



Notice of Privacy Practices

PURPOSE: THIS NOTICE DESCRIBES HOW PRIVATE HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY:

Care Net Pregnancy Center of Albuquerque is committed to maintaining the privacy of your health information and confidentiality. Although the HIPAA Act may be complicated we are providing the following important information in compliance with the law.

1. HEALTH CARE OPERATIONS:

Your health information may be used as necessary to support the day-to-day activities and management of Care Net Pregnancy Center of Albuquerque. For example, information on the services you receive may be used to support budgeting, fundraising, financial and statistical reporting, and activities to evaluate and promote quality of client services and medical care.

2. PHI DISCLOSURE WITH CLIENT PERMISSION:

CNPCA will use and disclose only the minimum amount of PHI reasonably necessary to achieve the purpose of disclosure to provide, coordinate, or manage your health care and any related services. This includes the coordination of your health care needs with a third party that has already obtained your written permission to access your PHI.

- a. Disclosure of your PHI to health care providers who are currently providing medical care for you or to whom you have been referred may be necessary in order to provide optimal medical care. For example, your pregnancy test results and/or Ultrasound Report may be provided to a physician to whom you have been referred in order to ensure that the provider has the necessary information to diagnose or treat you.
- b. Urgent or emergent conditions may arise that make it necessary to disclose your PHI, to a Medicaid Presumptive Eligibility Organization, i.e. Precious Beginnings, Lovelace One Call, EMTs, Emergency Room Triage, or other providers of medical care. Your signature on the Consent for Services Intake, Statement of Positive Pregnancy Test and/or Statement of Positive Ultrasound documents gives CNPCA permission to report conditions that require urgent or emergent care.

3. COLLECTION OF PHI:

CNPCA and its employees and volunteers collect PHI through a variety of means including but not limited to client intake, urine pregnancy test results, history and physical, interviews, phone calls, email, voice mail, ultrasound reports and from the submission of data that is either required by law, or our affiliates as necessary to process applications, or other requests for assistance to or through our organization. Your private health information (PHI) is held in strictest confidence.

4. PHI DISCLOSURE WITHOUT CLIENT PERMISSION:

CNPCA may use or disclose your PHI 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. You will be notified, as required by law, of any such uses or disclosures.

a. 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, to a foreign government agency that is collaborating with the public health authority.

b. 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 at risk of contracting or spreading the disease or condition.

c. 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 laws.

d. Abuse or Neglect:

We may disclose your PHI to a public health 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 governmental 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.

e. Legal Proceedings:

We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a 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 process.

f. Law Enforcement:

We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (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 CNPCA, and (6) medical emergency (not on the CNPCA's premises) when it is likely that a crime has occurred. (7) To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

g. Criminal Activity:

Consistent with applicable federal and state laws, we may disclose your PHI, if we believe 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. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

h. Workers' Compensation:

Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

i. Research:

We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

j. Military:

We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

k. Intelligence and National Security:

The FBI and other national security agencies may require CNPCA to disclose your PHI.

6. REQUIRED USES AND DISCLOSURES:

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the HIPAA Act.

7. YOUR RIGHTS:

a. You have the right to inspect or request a copy of your protected health information. This means you may inspect and obtain a copy of your PHI that is contained in a designated record for as long as we maintain the PHI. A "designated record set" contains individually identifiable health information including demographic data that is collected from your Consent for Services Intake.

b. 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 PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Official if you have questions about access to your medical record.

c. You have the right to request a restriction of your protected health information. This means you may submit a written request that portions of your PHI not be used or disclosed for the purposes of treatment 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 the specific restriction requested and to whom you want the restriction to apply.

d. CNPCA is not required to agree to a restriction that you may request. If the Privacy Officer or Medical Director believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If the Privacy Officer or Medical Director agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

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

f. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with CNPCA or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. CONFIDENTIAL COMMUNICATION:

You have the right to request confidential communication from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for specification of an alternative telephone number, email address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request clearly on your Consent for Services document and notify staff members/peer counselors and medical team of your particular need to keep our communication with you confidential.