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## HIPAA Notice of Privacy Practices

Revised 2013

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**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.**

**UNDERSTANDING YOUR HEALTH INFORMATION:** Each time you visit our office, we make a record of your visit in order to manage the care you receive. We understand that the medical information that is recorded about you and your health is personal. The confidentiality and privacy of your health is also protected under both state and federal law.

This Notice of Privacy Practices describes how this office may use and disclose your information and the rights that you have regarding your health information.

### How We Will Use or Disclose Your Health Information

**Treatment:** We will use your health information for treatment. For example, information obtained by the orthodontist or other members of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your orthodontist will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations, so the physician will know how you are responding to treatment. We will also provide your physician, or subsequent healthcare provider, with copies of various reports that should assist him or her treating you.

**Payment:** We will use your health information for payment. For example, a bill may be sent to you or your health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**Health Care Operations:** We will use your health information for our regular health care operations. For example, we may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used in a continued effort to improve the quality and effectiveness of the services we provide.

**Notification:** We may use or disclose information to assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided to us, e.g., on an answering machine.

**Communication with Family:** We may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Appointment Reminders/Health Benefits:** We may contact you to provide appointment reminders or information about treatment alternatives or other health benefits that may be of interest to you.

We may also use or disclose your protected health information in the following situations without your authorization. These situations include: as required by law, communicable diseases, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, workers' compensation, inmates, and other required uses and disclosures. Under the law, we must make disclosure to you upon your request. Under the law, we must also disclose your protected health information when required by the secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

### USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

**Other Permitted and Required Uses and Disclosures** will be made **only with your consent, authorization** or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected information for marketing purposes. We may not sell your protected health information without your authorization.

**You may revoke your authorization**, at any time in writing, except to the extent that we have taken action in reliance on the use or disclosure indicated in the authorization.

**YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of this office, you have the following rights with respect to your health information:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, our general healthcare operations, and/or to a particular family member, other relatives or close personal friend. We ask that such requests be made in writing on a form provided by us. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it, except as provide below.
- If you have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your health plan. We ask that such requests be made in writing on a form provided by us. We are required to abide by such a request, except where we are required by law to make a disclosure. We are not required to inform other providers of such a request, so you should notify any other providers regarding such a request.
- You have the right to receive confidential communications from us by alternative means or at an alternate location. Such requests must be made in writing, and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests.
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If we maintain your health information electronically in a designated record set, you may obtain an electronic copy of the information. If you request a copy (paper or electronic), we will charge you a reasonable, cost-based fee.
- If you believe that any health information in your record is incorrect, or if you believe that important information is missing, you may request that we correct existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by us to make such requests. For a request form, please contact the Privacy Officer.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed six years), as required by law. We ask that such requests be made in writing on a form provided by us. Please note that accounting does not include all disclosures, e.g., disclosures to carry out treatment, payment, or healthcare operations and disclosures made to you or your legal representative or pursuant to an authorization. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.
- You have the right to be notified following a breach of your unsecured protected health information.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.

**For More Information or to Report a Problem**

You have the right to complain to us and to the Secretary of the U.S. Department of Health and Human Services (HHS) if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

For more information or to file a complaint with us, contact Privacy Office by phone or email as follows:

<u>Kari Alons</u>	<u>575-522-1500</u>	<u><a href="mailto:clinic@adaycoombs.com">clinic@adaycoombs.com</a></u>
HIPAA COMPLIANCE OFFICER	Phone	email

Acknowledged By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or Parent/Guardian