



HIGH RESORT  
**Eye Surgery Center**

**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.**

**SUMMARY**

When you visit the High Resort Eye Surgery Center (HRESC), a record of the visit is made. The HRESC has always been committed to protecting the privacy of your health information. Nonetheless, federal laws now require us to have in 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. You have the right to ask to see and copy your records, the right to ask us to change your records if they are incorrect or incomplete, and the right to ask us for a listing of certain disclosures about you that we may have made. If you think we violated your privacy, you may complain to us and/or to the Department of Health and Human Services.

In addition to these basic rights, we will honor all reasonable requests you may have about where, when and how we may contact you. You may ask us to make changes in our normal privacy practices. Although we will consider your requests, the law does not require us to agree to every suggestion you have. We will, however, always tell you whether we can make special arrangements to meet your needs.

We routinely use the health information you give us or that we create to treat you, to bill you or your insurer, and to operate our business in ways consistent with good patient care and sound practice management. We also routinely use family billing to reduce the number of separate bills you may receive, but we will accommodate all requests for separate bills for adults in your family. We have procedures in place to ensure that your records are seen, in whole or in part, only

by those staff members who need the information they see to do their jobs. If necessary, we may release your medical records to other health care providers involved in your care. If you agree, we also may discuss some health information about you with relatives or friends who help with your care.

Sometimes we work with individuals and businesses that help us run our practice more effectively. For example, we may hire answering services, accountants or billing consultants. We may disclose personal information about our patients to these business associates if they need the information to assist us in providing service to you. To protect your health information, we include a provision in our contracts with business associates requiring them to put procedures in place to safeguard your records.

We release personal health information about our patients when we are required to do so by federal, state or local laws and for a number of public policy reasons including public health reporting, law enforcement activities, judicial proceedings, workers' compensation, and certain types of records-based research. Whenever we release records for these reasons, we follow privacy safeguards appropriate to the situation.

If we need to use or disclose your records for purposes other than those described above, we will get a written authorization from you. You should know that you may revoke any authorization you give us at any time, although you must do so in writing.

## **UNDERSTANDING YOUR HEALTH CARE RECORDS**

When you visit the High Resort Eye Surgery Center (HRESC), a record of the visit is made. The record usually contains information about your health such as your symptoms, examination findings, test results, diagnosis and treatment. This information serves as a basis for communication between the healthcare professionals involved in your care and it is used to plan for your treatment needs. Because bills must show what services you received and sometimes have to contain information justifying the need for those services, the bills that we and other healthcare providers send you or your insurers also contain information about your health.

This Notice of Privacy Practices should help you better understand what information is in the medical and billing records the HRESC has about you, who uses this information, and why. In addition, it should help you understand how you can ensure the accuracy of this information. We also hope this Notice will help you make more informed decisions if you are asked to authorize us to release your medical, surgical or billing records to others.

The HRESC has always been committed to protecting the privacy of your health information. We are required by law to maintain the privacy of your health information, to provide you with notice of our legal duties and privacy practices with respect to your health information, and to notify you if any of your health information has been breached. We also are required by law to explain this commitment to you in writing by furnishing you with this Notice of Privacy Practices. The Notice describes our legal duties and our practices relating to the privacy of any medical or other personal information about you in our records. We must follow the procedures described in this Notice of Privacy Practices as long as the Notice remains in effect. We reserve the right to change our privacy practices at any time, and, if we make changes, we will apply our new privacy practices to all the information we have in our records about you and to any new information that we get after the change.

If we make significant changes to our privacy practices, we will revise our Notice of Privacy Practices to reflect the changes. We will always have a copy of our current Notice of Privacy Practices posted in our offices and on our website ([www.eyenm.com](http://www.eyenm.com)). In addition, you have the right to obtain a paper copy of our current Notice of Privacy Practices at any time by contacting our Privacy Officer at (505) 246-2622 or writing to Privacy Officer, HRESC, at 8801 Horizon Blvd. NE, Suite 360, Albuquerque, NM 87113 or asking the staff at our registration desk. Our Privacy Officer and any member of management can answer any questions you may have about this Notice.

### **WHO WILL FOLLOW THIS NOTICE?**

This Notice of Privacy Practices describes the practices of the physicians, employees, allied health personnel and Eye Associates of New Mexico, which are part of an Organized Health Care Arrangement. To the extent that any of these organizations are involved in treating you or furnishing you with health-related products or services, we may share information about you with each other to take care of you, bill you or run our businesses in a way that lets us offer appropriate care to our patients.

### **WHAT INFORMATION DO WE HAVE ABOUT YOU?**

When you come to HRESC for care, we will ask for personal information such as:

- Your name, address, and phone number.
- Information about your medical history.
- Information about your health insurance.
- Information about other doctors or healthcare providers that you have seen in the past or are seeing now.

We also gather medical information about you when we examine you and from tests that we perform or have other healthcare providers perform for you. We may get information about you from others that are part of your “circle of care,” such as your referring physician, other healthcare providers who have seen you, healthcare facilities that have performed tests on you, your health insurance plan, and, sometimes, even family members or close friends who help take care of you. We always create a record of the information we collect, the health findings we make, and the care we provide to you. We also have records of the bills that we send you and your insurer for your care.

## **HOW DO WE USE OR DISCLOSE THE INFORMATION WE HAVE ABOUT YOU?**

The HRESC uses and discloses health information about our patients for a variety of purposes. We regularly attempt to limit all uses and disclosures of your health information to the minimum amount of information necessary to accomplish the task at hand. However, to be sure that you receive the best care possible, we will release your entire medical record when it is needed by other healthcare providers who are treating you.

This Notice of Privacy Practices identifies all of the types of uses and disclosures of individually identifiable health information that the HRESC is permitted to make without obtaining a written authorization from you. We have not described every kind of use or disclosure within each category. Rather, we have only provided typical examples. Although we do not expect to use or disclose every patient’s health information for each of the purposes described, all of the types of uses and disclosures that we can make without your written authorization are described below so you can understand how your information may be handled.

Required Disclosures: We are required by law to release health information to the Secretary of the U.S. Department of Health and Human Services, upon request, if the government needs to check on our compliance with the federal laws governing the privacy of patient information. We also are required by law to allow you to see and copy your records under most circumstances. Your right to see your records is described in more detail below.

Uses and Disclosures For Treatment: We will use and disclose your health information to treat you. For example, we typically consider your medical history, your symptoms, and our examination findings when we determine what symptoms require treatment and write prescriptions for medicines, glasses, or other services that you may need. To help us determine which symptoms require treatment, we may have to give health information about you to, or get health information about you, from other healthcare organizations that perform tests for you. On occasion, we also may look at information in medical records about you that we get from specialists or general practitioners who have been

involved in treating you in the past to help us develop an appropriate plan for taking care of you now. Even though we are not usually required to do so, in some instances, we will ask you to sign an authorization before we ask for medical records from, or send medical records to, other healthcare providers involved in caring for you. We will always have you sign an authorization if your records include genetic information or information about sexually transmitted diseases or HIV/AIDS.

We may use and/or disclose your health information to third-party agents to send you appointment reminders or notices about the need to schedule a new appointment. In addition, we may use your personal information to contact you about various health services available from us or to recommend other possible treatment options, alternatives or health-related products or services that may be of interest to you.

Uses and Disclosures For Payment: We will use and disclose information about you to bill for our services and to collect payment from you or your insurance company. We routinely use family billing to reduce the number of separate bills you may receive. If, however, you prefer for each adult member of your family to receive separate bills, we will accommodate all such requests. We must tell your insurance company what services we provided for you to get paid properly. Sometimes, insurance companies require us to tell them your diagnosis or give them other health information about you to help them decide how much to pay us. We also may have to tell the insurance company about any surgery that you may need to get prior approval or to determine whether the insurance company will cover the procedure. We do not anticipate having to reveal genetic information or information related to sexually transmitted diseases or HIV/AIDS to get paid, but if this is required, we will give you the choice of paying us directly or signing an authorization to permit us to release the information to your insurer.

Uses and Disclosures for Healthcare Operations: We will use health information about you for the general operation of our business. For example, we may use our patients' health information to evaluate and improve the quality of the health services we provide. We also sometimes arrange for auditors or other consultants to review our practices and look at our operations so that they can help us determine how to improve our services.

Uses and Disclosures For Public Policy Purposes: We may use or disclose health information about you for any of the following public policy purposes:

- *Requirements of Applicable Federal, State, or Local Laws:* We may use or disclose information about you whenever we are required to by law.
- *Public Health Reporting:* We may disclose your health information whenever the law requires us to report to public health authorities

responsible for activities such as tracking and controlling infectious diseases, recording deaths, preventing child abuse, or regulating drugs and medical devices. Upon receipt of a signed HIPAA authorization form from you, we will provide the Motor Vehicle Department (MVD) with visual impairment information. Public health authorities include federal organizations such as the Food and Drug Administration, the Centers for Disease Control, the Occupational Safety and Health Administration, and the Environmental Protection Agency, as well as a number of other state and local authorities.

- *Victims of Abuse, Neglect, or Domestic Violence:* We may disclose health information about you if we have reason to think that you are a victim of abuse, neglect or domestic violence and you authorize the disclosure or if the law requires us to report regardless of whether you agree.
- *Healthcare Oversight Activities:* We may have to disclose health information about you to licensing bodies and to other federal, state, or local agencies authorized by law to regulate and oversee our provision of healthcare services. Health oversight activities can include audits, investigations, inspections, and licensure or disciplinary actions, as well as civil, criminal and administrative proceedings or actions designed to be sure that healthcare providers furnish services of adequate quality, bill government-funded programs like Medicare or Medicaid properly, and comply with applicable civil rights laws.
- *Law Enforcement Activities:* We may be required to disclose information about you if we receive a warrant, subpoena, or other order from a court or administrative hearing body or to assist law enforcement authorities identify or locate a suspect, fugitive, material witness, or missing person. We also may tell law enforcement authorities about victims of crimes and the death of an individual.
- *Judicial and Administrative Proceedings that Involve You:* If we get an order from a court or administrative tribunal, we may disclose health information about you for proceedings before the ordering body that involve you. We also may release health information about you in the absence of such an order in response to a discovery request, but we will do so only if we have made an effort to notify you or to get a protective order covering your information from the court or administrative tribunal.
- *Disclosures to Coroners, Medical Examiners, and Funeral Directors:* We may disclose information to help a coroner or medical examiner identify a deceased person or determine the cause of death. We also may release health information that funeral directors need to do their jobs.

- *Organ Procurement Organizations, Transplant Centers, and Eye Tissue Banks:* We may disclose information about organ donors or potential organ recipients to organ procurement organizations, transplant centers and eye tissue banks.
- *Workers' Compensation:* We may disclose information about work-related injuries to your employer and your employer's workers' compensation insurers. We will always ask you to sign an authorization before we give your employer or your employer's workers' compensation insurer information about any non-job related condition.
- *Prevention of Serious Threats to Health or Safety:* We may disclose health information about you to prevent a serious threat to your health and safety or to the health and safety of others.
- *Research:* We may use or disclose certain health information about your condition and treatment for records-based research so long as an Institutional Review Board or a Privacy Board has determined that obtaining permission from you and the other patients' whose records need to be reviewed would be impractical and that the privacy interest of all patients involved in the study will be adequately protected. We also may use your records to prepare or analyze a research protocol or for research that is limited to the records of decedents so long as we follow certain procedures designed to protect your privacy.
- *Military and National Security:* We may release health information about you to military command authorities, for national security and intelligence activities, and for the provision of protective services for the President of the United States or other officials or foreign heads of state.
- *Correctional Institutions:* We may release health information about inmates to correctional institutions where they are incarcerated or to law enforcement officials in certain situations, such as where the information is necessary for the inmate's treatment, health or safety, or the health or safety of others.

Disclosures to Our Business Associates: We sometimes work with individuals and businesses that help us operate our business successfully. We may disclose personal information about you to these business associates if they need it to perform the tasks that we hire them to do. To protect your health information, we include a provision in our contracts with our business associates requiring them to put procedures in place to safeguard the confidentiality of our patients' health information. Examples of our business associates include consultants that we hire to help us ensure our compliance with applicable federal, state, and local laws, our lawyers, and our accountants.

Disclosures to Persons Assisting in Your Care or Payment for Your Care: We may disclose information about you to individuals involved in your care or in the payment for your care. This includes people who are part of your “circle of care” -- such as your spouse, your children, or a friend or aide who is helping with your care or with your bills. We also may use and disclose health information about you for disaster relief efforts and to notify persons responsible for your care about your location, general condition, or death. Generally, we will obtain your verbal permission before using or disclosing your health information for these purposes. However, under certain circumstances, such as in an emergency, we may make these uses and disclosures without your agreement.

If you become incapable of making health care decisions for yourself, we may disclose health information about you to someone authorized under state law to act as your personal representative to help that person make any necessary decisions on your behalf. If you are under 18 years old, we routinely will treat your parents or guardian as your personal representative. We will not do so, however, if you are over 16 years old and married or in the military, or if you provide us with a copy of a court order saying that you are to be treated as an adult in the eyes of the law.

### **HOW CAN YOU CONTROL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION?**

We will not use or disclose your health information without your written authorization except as described in this Notice of Privacy Practices. If you choose to give us written permission for a use or disclosure that goes beyond those permitted uses and disclosures described above, you may change your mind and revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or release health information about you for the reasons covered by your written authorization, except to the extent that we have already relied on your original permission. For example, if you gave us a written authorization allowing us to use your health information to enroll you in a clinical trial and provide you with treatment as part of that trial, and you later decide to revoke your authorization and drop out of the trial, we still may use your health information after we get the written revocation to submit claims for services provided to you while your original authorization was in effect.

We must obtain your written authorization before using or disclosing your health information for marketing purposes, except when we are engaged in face-to-face communication with you or we are providing you with a promotional gift of nominal value. We also generally must obtain your written authorization before disclosing your health information when the disclosure is in exchange for compensation from or on behalf of the recipient of the information. In addition, we must obtain your written authorization before using or disclosing psychotherapy notes in most circumstances.



## **WHAT OTHER RIGHTS DO YOU HAVE REGARDING YOUR HEALTH INFORMATION?**

Unless otherwise required by law, the records that we have about you are the property of the HRESC, but the information in those records belongs to you. You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment and healthcare operations. Although we will give consideration to your requests, please be aware that, under the law, we generally do not have to change the privacy practices that we have described in this Notice. It is not our normal practice to accommodate such changes. We are required, however, to agree to a request you make to restrict disclosure of your health information to a health plan if the disclosure is for payment or health care operations and is not otherwise required by law and your health information pertains only to a health care item or service for which you (or someone on your behalf other than the health plan) have paid the HRESC in full. If you would like to talk about special needs related to the handling of your health information, you should speak with a clinic manager or his/her designee. If, after review, we agree to accommodate your request, we will provide you with a letter describing the special procedures that we will apply to your information.

You have the right to ask us to get in touch with you by alternative means or at alternative locations. For example, you may ask us to contact you by mail, tell us not to leave messages for you on an answering machine or a voice mail service, or direct us to call you at work rather than at home. We will honor reasonable requests and tell you if a request cannot be honored. You should talk to the staff at our registration desk about this type of request because they take care of updating your contact information in our records.

Except under certain limited circumstances, you have the right to see and request a copy of your medical and billing records. To the extent permitted by law, we charge a per page fee for photocopies and we will require you to pay us for applicable postage if you ask us to mail copies of your records to you. If your record contains photographic images, we will provide you with photocopies of the images. If you require original reproductions, we will make reasonable efforts to satisfy your request, but we may be limited by applicable technologies. You will have to reimburse us for the costs involved in obtaining these reproductions. If your health information is maintained electronically, we will provide you with a copy of your health information in electronic form and format if you prefer to obtain your health information in this form. We will charge a fee for providing you a copy of your health information in an electronic form to the extent permitted by law.

You have the right to ask us to change any parts of your records that you think are wrong or incomplete. You must explain to us in writing what you think is

wrong with the records and how you think they should be fixed. We may deny your request if we think the records are correct and complete or if the information you are questioning was created by another healthcare provider. When we make a correction that you ask for, we will notify individuals or companies that you tell us to contact about the change. We will also notify individuals and companies that we know have received the incorrect information when appropriate.

You also have a right to receive a listing of certain uses or disclosures that we have made of your health information. We are not required to list uses and disclosures made for purposes of treatment, payment or healthcare operations, disclosures made to you under your right to see and request a copy your records, disclosures you have given us a written authorization to make, or any uses and disclosures of your health information made before April 14, 2003, among others. If you ask for this information more than once every twelve months, we may charge you a fee for each additional listing to the extent permitted by law.

To be sure that we handle requests properly and in a timely manner, we ask patients to complete applicable request forms describing the records you seek.

You may find an **Authorization to Obtain or Release Health Information** (Medical Records Release) form here:

Website: <https://www.hrescnm.com/resources/forms/>.

You may complete, print, scan and email the form to Medical Records at the following email address: [CentralizedMedicalRecords@eyenm.com](mailto:CentralizedMedicalRecords@eyenm.com).

Our Medical Records Team may be reached at (505)375-8928 and their fax number is (505)933-6698.

You may also request a hard copy form from Patient Service Representatives at the HRESC.

### **HOW CAN YOU COMPLAIN ABOUT OUR PRIVACY PRACTICES?**

You have the right to complain to the HRESC and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. If you have any complaints or concerns about our privacy practices, you may contact our Privacy Officer at (505) 246-2622 or write to Privacy Officer, HRESC, 8801 Horizon Blvd. NE, Suite 360, Albuquerque, NM 87113. You may also file a written complaint with Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, c/o OCR Regional Manager, at 1301 Young Street, Suite 1169, Dallas, TX 75202 (e-mail: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.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.**

This Notice is version one (1) and is effective as of December 13, 2023.