

Summary of Notice of Privacy Practice – HIPAA

This Notice of Privacy contains a detailed description of how STATMed, LLC will protect your health information, your rights as a patient and our common practices in dealing with patient health information. You may request a complete Notice of Privacy which gives a more detailed explanation. This notice is a requirement of the federal law, Health Insurance Portability and Accountability Act (HIPAA).

Uses and Disclosures of Health Information.

We will use and disclose your health information:

- To treat you or to assist other health professionals in treating you.
- To obtain payment for our services or to allow insurance companies to process insurance claims.
- For certain limited operational activities such as quality assessment, licensing, accreditation and training.

Uses and Disclosures Based on Your Authorization

Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization

We may disclose your health information in the following circumstances without your written authorization:

- To family members or close friends who are involved in your care.
- For certain limited research purposes.
- For public health and safety.
- To government agencies for purposes of their audits, investigations, and other oversight activities.
- To government authorities to prevent child abuse or domestic violence.
- To the FDA to report product defects or incidents.
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders.
- When required by court orders, search warrants, subpoenas and as otherwise required by law.

Patient Rights.

As our patient, you have the following rights:

- To have access to and/or a copy of your health information.
- To receive an accounting of certain disclosures we have made of your health information.
- To request restrictions as to how your health information is used or disclosed.
- To request that we communicate with you in confidence.
- To request that we amend your health information.

To receive notice of our privacy practices.

If you have questions, concerns or complaint regarding our privacy practices, please contact us for a complete copy of our Notice of Privacy Practices at (505)938-3990. You may also file a written complaint with Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX, 75022 (email: OCRComplaintAhhs.gov). From the time you become aware of your concerns, complaints to the Department of Health and Human Services must be sent within 180 days. YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR FILING A COMPLAINT.

Signature _____ Date _____

Print Name _____