

Notice of Privacy

Client Rights: As a patient of **Desert View Family Counseling Services**, you are entitled to receive notice about our privacy practices and how we may use and disclose your personal health information in different circumstances. This Notice explains how we use and disclose your personal information, the choices and rights you have about how your personal health information may be used and disclosed, and our obligations to protect the privacy of your personal health information.

Introduction: When you become a patient of **Desert View Family Counseling Services**, you provide us with information about your health. Each time you visit us, another record of your visit and what was done is made. Your health record is the information that we use to plan your care, provide treatment and receive payments for our services. It is important for you to understand that your health record contains personal health information that is protected by federal and state laws.

Our Duties: **Desert View Family Counseling Services** is required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to comply with the terms of this Notice which is currently in effect, but we reserve the right to change our privacy practices and to make such changes. We will provide you with the revised Notice the first time you visit us after the change or otherwise upon your request.

Right to Receive Further Information.

You have the right to receive further information about our privacy practices, your privacy rights, or if you disagree with a decision we make about your personal health information, or if you believe that your privacy rights have been violated. Our Privacy Officer will be happy to answer your questions and give you additional information on how to exercise your rights.

Right to File a Complaint. If you believe your privacy rights have been violated, you have the right to file a formal complaint with our Privacy Officer. You also have the right to file a written complaint with Office of Civil Rights of the United States Department of Health and Human Services. Upon Request, the Privacy Officer will provide you with the address to file your complaint.

Under no circumstances will we retaliate against you for filing a complaint.

Privacy Officer: To Contact the Privacy Officer, please write or call:

**Desert View Family
Counseling Services**

905 W. Apache

Farmington, NM 87401

Phone: (505) 326-7878

You're Privacy

Matters to us!



DESERT VIEW FAMILY COUNSELING SERVICES

6100 E. Main
Farmington, NM 87402
Phone (505) 326-7878
Fax (505) 326-7879

NOTICE OF PRIVACY PRACTICES

2015-2016

*We want to thank you for
choosing Desert View...*



where Families come first!

www.mydesertview.org

[See us on Facebook!](#)

How we Use and Disclose Your Protected Health Information

Uses and Disclosures for Treatment, Payment and Health Care Operations.

After we make a good faith effort to provide you with this Notice, we may use your personal health information to treat you, to obtain payment for treating you, and for our internal health care operations. We may use and disclose your personal health information for such purposes in the following ways:

(1) For Treatment: We will use and disclose your personal health information to plan, provide and coordinate your health care services. (For example, medications, prescriptions and prior hospitalizations).

(2) For Payment: We will use and disclose your personal health information to obtain payment for health care services we have provided to you. For example: we may need to give your health plan or payor sources information about assessments you received (or your child) so your health plan will pay us or pay you back for the treatment or services we provided. We may also tell your health plan or payor about a prior treatment you are going to receive so they can approve it and agree to pay for the treatment.

(3) For Health Care Operations: We may use or disclose your protected health information for our health care operations. For example: we may combine health information to decide whether additional services should be offered, what services are not needed and whether certain new treatments and services are effective. We may share with other Health Care providers to compare how we are doing and to see where we can make improvements in the care and services we offer.

Uses and Disclosures of Your Personal Health Information With Your Authorization.

For purposes *other* than treating you, obtaining payment for your care, or our own health care operations, we will obtain your written authorization prior to using or disclosing your personal health information (unless we are required or permitted by law to use or disclose your information as set out below). You have the right to revoke any authorization you have given us at any time. If you have any questions about written authorizations, please contact our Privacy Officer at the address or telephone number below. Our Privacy Officer will provide you with information about giving or revoking your authorization for us to use or disclose your personal health information.

Uses and Disclosures We May Make Unless You Object or Express Restrictions.

Unless you object, we may contact you to provide appointment reminders or information about treatments or treatment alternatives or other health-related benefits and services that may be of interest to you.

Your Rights. You have the following rights with regard to your personal health information.

Right to Receive a Copy of this Notice. Upon request, you have the right to receive a paper copy of this Notice. Copies will be available in the waiting area or may ask the business office for a copy.

Right to Inspect and Copy Your Health Information. Upon written request, you have the right to access your health information maintained by us. Please contact our Privacy Officer for assistance and procedures for accessing information.

Right to Amend Your Health Information.

You have the right to request in writing that we amend your health information, which we maintain. We will comply with your request in the event that we determine the information that you are asking us to amend is false, inaccurate or misleading. Please contact our Privacy Officer for assistance in seeking an amendment.

Right to Request Additional Restrictions on Uses and Disclosures of Your Health Information.

You have the right to request in writing that we place additional restrictions on how we use or disclose your personal health information. While we will consider any request for additional restrictions, we are not required to agree to your request. Please contact our Privacy Officer to request additional restrictions on how we use and disclose your personal health information.

Right to Request an Accounting of Disclosures.

You have a right to request an accounting of the disclosures we make of your personal health information. For each disclosure, the accounting will include the date it was made, a brief description of the protected information disclosed, the name and address (if known) of the person or entity that received the disclosure, and a brief statement of the reason for the disclosure. Please contact the Privacy Officer to request an accounting.

Right to Request Confidentiality in Certain Communications.

You have the right to ask that we communicate with you by alternative means or at alternative locations, such as, for example, asking that we call you on your cell phone or asking us not to leave messages at your work phone number or asking us to mail letters only to your home address. We will accommodate any reasonable written request made by you or on your behalf. Please contact the Privacy Officer to request such confidentiality.

