

Summary

When you visit STATMed, LLC a record is made of your visit. STATMed, LLC has always been committed to protecting the privacy of your health information, but now there is a relatively new federal law, HIPAA, that requires us to put into place more formal policies and procedures to safeguard your medical records and other records, such as billing records, that contain personal health information about you.

These laws give you certain rights, including the right to receive this notice explaining our privacy practices and the right to ask us for an updated copy of the notice at any time.

“Protected Health Information”

This is any information about you, either written or oral, including demographic data. It also includes the records of each of your visits to STATMed, LLC and includes your symptoms, examination findings, test results, diagnosis and treatment.

Use and Disclosure of Protected Health Information

STATMed, LLC will use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your information may be used or disclosed only for these purposes unless the facility has obtained your authorization or the use or disclosure is otherwise permitted by the HIPAA privacy regulations or state law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally, or by facsimile.

Use for Treatment - We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your health information to a pharmacy to fill a prescription or to a laboratory to order a blood test. We may also disclose your information to physicians who may be treating you or consulting with the facility with respect to your treatment.

Use for Payment - Your information will be used, as needed, to obtain payment for the services that we provide. Since STATMed, LLC does not file insurance, we should have very little need for this provision.

Use for Operations - We may use or disclose your information, as necessary, for our own health care operations to facilitate the function of STATMed, LLC and to provide quality of care to all patients. Health care operations include such activities as: quality assessment and improvement activities, employee review activities, training programs including those in which students, trainees, or practitioners in health care learn under supervision, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs, and business management and general administrative activities. We may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when the provider is ready to see you. We may use or disclose your information, as necessary, to remind you of your

appointment. We may need to share your information with third party associates that perform various activities such as billing and transcription. Whenever an arrangement between our facility and a business associate involves the use or disclosure of protected health information, we will have a written contract that contains terms that will protect your privacy. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose your protected health information, particularly your name and address, for marketing activities such as sending you a newsletter about our practice and the services we offer, or other product and services we believe would be beneficial to you. **We will not give your protected information to any third party or marketing company. You may also request that we not use your information in this way.**

Other Uses and Disclosures

AS part of treatment, payment and health care operations, we may also use your protected health information to: remind you of your appointment; inform you of potential treatment alternatives or options; inform you of health-related benefits or services that may be of interest to you.

Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted WITHOUT Authorization or Opportunity to Object

Federal rules allow us to use or disclose your protected health information without your permission or authorization for the following reasons as permitted by law:

Legally required-federal, state or local law may mandate disclosure.

Risks to Public Health-to prevent, control, or report disease, injury or disability as permitted by law; to report vital events such as birth or death; to conduct public health surveillance, investigations and interventions; to collect or report adverse events and product defects, track FDA regulated products, enable product recalls, repairs or replacements to the FDA and to conduct post marketing surveillance; to notify a person who has been exposed to a communicable disease or whom may be at risk of contracting or spreading a disease; to report to an employer information about an individual who is a member of their work force.

Report Suspected Abuse, Neglect or Domestic Violence - We may notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence.

Conduct Health Oversight Activities-We may disclose your information to a health oversight agency for activities including audits; administrative, or criminal investigations, proceedings, or actions; or other activities necessary for appropriate oversight as authorized by law.

Connection With Judicial and Administrative Proceedings-We may disclose your information in the course of any judicial or administrative proceedings in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances we may disclose your information in response to a subpoena to the extent authorized by state law if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

Coroners, Funeral Directors and Organ Donation.

Research Purposes-When the use or disclosure has been approved by an institutional review board and protocols are in place to protect privacy

Law Enforcement-We may disclose your information to a law enforcement official for law enforcement purposes for reporting certain wounds or other physical injuries; pursuant to a court order or court-ordered warrant, subpoena, summons or similar process; for identifying or locating a suspect, fugitive, material witness or missing person; under certain circumstances when you are a victim of a crime; to a law enforcement official if the facility has a suspicion that your health condition was the result of criminal conduct; in an emergency to report a crime.

Serious Threat to Health or Safety-If we believe in good faith that such a disclosure is necessary to prevent or lessen a serious or imminent threat to your health or the public's health and safety.

Specific Government Purposes-Military and veteran activities, national security and intelligence activities, protective services for the president and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

Worker's Compensation

Uses and Disclosures Permitted Without Authorization but WITH Opportunity to Object

Family member or close personal friend-information regarding your health or in attempts to notify family members or others involved in your care concerning your location, condition or death. We will make these disclosures when, in our professional judgment, it is in your best interest.

Use and Disclosures that Your Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon your authorization.

Your Rights

Right to Inspect and Copy Your Protected Health Information. The designated record set contains medical and billing information and any other records that your health care providers use for making decisions about you. Under federal law, however, you may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding. We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that is likely to cause substantial harm to another person referenced within the information. To inspect and copy your medical information, you must submit your request in writing. You may be charged a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

Right to Request a Restriction On Uses and Disclosures of Your Information. You may ask that we not use or disclose certain parts of your protected health information for purposes of treatment, payment or health care operations or to your family members or friends involved in your care. You must make a written request and state the specific restrictions and to whom they apply. We are not required to agree to the restriction that you request. We will notify you if we deny your request. If we do agree to your requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may

terminate our agreement to a restriction. You will be notified if we need to take this action.

Right to Request to Receive Confidential Communications From Us by Alternative Means or at an Alternative Location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. You will not be required to explain your request, but you will need to make your request in writing.

The Right to Request Amendments to Your Protected Health Information. You may request an amendment of your protected health information in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of the rebuttal. You need to make your request in writing, and you will need to provide a reason to support your request.

The Right to Receive an Accounting.

You have the right to request an accounting of certain disclosures of your protected health information made by the facility. The right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Privacy Notice. We are also not required to account for disclosures that you requested; that you agreed to by signing an authorization form; for a facility directory; to friends or family members involved in your care; or certain other disclosures we are permitted to make without authorization. The request for an accounting must be made in writing, and needs to specify the time period sought for the accounting. We are not required to make disclosures that take place prior to January 3, 2006. Accounting requests may not be made for periods of time in excess of 6 years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

The Right to Obtain a Paper Copy of this Notice. We will provide you with a paper copy of this notice even if you have already received a copy or have agreed to accept this notice electronically.

Our Duties

STATMed, LLC is required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all future protected health information that we maintain. If STATMed, LLC changes this Notice, we will provide a revised copy of the Notice.

Complaints

You have the right to express complaints to STATMed, LLC and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may complain to STATMed, LLC verbally or in writing. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may submit your complaints in writing to: STATMed, LLC, Privacy Officer, 3916 Carlisle NE, Suite G, Albuquerque, NM 87107.

You may also file a complaint in writing to the Department of Health and Human Services. Your complaint must be filed within 180 days of when you first became aware of your concerns. The address is: U.S. Department of Health and Human Services Office for Civil Rights, Region VI, 1301 Young Street, Suite 1169, Dallas, TX 75202, Email: OCRComplain@hhs.gov.

This Notice is version one (1) and is effective as of January 3, 2006.