

# Alamo Medical Clinic

## Notice of Privacy Practices

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.

### Uses and Disclosures

**Treatment.** Your health information will be used by staff members or disclosed to other health care professionals for the purpose of evaluation of your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information will be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

**Health Care Operations.** Your health information will be used as necessary to support the day-to-day activities and management of Alamo Medical Clinic (AMC). For example, information on the service you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

**Law Enforcement.** Your health information may be disclosed to law-enforcement agencies, without your permission—to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public Health Reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the states' public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

### Addition Uses of Information

**Appointment Reminders.** Your health information will be used by our staff to send you appointment reminders.

**Information About Treatments.** Your health information will be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

## Individual Rights

You have certain rights under the Federal Privacy Standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed

The right to receive a printed copy of this notice

## Alamo Medical Clinic Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

## Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in Federal and State Laws and Regulations. Whatever the reason for these revisions, we will provide you with the revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

## Requests to Inspect Protected Health Information

As permitted by Federal Regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the receptionist, or Cathy Mendoza, the Privacy Officer for Alamo Medical Clinic.

## Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Cathy Mendoza  
Alamo Medical Clinic  
56 N. Pecos Road, Ste. A  
Henderson, NV 89074

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practice is:

Cathy Mendoza  
Alamo Medical Clinic  
56 N. Pecos Road, Ste. A  
Henderson, NV 89074  
(702) 456-4011

Effective Date

This notice is effective on or after April 14<sup>th</sup> 2003

## Consent to Use and Disclose of Protected Health Information

### Use and Disclosure of Your Protected Health Information (PHI)

Your protected health information will be used by Alamo Medical Clinic or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

### Notice of Privacy Practices

This acknowledges your receipt and reading the AMC's Notice of Privacy Practices. You should review the Notice of Privacy Practices for more complete description of how your protected health information may be used or disclosed. You should review the notice prior to signing this consent.

### Requesting a Restriction on the Use or Disclosure of Your Information

You may request a restriction on the use or disclosure of your protected health information.

AMC may or may not agree to restrict the use or disclosure of your protected health information.

If AMC agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the Federal Privacy Standards.

### Revocation of Consent

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

### Reservation of Right to Change Privacy Practices

AMC reserves the right to modify the privacy practices outlined in this notice.

### Signature

I have reviewed this consent form and give my permission to AMC to use and disclose my health information in accordance with it.

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Name of Patient (Print or Type)

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Signature of Patient

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Date

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Signature of Representative

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Relationship of Patient Representative to Patient

Authorization of Use and Disclosure of Protected Health Information to  
Family Members or Selected Personal Caregivers

Information to be Used or Disclosed:

The information covered by this authorization includes:

All medical records and billing information and Protected Health Information (PHI)

Person Authorized to use or Disclose Information

Information listed above will be used or disclosed by:

Alamo Medical Clinic

Persons to Whom Information May be Disclosed

Information listed above will be used or disclosed to:

Authorization to disclose PHI to selected Family Members:

- |    |       |       |          |
|----|-------|-------|----------|
| 1. | _____ | _____ | _____    |
|    | Name  | Date  | Initials |
| 2. | _____ | _____ | _____    |
|    | Name  | Date  | Initials |

Expiration Date of Authorization

This authorization is effective through \_\_\_\_/\_\_\_\_/\_\_\_\_ unless revoked or terminated by the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Alamo Medical Clinic. You should contact the Privacy Official to terminate this authorization.

Potential for Re-Disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the Federal Privacy Regulations.

Signature

\_\_\_\_\_  
Name of Patient(Print or Type)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Patient Representative

\_\_\_\_\_  
Relationship of Patient Representative to Patient