

Patient Privacy Notice



The staff of Taos Medical Group would like to welcome you to our Internal Medicine practice located in the Taos Professional Office Building. We provide care for adult patients.

General Information: Office hours: The office is open from 8:30AM to 5:00PM – Monday through Friday, except on holidays.

Appointments: Our doctors, nurse practitioners and physicians assistants work on a regular appointment schedule. If your appointment is for a special problem, adequate time will be allotted. Routine appointments will be made 1 to 2 weeks in advance. Need for immediate treatment is taken care of daily. If you need to reschedule or cancel an appointment, please call our office at (575) 758-2224. A twenty four (24) Hour notice is requested. If your appointment is not cancelled within 24 hours, you may be assessed a 'No-Show' Fee. The charges incurred related to a missed appointment will be charged directly to you, not to your insurance. Payment is due prior to your next appointment. The fee schedule for a missed appointment is as follows:

- New Patient / Consultation: \$100
- Follow Up: \$50
- Stress Test: \$150
- Hospital Procedure: \$150

Phone Consultations: Phone consultations are accepted by the Practitioners of Taos Medical Group. If the phone consultation is felt to require significant time and/or expertise, you may be charged for the phone consultation. The Practitioner may ask you to schedule an appointment if an office visit is necessary to adequately address the issue. We encourage you to schedule an appointment in those cases to ensure that your medical issues receive the appropriate attention. A phone consultation may be billed, at the discretion of the Practitioner, at a rate of \$25.00 per call.

Online Patient Portal: Our staff will ask you to supply us with an email address in order to initiate contact and setup access to our online patient portal. This portal will allow you to download and review your personal health activity and to securely communicate with your Practitioner. We encourage your to send your Practitioner secure messages regarding your health concerns and questions and for requesting your Prescription Refills, as described below.

Prescription Refills: When you need to arrange for a refill on your prescription medications you have two options:

1. Contact your pharmacy and they will fax in a request for the prescriptions and we will fax back the authorization or denial within 2 business days.
 2. Log in to the Online Patient Portal and send the doctor a Prescription refill request. This option tends to be faster.
- An office visit may be required to obtain refills. We do need to see patients at least yearly.

Payment for Services: We ask that you pay what you owe at the time of service. If there is a problem with this please discuss this with us so that we may setup payment arrangements. Our office accepts most types of basic insurance. The co-pay is expected on the day of service at check-in.

Referrals: Doctors will instruct the office staff when a referral is needed. An office visit may be required. We cannot authorize retroactive referrals.

Emergencies: If you have an emergency, please call our office at (575) 758-2224. After hours please call 911 or the emergency room at Holy Cross Hospital – (575) 751-5835.

Patient Privacy Notice



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

If you have questions about this notice please contact Jason Salmons or Michael Kaufman, M.D.

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 and mental health or condition and related health care services. We are required to abide by the terms of the Notice of Privacy Practices. We may change the terms of my notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail, by email, on our website or by asking for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information:

Your PHI may be used and disclosed by your physician, the office staff and/or others outside of our office that are involved in your care and treatment of the purpose of providing mental and/or health care services to you.

Your PHI may be used and disclosed to pay your health care bills to support the operation of the physician's practice.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your care and any related services. This includes the coordination of 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 to other physicians who may be treating you or to a physician whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you. In addition, we may disclose your PHI from time to time to the hospital, laboratory or x-ray who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnoses or treatment to your physician.

Payment: Your PHI will be used as needed, to obtain payment for your health care services. This may include certain activates that your health insurance plan may undertake before it approves or pays for the 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 activates. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of your physician's practice. The activities include, but are not limited to, quality assessment activities, employee review activates, training for medical students, licensing, marketing and fundraising activities and conduction or arranging for other business activities.

You will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI as necessary to contact you to remind you of your appointment.

Uses and Disclosures of Protected Health Information Based upon 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 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.

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 have the opportunity to 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 to the use of disclosure of PHI, then your physician, 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.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, 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 disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI 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. Finally, we may use or disclose your PHI to an authorized public or

Patient Privacy Notice



private entity to assist in disaster relief efforts and 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

Required by Law: We may disclose your PHI to the extent that the use of 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. You will be notified, as required by law, of any such uses or disclosures.

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

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be a risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI 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 law.

Abuse or Neglect: We may disclose your PHI to a public authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the government 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: We may disclose your PHI 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: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an Order of court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful processes.

Law Enforcement: We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal process and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims for 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 (not the practices premises) and it is likely that a crime has occurred.

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

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

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

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500 ET.

Your Rights: The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

Patient Privacy Notice



You have the right to inspect and copy your PHI. This means you may ask me not to use or disclose any part of your PHI for the purpose 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 that specific restriction requested and to whom you want the restriction to apply. Your clinician is not required to agree to a restriction that you may request. If I believe it is in my interest to permit use and disclosure of PHI, your PHI will not be restricted. If your clinician does agree to the requested restriction, we may not use or disclose your PHI in violation of the restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your clinician. You may request a restriction by providing a written request with the details of the restriction.

You have the right to receive an accounting of certain disclosures I have made of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in the Notice of Privacy Practices. It excludes disclosures I may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes.

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 complaint. We will not retaliate against you for filling a complaint.

You may contact our Privacy Contact, Michael Kaufman, M.D. or Jason Salmons at 575-758-2224 for further information about the complaint process.