

Thomas Bender, L.P.C.C.
3500 Comanche Blvd. NE, Building E, Suite #13
Albuquerque, NM 87107
(505) 681-1140

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.

If you have any questions about this Notice, please contact Mark Bender, MSN, RNCS directly.

This Notice of Privacy Practices describes how Mr. Thomas Bender 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*** is information about you, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. *Protected health information* includes, but is not limited to, such information as your name, insurance ID number, social security number, date of birth, billing ID, dates of treatment, procedures performed, costs of treatment, your symptoms, medical history, lab tests, medication, diagnosis, prognosis, functional status, and treatment plan. Mr. Bender is required to abide by the terms of this Notice of Privacy Practices. Mr. Bender may change the terms of this notice, at any time. The new notice will become effective for all protected health information that is maintained at that time. Upon your request, Mr. Bender will provide you with any revised Notice of Privacy Practices.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form at your first appointment. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, Mr. Bender will use or disclose your protected health information as described herein. Your protected health information may be used and disclosed by Mr. Bender, office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the practice.

Following are examples of the types of uses and disclosures of your protected health care information that Mr. Bender's office is permitted to make once you have signed the consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by Mr. Bender's office once you have provided consent.

Treatment: Your protected health information may be disclosed 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 protected health information. For example, your protected health information may be disclosed, as necessary, to a psychiatrist or primary care physician also involved in your care and who may be prescribing your medication. Mr. Bender may also disclose protected health information to other specialists who may be treating you when he has the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. Your specific permission and written authorization will always be requested before psychotherapy notes are released to another party, and you have the right to refuse to authorize the voluntary release of such information unless it is otherwise required by law.

Payment: Your protected health information 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, and undertaking utilization review activities. For example, obtaining approval for past or continued psychotherapy visits may require that your relevant protected health information be disclosed to the health plan to obtain approval for the payment of services.

Healthcare Operations: Your protected health information may be disclosed as necessary to support the business activities of the practice. These activities include, but are not limited to, quality assessment activities, employee or subcontractor review activities, licensing, and compliance with insurance or governmental inspections. You may be called by name in the waiting room at your appointment time. Your name and telephone number may be disclosed, as necessary, to contact you to remind you of your appointment or to cancel or reschedule an appointment. Your protected health information may be shared with third party business associates that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between Mr. Bender's office and a business associate involves the use or disclosure of your protected health information, the written contract with the business associate will contain terms that require the protection of the privacy of your protected health information.

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

Other uses and disclosures of your protected health information 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 Mr. Bender has already taken an action in reliance on the use or disclosure indicated in the authorization.

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

Your protected health information may be disclosed in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then Mr. Bender may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Emergencies: Unless you object, your protected health information may be disclosed as necessary to a family member, personal representative, emergency response personnel, or another person that is directly responsible for providing your care, to establish your location, general condition, or death, or to locate you and establish your safety or condition during a disaster relief effort.

Communication Barriers: Mr. Bender may use and disclose your protected health information if he attempts to obtain consent from you but is unable to do so due to substantial communication barriers (such as the inability to speak) and he determines, using professional judgement, that you would intend to consent to use or disclosure under the circumstances.

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

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Emergencies: Your protected health information may be disclosed in an emergency situation. If Mr. Bender is required by law to treat you and has attempted to obtain your consent but is unable to obtain your consent, he may still use or disclose your protected health information to treat you. In an emergency, Mr. Bender may disclose a minimum amount of protected health information necessary to a hospital, emergency response personnel, physicians, relatives, a treatment guardian or another person, as it relates to that person's direct involvement in providing your care or to establish your location, general condition, or death. Such information may be disclosed only as necessary if Mr. Bender determines that it is in your best interest based on Mr. Bender's professional judgment.

As Required By Law: Mr. Bender may use or disclose your protected health information to the extent that the use or disclosure is 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. Examples of legally required disclosures include the disclosure of protected health information in the process of civil commitment hearings, competency hearings, or other court-ordered evaluations, and in the identification of a deceased person or investigation of a death by a coroner.

Abuse or Neglect: Mr. Bender may be required by law to disclose your protected health information to a public health authority or agency that is authorized by law to receive reports of child or dependent adult abuse or neglect. In addition, Mr. Bender is required by law to disclose your protected health information if he has reason to suspect that you are a child or dependent adult and have likely been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. The disclosure will be made consistent with the requirements of applicable law.

Criminal Activity and National Security: Consistent with applicable federal and state laws, Mr. Bender may disclose your protected health information if he believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Mr. Bender may also disclose protected health information if it is necessary for law enforcement authorities to identify, apprehend, or protect an individual or entity that may reasonably be identified as a likely perpetrator, victim, or object of harm. Mr. Bender is legally required to disclose your protected health information to authorized federal officials for conducting national security, intelligence and counter-terrorism activities, and for the protection of the President, railroads or transportation, or others legally authorized.

Military Activity: When the appropriate conditions apply, Mr. Bender may use or disclose protected health information as legally required 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; or (3) to foreign military authority if you are a member of that foreign military service.

Health Oversight: Mr. Bender may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies (such as Medicare) that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws. Under the law, Mr. Bender must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine his compliance with the requirements of Section 164.500 et. seq.

Legal Proceedings: Mr. Bender may disclose protected health 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 certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: Mr. Bender may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes (such as service of a subpoena), (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, and (6) medical emergency and it is likely that a crime has occurred.

Workers' Compensation: Your protected health information may be disclosed by Mr. Bender as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: Mr. Bender may use or disclose your protected health information if you are an inmate of a correctional facility and Mr. Bender created or received your protected health information in the course of providing care to you.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as Mr. Bender maintains the protected health information. A *designated record set* contains medical and billing records and any other records that Mr. Bender and the practice uses 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; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be

subject to review. In some circumstances, you may have a right to have this decision reviewed. Please contact Mr. Bender directly if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask Mr. Bender not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information 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. Mr. Bender is not required to agree to a restriction that you may request. If Mr. Bender believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If Mr. Bender does agree to the requested restriction, he may not use or disclose your protected health information 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 Mr. Bender. You may request a restriction by submitting the request verbally or in writing to Mr. Bender.

You have the right to request to receive confidential communications by alternative means or at an alternative location. Mr. Bender will accommodate reasonable requests. He 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. Please make this request in writing to Mr. Bender directly.

You may have the right to have your protected health information amended. This means you may request a change or correction of protected health information about you in a designated record set for as long as Mr. Bender maintains this information, but not less than 6 years. In certain cases, Mr. Bender may deny your request for the change. If your request for the change is denied, you have the right to file a statement of disagreement and Mr. Bender may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Your request for an amendment and Mr. Bender's denial and/or rebuttal, should they exist, will also become part of the record of PHI and will be disclosed as part of the designated record set. Please contact Mr. Bender if you have questions about amending your record.

You have the right to receive an accounting of certain disclosures Mr. Bender has made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures Mr. Bender may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a limited timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to Mr. Bender or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with Mr. Bender by notifying him of your complaint. Mr. Bender will not retaliate against you for filing a complaint.

This notice was revised and published on February 14, 2003 and becomes effective April 14, 2003.