



717 Encino Place, N.E. Suite: 6, Albuquerque, NM 87102
Phone: (505) 247-8005 | Fax: (505) 843-8589

HIPAA PATIENT INFORMATION

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

WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF PHI (PERSONAL HEALTH INFORMATION) AND PRIVACY PRACTICES WITH RESPECT TO PHI. WE ARE REQUIRED TO ABIDE BY THE TERMS OF THE NOTICE CURRENTLY IN EFFECT. YOU HAVE THE RIGHT TO CHANGE THE TERMS OF YOUR NOTICE AND MAKE NEW PROVISIONS EFFECTIVE FOR ALL PHI THAT YOU MAINTAIN. WE WILL PROVIDE YOU WITH A COPY OF THIS REVISED NOTICE FOR YOUR RECORDS.

Examples of the ways that your information can and will be used and your rights pertaining to them follow:

- TREATMENT: (example) Your information may be disclosed to other doctors or dentists as necessary to provide optimal treatment. This may include the sending of x-rays and chart information to aid in diagnosis and treatment
- PAYMENT: (example) Information relating to payment of your account will be released to you insurance company, and in the event of default of payment on your part, to a collection agent and/or credit reporting company.
- HEALTHCARE OPERATIONS: (example) Your information will be seen by any employee within our practice who is providing care or financial assistance regarding you, your insurance and/or your account. We may confirm or change your appointments by telephone and leave messages as necessary. Recall cards, containing information regarding your appointments may also be sent to your provided address.
- CONSENT TO EMAIL OR TEXT USAGE FOR APPOINTMENT REMINDERS: Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information. If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and



717 Encino Place, N.E. Suite: 6, Albuquerque, NM 87102
Phone: (505) 247-8005 | Fax: (505) 843-8589

other healthcare communications/information at that email or text address from the Practice.

- _____ (Patient initials) I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing. I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information to the following **Cell Phone number:**
_____.
- I authorize to receive email messages for appointment reminders and general health reminders/feedback/information to the following **Email Address:**
_____.

You have the right to request restrictions on uses and disclosures of PHI (Personal Health Information);

You have a right to receive confidential communications of PHI;

You have the right to inspect and copy PHI;

You have the right to amend but not delete information in your PHI;

You have the right to receive an accounting of disclosures of PHI; and the right of an individual to obtain a paper copy of the Notice upon request.

You may issue complaints to the HIPAA officer in our organization if you feel that your PHI has been used improperly. You also have the right to make a complaint to the Human Health Service if you feel your rights have been violated.

Please contact our office at (505) 247-8005 if you have any questions regarding our use of your PHI. Or you may contact:

Office for Civil Rights

U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202