

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.

St. Martin's Hospitality Center is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at St. Martin's Hospitality Center please contact:

St. Martin's Clinical Director
505-764-8231 ext. 280
1201 Third St. NW
Albuquerque, NM 87102

Effective Date of This Notice: 4/10/2003

I. How St. Martin's Hospitality Center may Use or Disclose Your Health Information

St. Martin's Hospitality Center collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of St. Martin's but the information in the medical record belongs to you. St. Martin's Hospitality Center protects the privacy of your health information. The law permits St. Martin's Hospitality Center to use or disclose your health information for the following purposes:

1. Treatment. St. Martin's provides intake, assessment, evaluation and treatment for mental health and substance abuse issues. For example, St. Martin's may provide information to your doctor or psychiatrist to ensure appropriate medical care.
2. Payment. St. Martin's may provide specific details of your treatment in order to bill your insurance provider. For example, St. Martin's must disclose the specific dates and length of therapy sessions in order to bill your payment source.
3. Regular Health Care Operations. Each St. Martin's Program must maintain a list of clients enrolled in the program for the purpose of departmental functions. This information may be used for case managers to keep track of their case loads and therapists to keep lists of their clients. Client rosters must also be given to auditors from outside regulatory agencies such as the Department of Health.
4. Information provided to you. You may request copies of a portion of your record be sent to other health care providers so that you can see a doctor, request disability benefits or apply for other programs.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by law. As required by law, we may use and disclose your health information.
7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug

Administration problems with products and reactions to medications; and reporting disease or infection exposure.

8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.

10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

11. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.

12. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or St. Martin's Hospitality Center privacy board.

13. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

14. Specialized government functions. We may disclose your health information for military, national security and prisoner benefits purposes.

15. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.

16. Fund-raising. We may contact you to participate in fund-raising activities for St. Martin's Hospitality Center.

II. When St. Martin's Hospitality Center May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, St. Martin's Hospitality Center will not use or disclose your health information without your written authorization. If you do authorize St. Martin's Hospitality Center to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. St. Martin's Hospitality Center is not required to agree to the restriction that you requested.

2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. Your request must be made in writing and be accompanied by a signed witnessed release of information

3. You have the right to inspect and copy your health information.

4. You have a right to request that St. Martin's Hospitality Center amend your health information that is incorrect or incomplete. St. Martin's Hospitality Center is not required to change your health information and will provide you with information about St. Martin's Hospitality Center's denial and how you can disagree with the denial.

5. You have a right to receive an accounting of disclosures of your health information made by St. Martin's Hospitality Center, except that St. Martin's does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 16 (certain government functions) of section I of this Notice of Privacy Practices.

6. You have a right to a paper copy of this Notice of Privacy Practices. If you are enrolled in a St. Martin's Program you will be given a written copy of this notice at the time of admission for your personal records.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact

St. Martin's Clinical Director

IV. Changes to this Notice of Privacy Practices

St. Martin's Hospitality Center reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, St. Martin's Hospitality Center is required by law to comply with this Notice.

New notices will be posted in the hallway of St. Martin's Behavioral Health Department and enrolled clients will receive a written copy of the new policies and their effective date

V. Complaints

Complaints about this Notice of Privacy Practices or how St. Martin's Hospitality Center handles your health information should be directed to:

St. Martin's Clinical Director

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.

St. Martin's Notice of Privacy Practices: I affirm that I have read the previous three pages of Notice of Privacy Practices and have been given a copy for my records. I agree to all its provisions and affirm that a representative of St. Martin's has answered all my questions about these policies.

Client Date Witness Date

Client SS# _____