



# PMS

PRESBYTERIAN MEDICAL SERVICES

## Notice of Privacy Practices

Effective Date: April 14, 2003

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

**Questions?** If you have questions about this Notice or need additional information, please contact our Corporate Compliance Officer at (505) 982-5565 or (800) 477-7633.

**Protection of Medical Information** We understand that your medical information is personal and we are committed to protecting your medical information. Presbyterian Medical Services ("PMS") creates records of the care and services provided to you. We need these records to provide you with quality care and services and to comply with certain legal requirements.

**Purpose of Notice** This Notice describes how we may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your legal rights to access and control your medical information.

**Who Will Follow this Notice?** This Notice describes the privacy practices of PMS, its clinics and other programs, as well as its affiliated health care professionals. We will share information with each other as necessary to carry out our respective treatment obligations, payment activities and health care operations.

**Your Rights** Although the records containing your medical information are the physical property of PMS, the information belongs to you. By law, you have the right to:

- Inspect and obtain a copy of your medical information. Generally, we will respond to your request within 30 days but, under certain circumstances, we may deny your request.
- Request a restriction on certain uses and disclosures of your medical information; however, we are not required to agree to a requested restriction.
- Request that we communicate with you by using alternative means or at an alternative location.
- Request an amendment of your medical information, if you believe it is inaccurate; however, we may deny your request for amendment if we believe your medical information is accurate.
- Request an accounting of certain disclosures we have made, if any, of your medical information.
- Restrict disclosures to health plans where you have paid out-of-pocket and in full for care.
- Opt out of receiving fundraising communications from PMS.
- Revoke any authorization you have provided to use or disclose your medical information except to the extent that action has already been taken in reliance on such authorization.
- Obtain a paper copy of this Notice upon request.

You can exercise any of these rights by speaking with the administrator of the PMS site at which you received care or services, or by contacting the PMS Corporate Compliance Officer at (505) 982-5565 or (800) 477-7633.

**Our Duties** We are required by law to:

- Maintain the privacy of your medical information.
- Not sell your medical information without your consent.
- Notify you following a breach of unsecured medical information.
- Provide you with a copy of our Notice of Privacy Practices.
- Abide by the terms of our Notice of Privacy Practices.

**How We May Use and Disclose Your Medical Information** The following are examples of the types of uses and disclosures of your medical information that are permitted:

**Treatment.** We may use and disclose your medical information to provide, coordinate or manage your health care and any related services. For example, we may disclose your medical information to the doctors or technicians that care for you, even if the doctors or technicians are not affiliated with PMS.

**Payment.** Your medical information may be disclosed, as needed, to obtain payment from your insurance company or other person/party responsible for payment for services we provide to you. For example, we may disclose your medical information to your health plan to determine your eligibility or coverage for insurance benefits.

**Health Care Operations.** We may use or disclose your medical information for our internal operations, which include activities necessary to operate the PMS sites or programs from which you receive services. For example, we may use your medical information for quality improvement services to evaluate the care or other services provided to you. We may also use your medical information to evaluate the skills and qualifications of our health care providers, or to resolve grievances within our organization.

**Appointment Reminders and Treatment Alternatives.** We may use and disclose your medical information to provide a reminder to you about an appointment you have with us for treatment or medical care. We may also use or disclose your medical information to tell you about or recommend possible treatment options or alternatives, or inform you of other health-related benefits and services, that may be of interest to you.

**Other Permitted Uses and Disclosures** We may use and/or disclose your medical information in a number of circumstances in which it is not required that we obtain your consent or authorization, or provide you with an opportunity to agree or object. Those circumstances include:

- Unless you object, we may disclose your medical information to a family member, relative, close personal friend or other person that you identify.
- We may be required by law to disclose your medical information.
- We will make your medical information available to you and the Secretary of the Department of Health and Human Services.
- We may disclose your medical information to a public health agency to help prevent or control disease, injury or disability. This may include disclosing your medical information to report certain diseases, death, abuse, neglect or domestic violence or reporting information to the Food and Drug Administration, if you experience an adverse reaction from any of the drugs, supplies or equipment that we use.
- We may disclose your medical information to government agencies so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs.
- We may disclose your medical information as authorized by law to comply with workers' compensation laws.
- We may disclose your medical information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, discovery request, or other lawful process.
- We may disclose your medical information to law enforcement officials to report or prevent a crime, locate or identify a suspect, fugitive or material witness or assist a victim of a crime.
- We may use or disclose medical information for research purposes when the research received approval of an institutional review board that has

reviewed the research proposal and established protocols to ensure the privacy of your medical information.

- If you are a member of the armed forces, we may disclose your medical information as required by military command authorities or to evaluate your eligibility for veteran's benefits, for conducting national security and intelligence activities, including providing protective services to the President or other persons provided protective services under Federal law.
- We may disclose your medical information to coroners, medical examiners and funeral directors so that they can carry out their duties or for purposes of identification or determining cause of death.
- We may disclose your medical information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes.
- We may use or disclose your medical information to prevent or avert a serious threat to your health or safety, or the health or safety of other persons.
- We may disclose your medical information to a health oversight agency that is authorized by law to oversee our operations.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the law enforcement official or correctional institution. This disclosure is required for the institution to provide health care to you, to protect the health and safety of others, or to protect the health and safety of law enforcement personnel or correctional facility staff.
- We may share your medical information with third party "business associates" that perform various services for us. For example, we may disclose your medical information to third parties to provide billing or copying services. To protect your medical information, however, we require our business associates to safeguard your medical information.

**Other Uses and Disclosures of Medical Information** Other uses and disclosures of your medical information not covered by this Notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your medical information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care or services that we have provided to you.

**New Mexico Law** In the event that New Mexico law requires us to give more protection to your medical information than stated in this Notice or required by Federal law, we will provide that additional protection. For example, we will comply with state law confidentiality provisions relating to communicable diseases, such as HIV and AIDS. We will also comply with additional state law confidentiality protections relating to treatment for behavioral health and substance abuse. Those laws generally require that we obtain your consent before we disclose your information related to behavioral health or substance abuse, subject to certain exceptions permitted by law.

**Protection of Substance Use Disorder Information** If you apply for and receive substance use disorder services from us, Federal law (42 CFR Part 2) requires that we obtain your written consent before we may disclose information that would identify you as having a substance use disorder or a patient for substance use disorder services. There are exceptions to this general requirement. We may disclose such information to our workforce as needed to coordinate your care, to agencies or individuals who help us carry out or services to you; when the disclosure is allowed by a court order; or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law does not protect any information about a crime committed by a patient either at the program or against any person who works for a program or about any threat to commit such a crime. Federal law does not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

**Changes to this Notice** We reserve the right to change our privacy practices and/or this Notice. If we revise this Notice, the revised Notice will be effective for all medical information we maintain. Any revised Notice will be available by accessing our website, <http://www.pmsnm.org/> or you can obtain

a copy of the revised Notice by requesting that we send you a copy by mail or by requesting a copy upon your next visit to one of our sites.

**Complaints** If you believe your privacy rights have been violated, you may file a written complaint with our Corporate Compliance Officer or the Secretary of the Department of Health and Human Services. Reports of violations of confidentiality of substance use disorder diagnosis or treatment information may be directed to the United States (US) Attorney for the district where the violation occurs. Reports of violations by an opioid treatment program may also be directed to the US Attorney as well as to the SAMHSA office responsible for opioid treatment program oversight.

You may submit your written complaints to PMS at P.O. Box 2267, Santa Fe, NM 87504-2267, or you may call us at the phone numbers listed at the top of this Notice. We will not retaliate against you for filing a complaint.

**Revisions:**

May 2011  
July 2013  
September 2018