

NEW MEXICO NOTICE FORM
Notice of Providers' Policies and Practices to
Protect the Privacy of Your Health Information



Mesa Vista Wellness

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Mesa Vista Wellness may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

To help clarify these terms, here are some definitions:

- PHI refers to information in your health record that could identify you.
- Treatment, Payment and Health Care Operations
 - Treatment is when MVW provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your therapist consults with another health care provider, such as your family physician or another therapist.
 - Payment is when MVW obtains reimbursement for your healthcare. Examples of payment are when MVW discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination
- Use applies only to activities within MVW such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- Disclosure applies to activities outside of MVW, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

MVW may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures. In those instances when your therapist is asked for information for purposes outside of treatment, payment and health care operations, MVW will obtain an authorization from you before releasing this information. MVW will also need to obtain an authorization before releasing your psychotherapy notes. Psychotherapy notes are notes your therapist has made about your conversation during a private, group, joint, or family counseling session, which have been kept separate from the rest of your psychological record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) MVW has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

MVW will obtain an authorization from you before using or disclosing any PHI in a way that is not described in this Notice.

III. Uses and Disclosures with Neither Consent nor Authorization

MVW may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** In certain circumstances, your therapist is required to report child abuse in a variety of forms, including neglect, to (1) a local law enforcement agency; (2) the office of the Department of Child, Youth and Family Services in the county where the child resides; or (3) tribal law enforcement or social services agencies for any Indian child residing in Indian country.
- **Adult and Domestic Abuse:** If your therapist has reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited, they must immediately report that information to Adult Protective Services.
- **Health Oversight:** If the New Mexico Board of Psychology, Board of Counseling, or Board of Social Work is conducting an investigation, MVW is required to disclose your mental health records upon receipt of a subpoena from the Board.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and MVW may not release information without written authorization from you or your personal or legally-appointed representative, or a Court Order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.
- **Serious Threat to Health or Safety:** When your therapist judges that a disclosure of confidential information is necessary to protect against a substantial and imminent risk that you will inflict serious harm on yourself or another

person, your therapist has a Duty to Report this information to the appropriate people who would address such a risk (for example, the police or the potential victim).

- **Worker's Compensation:** When a claim is filed, your therapist is required by law to release those records that are directly related to any injuries or disabilities claimed by you (for which you are receiving benefits from your employer) to you, your employer, your employer's insurer, a peer review organization or the health care selection board.
- When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly- defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national-security and intelligence.

IV. Patient's Rights and Providers Duties

- **Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, MVW is not required to agree to a restriction you request.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at MVW. Upon your request, MVW will send your bills to another address.)
- **Right to Inspect and Copy** - You have the right to inspect or obtain a copy (or both) of PHI in MVW's mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. MVW may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, MVW will discuss with you the details of the request and denial process.
- **Right to Amend** - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. MVW may deny your request. On your request, MVW will discuss with you the details of the amendment process.
- **Right to an Accounting** - You generally have the right to receive an Accounting of Disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, MVW will discuss with you the details of the accounting process.
- **Right to a Paper Copy** - You have the right to obtain a paper copy of the Notice from MVW upon request, even if you have agreed to receive the notice electronically.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-pocket** - You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI** - You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Providers Duties

- MVW is required by law to maintain the privacy of PHI and to provide you with a notice of MVW's legal duties and privacy practices with respect to PHI.
- MVW reserves the right to change the privacy policies and practices described in this notice. Unless MVW notifies you of such changes, however, MVW is required to abide by the terms currently in effect.
- If MVW revises their policies and procedures, MVW will mail you a revised notice. A copy will also be posted in the office.

V. Complaints

If you are concerned that MVW has violated your privacy rights, or you disagree with a decision MVW made about access to your records, you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This revised HIPAA Final Rule notice will go into effect on September 23, 2013. MVW reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that MVW maintains. MVW will provide you with a revised notice by mail.