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**HIPAA, Notice of Privacy Practices
(Health Insurance Portability & Accountability Act of 1996)**

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

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" (PHI) 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 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. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our web site at mannm.com, calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

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

Following are examples of the types of uses and disclosures of your PHI that the physician'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 PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary:

§ to a home health agency that provides care to you.

§ to other physicians who may be treating you, when we have the appropriate permission from you to disclose your PHI. For example, your PHI may be released to a physician that you have been referred to, in order to ensure that the physician has the necessary information to diagnose or treat you. However, N. M. law states that sensitive information, such as mental health or developmental disabilities, drug/alcohol use or abuse, HIV/AIDS test results or information requires special written permission before your doctor can release your medical records.

§ to another physician or health care provider, specialist or laboratory who, at the request of your physician, becomes involved in your care by assisting in your health care diagnosis or treatment.

Payment: Your PHI 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

§ undertaking utilization review activities. Example: obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the admission.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physician'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:

§ to medical school students that see patients at our office

§ using a sign-in sheet at the reception desk where you may be asked to write your name & the name of your physician.

§ calling you by name in the waiting room when your doctor is ready to see you

§ to contact you to remind you of an upcoming appointment

§ with 3rd party “business associates” that perform various activities, such as billing and transcription services for the practice. (Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.) The law states that April 14, 2004 is the final date for business associates contracts to be implemented.

We may also use or disclose your demographic information and the dates that you received treatment from your physician, 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. NOTE: This information is provided for your education only. MANNM does not participate in the use of patient information for fundraising.

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

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing; except to the extent that your physician or the physician’s practice has already taken an action based on the authorization in hand.

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

We may use and disclose your PHI in the following instances. You may agree or object to the use or disclosure of all, or part of your PHI. If you are not present, or able to agree or object, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Facility Directories: Unless you object, we will disclose the following information only to people that ask for you by name:

- * your name
- * your location within the office and/or building
- * your condition (in general terms)

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a close friend or any other person you identify, your PHI 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.

- * 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
- * to an authorized public or private entity to assist in disaster relief efforts

To coordinate uses and disclosures to family or other individuals involved in your health care

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

We may use or disclose your PHI in the following situations without your authorization. These situations include:

- * **Required by Law:** 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 used or disclosures. The physician or staff may elect not to notify a patient of disclosures, if they believe that it might place them, or someone else, at personal risk

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

- * **Communicable Diseases:** Disclosure of PHI, 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:** The disclosure 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: The disclosure to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we disclose your PHI 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: Disclosure to a person or company required by the FDA 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: Disclosure of PHI 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 response to a subpoena, discovery request or other lawful process, in certain conditions.

* Law Enforcement: Disclosure of PHI, 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
6. medical emergency (on the Practice's premises) and it is likely that a crime has occurred.

* Coroners, Funeral Directors and Organ Donation: Disclosure of PHI to a coroner or medical examiner for identification purposes, determining cause of death; or for the coroner, medical examiner or funeral director to perform other duties authorized by law. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for organ, eye or tissue donation purposes.

* Research: Disclosure of PHI to researchers who has been approved by an institutional review board that has evaluated the research proposal and established protocols to ensure the privacy of you PHI.

* Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious, impending threat to the health or safety of another person. We may also disclose PHI 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 PHI 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
3. to foreign military authority if you are a member of that foreign military services
4. to authorized federal officials for conducting national security and intelligence activities
5. for the provision of protective services to the President or others legally authorized

* **Workers' Compensation:** Your PHI may be disclosed as authorized to comply with workers' compensation laws and other similar legally established programs.

* **Inmates:** Disclosure of PHI, if you are an inmate of a correctional facility, and your physician created or received your PHI in the course of providing care to you

* **Required Uses and Disclosures:** Under the law, we must make an accounting of disclosures to you upon written request and to the Secretary of the Department of Health and Human Services, in order 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 PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information (PHI).

You may inspect and obtain a copy of PHI about you 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 use in a civil, criminal or administrative action or proceeding, protected health information that is subject to a law that prohibits access to PHI.

If you desire to inspect or copy your PHI, please fill out the Inspection and Copying Request Form available at medical records department. You will receive a response within 30 working days. Certain fees may apply.

If your request is denied, under 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. (MANNM Compliance Manual, Part I, § 1.17.0)

You have the right to request a restriction of your protected health information.

You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI 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 request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your PHI, the practice will follow his advice. If the physician agrees to your requested restriction, we may not use or disclose your PHI in violation of that restriction, unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You will be asked to fill out the Restrictions of Disclosures Request (MANNM Compliance Manual, Part I, § 1.28.0)

You have the right to request 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, in case of an emergency. You do not have to explain why you are requesting information be sent by alternative means or to a different location. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend your protected health information.

You may request an amendment of PHI about you in your medical chart for as long as we maintain this information. In certain cases, we may deny your request. If so, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your medical record. You will be asked to fill out the Request to Amend Health Information form. (MANNM Compliance Manual, Part I, § 1.3.0)

You have the right to receive an accounting of certain disclosures that we may have made of your protected health information.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in the Notice of Privacy Practices. It also excludes disclosures before April 14, 2003, to law or correctional institutions, under certain circumstances, to you, for a facility directory, for national security or intelligence purposes, to people involved in your care, as a result of an authorization signed by you. The right to receive this information is subject to certain exceptions, restrictions and limitations. You will be asked to fill out the Request for Accounting of Disclosures form. (MANNM Compliance Manuel, Part I, § 1.2.0

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 problem.

* You may not be retaliated against for filing a complaint.

* You may reach our Privacy Contact person, HIPAA office at (505) 661- 8978, or email it@mannm.com for further information about the complaint process.

This notice becomes formally effective April 14, 2003.