychiatric assessment, history, treatments, diagnoses, test results and referrals for further care. It also includes bills, insurance claims, or other payment information that we maintain related to your care.

This notice describes how we handle your healthcare information and your rights regarding this information. By law we are required to:

- Maintain the privacy of your health information.
- We will disclose only the minimum information necessary.
- Provide you with this notice of our duties and privacy practices regarding your health information about you that we collect and maintain.
- Follow the terms of our notice currently in effect.

Uses and Disclosures of Information:

Under federal and state law, we are permitted to use and disclose personal health information without authorization for treatment, payment, and health care operations.

Other Uses and Disclosures:

We may also use and disclose your personal information without authorization for the following additional purposes:

Abuse, Neglect, or Domestic Violence: As required or permitted by law, we may disclose health information about you to a state or federal agency to report suspected abuse, neglect, or domestic violence.

Appointment Reminders and Other Health Services: We may use or disclose your health information to remind you about appointments or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you, such as case management or care coordination.

Business Associates: We may share health information about you with business associates who are performing services in our behalf. For example, we may contract with a company to service and maintain our computer systems, or to do our billing. Our business associates are obligated to safeguard your healthcare information. We will share only the minimum amount of personal health information necessary for them to assist us.

Communications: We may disclose information about you to persons who are involved in your care or payment for you care, such as family members, relatives, or close friends. Any such disclosure will be limited

to information directly related to the person's involvement in your care.

Law Enforcement: We may disclose healthcare information about you to law enforcement official for certain law enforcement purposes.

Minors: If you are an unemancipated minor under New Mexico law, there may be circumstances in which we disclose health information about you to a parent, guardian, or other person, in accordance with our legal and ethical responsibilities.

Parents: If you are a parent of an unemancipated minor, and are acting as the minor's personal representative, we may disclose health information about your child to you under certain circumstances. In some circumstances, we may NOT disclose health information about an unemancipated minor to you. For example, if your child is legally authorized to consent to treatment (without separate consent from you), consents to such treatment, and does not request that you be treated as his or her personal representative, we may not disclose health information about your child to you without your child's written authorization.

Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment collected from appropriate payors. We may also need to obtain prior authorization for future treatment.

Treatment: We may use health and treatment information about you to provide you with behavioral health treatment services. We may disclose information about you to psychiatrists, therapists, case managers, your primary care physician, and other behavioral professionals involved in your care. Also we may need to speak to the pharmacist about your prescriptions. We also may share information in order to coordinate the services you need, such as medications, individual therapy, group therapy, case management, and vocational services.

Workers' Compensation: we may disclose health information about you for the purpose related to workers' compensation, as requires and authorized by law.

Your Health Information Rights

Under the law, you have certain rights regarding the health information that we collect and maintain about you. This includes the right to:

- Ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment.
- Request that we restrict certain uses and disclosures of your health information; we are not, however, required to agree to a requested restriction.
- Request a list of our disclosures of your health information. This list, known as "accounting for disclosures", will not include certain disclosures, such as those made for treatment and referrals within our clinic, payment, or health care operations. Your request should indicate the period of time in which you are interested.
- Request to view, or to receive a copy of, the health information we have about you that is maintained in our file. Your request may be denied in some special cases. We reserve the right to withhold information when it may be detrimental to your care, your safety, or the safety of others. If we are unable to satisfy your request, we will tell you in writing the reason for the denial. You may request that the denial be reviewed. In most instances we prefer to send copies directly to another health care provider, insurance company, or attorney. You may request that we exchange information with another provider. These requests must be in writing.
- Right to amend: If you feel that the medical information we have about you is incorrect or incomplete, you may ask to make an amendment to your file. All requests must be in writing and

submitted to the Privacy Officer. Your request may be denied in some special cases.

- You have the right to a copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from the front desk.
- Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint in writing to San Juan Health and Wellness Center, Privacy Officer, 608 W. Animas Street, Farmington, Nm 87401. If we cannot resolve your concern, you have the right to file a complaint with the U.S. Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Revisions of this Notice

We reserve the right to amend the terms of this notice, if this notice is revised, the amended terms shall apply to all health information that we maintain, including information about you collected or obtained before the effective date of the revise notice.

If you have any questions about this notice, please contact:

San Juan Health and Wellness Center
1009 Ridgeway Place, Farmington, NM 87401
(505) 327-0002