



Inteli-Care LLC., Notice of Privacy Practices

Inteli-Care LLC., is committed to protecting the confidentiality of your medical information and are required by law to do so. This notice describes how we may use your medical information within Inteli-Care LLC., and how we may disclose it to others outside Inteli-Care LLC. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions. Please note that incarcerated patients do not have the right to notice under this section.

This Notice of Privacy Practices applies to all Inteli-Care LLC., facilities, and all Inteli-Care LLC., personnel, volunteers, students, and trainees. The Notice also applies to Inteli-Care LLC., physicians, physician assistants, therapists, emergency service providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by Inteli-Care LLC., unless these other health care providers give you their own Notice describing how they will protect your medical information. Inteli-Care LLC., may share your medical information with these other healthcare providers for their treatment, payment, and healthcare operations. This arrangement is for sharing information only and not for any other purpose.

HOW WE USE AND DISCLOSE YOUR MEDICAL INFORMATION

Treatment

1. We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and other healthcare facilities involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment and for follow-up care.
2. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, inform you about possible treatment options or alternatives, or tell you about health-related services available to you.
3. Certain uses and disclosures of your medical information require patient authorization (i.e., PHI for marketing purposes and the sale of PHI requires authorization). Other uses and disclosures not described in the notice will be made only with the individual's authorization.

Payment

We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

Hospital Operations

We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients. We may use your medical information to conduct quality improvement activities, obtain audit, accounting, or legal services, or conduct business management and planning. For example, we may look at your medical record to evaluate whether Inteli-Care LLC., personnel, your doctors, or other healthcare professionals did a good job.

Family Members and Others Involved in Your Care

We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want Intel-Care LLC., to disclose your medical information to family members or others who will visit you, please inform the registration staff and mark the appropriate box on the form provided during registration.

Patient Directory

1. In order to assist family members and other visitors in locating you while you are an inpatient, we maintain a patient directory. This directory includes your name, room number, and your general condition (such as fair, stable, or critical). We will disclose this information to someone who asks for you by name. The patient directory also includes your religious affiliation (if any). We will disclose this information only to clergy members. Intel-Care LLC., behavioral health facilities do not maintain a patient directory.
2. If you do not want to be included in the patient directory, or your religious affiliation information given to the clergy, please inform the registration staff and mark the appropriate box on the form provided during registration.

Research

We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law

Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect, and vulnerable adults, and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to Workers' Compensation programs for work-related injuries.

Public Health

We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the state government. We also may need to report patient problems with medications or medical products to the FDA or may notify patients of recalls of products they are using.

Public Safety

We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct within Intel-Care LLC. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities

We may disclose medical information to a government agency that oversees Inteli-Care LLC., or its personnel, such as the State Department of Health Services, federal agencies that oversee Medicare, the Board of Medical

Examiners, or the Board of Nursing. These agencies need medical information to monitor Inteli-Care LLC's compliance with state and federal laws.

Coroners, Medical Examiners, and Funeral Directors

We may disclose information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

Military, Veterans, National Security, and Other Government Purposes

If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. Inteli-Care LLC., may also disclose medical information to federal officials for intelligence and national security purposes, or for presidential protective services.

Organ and Tissue Donation

We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

Judicial Proceedings

Inteli-Care LLC., may disclose medical information if ordered to do so by a court or if a subpoena or search warrant is served. You will receive advanced notice about this disclosure in most situations so you will have a chance to object to sharing your medical information.

Information with Additional Protection

Certain types of medical information have additional protection under state and federal law. For instance, medical information about communicable diseases and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, Inteli-Care LLC., is required to get your permission before disclosing that information to others in many circumstances.

Communications

Inteli-Care LLC., intends to send treatment communications to patients and has received financial remuneration in exchange for making the communication. If would like to opt out of receiving such communications, please notify the Medical Records Department in writing.

Inteli-Care LLC., intends to contact patients to raise funds for the entity. If would like to opt out of receiving such communications, please notify the Medical Records Department in writing.

Fundraising

Inteli-Care LLC., may contact the individual to raise funds for the entity. The individual has a right to opt out of receiving such communications



Restrictions on Disclosure of PHI to a Health Plan

Inteli-Care LLC., must abide by a request to restrict disclosure of PHI to a health plan if the disclosure is for payment or healthcare operations and pertains to a healthcare item or service for which the individual has paid in full out-of-pocket.

Other Uses and Disclosures

If Inteli-Care LLC., wishes to use or disclose your medical information for a purpose not discussed in this notice, Inteli-Care LLC., will seek your authorization. If you give your authorization, you may take back that authorization at any time, unless we have already relied on your authorization to use or disclose information. If you would ever like to revoke your authorization, please notify the Medical Records Department in writing.

WHAT ARE YOUR RIGHTS?

Right to Request Your Medical Information

You have the right to look at your own medical information and get a copy of that information. Please note exceptions may apply as provided by law. (The law requires us to keep the original record.) This includes your medical record, billing record, and other records we use to make decisions about your care. To request your medical information, call or write the Medical Records Department (contact information at the end of this Notice). If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copy will cost. You can look at your record at no cost.

Right to Request Amendment of Medical Information You Believe is Erroneous or Incomplete

If you examine your medical information and believe some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, submit a written request to the Medical Records Department.

Right to Get a List of Certain Disclosures of Your Medical Information

You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, submit a written request to the Medical Records Department. We will provide the first list to you for free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How Inteli-Care LLC., Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations

You have the right to ask us NOT to make uses or disclosures of your medical information to treat you, seek payment for care, or operate the system. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Compliance/Privacy Officer and describe your request in detail.

Inteli-Care LLC., is required to agree to a request to restrict disclosure of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which the patient has paid in full out-of-pocket.



Right to Request Confidential Communications

You have the right to ask us to communicate with you in a way you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please discuss it with your caregiver, or submit a written request to the Compliance/Privacy Officer. You can also ask to speak with your healthcare providers in private outside the presence of other patients – just ask them.

Right to be Notified Following a Breach of Unsecured PHI

You have the right and will be notified if your medical information has been breached.

CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this notice and make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time at any Inteli-Care LLC., facility or by requesting one from the Compliance/Privacy Officer.

DO YOU HAVE CONCERNS OR COMPLAINTS?

1. Please tell us about any problems or concerns you have with your Privacy Rights or how Inteli-Care LLC., uses or discloses your medical information. If you have any concern, please contact the Compliance/Privacy Officer.
2. If for some reason Inteli-Care LLC., cannot resolve your concern, you may also file a complaint with the federal government.

Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102

3. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS?

Inteli-Care LLC., is required by law to give you this notice and follow the terms of the notice currently in effect. If you have any questions about this notice or have further questions about how Inteli-Care LLC., may use and disclose your medical information, please contact the Compliance/ Privacy Officer.

Rosalinda Munoz

Privacy Office/ Medical Records Department

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