

**This Notice of Privacy Practices ("Notice") describes how medical information about you may be used and disclosed, and how you can get access to this information.**

The law requires that we protect the privacy of your Protected Health Information (PHI) and that we give you a Notice of our legal duties and privacy practices with respect to PHI. PHI contains information that may identify your past, present or future physical or mental health conditions or healthcare services. This Notice explains how we can use or disclose the PHI in course of providing treatment, collecting payment and managing healthcare operations, and for other specific purposes permitted or required by law.

Protected Health Information includes:

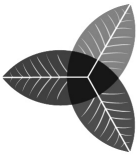
- Information we place in your medical record
- Conversations your doctor has about your care or treatment with nurses and others
- Information about your health and healthcare in our computer systems
- Billing information about you at our practice

The Notice also explains your health information privacy rights. The privacy practices described in this Notice will be followed by our entire workforce (employees, volunteers and contractors). We will not use or disclose your PHI without your written authorization, except as described in this Notice.

**Your Health Information Privacy Rights**

You have the right to:

1. **Receive the Notice of our Privacy Policies (this Notice) that tells you how your health information may be used and shared.** In most cases, this Notice should be made available to you on your first visit, and you can ask for a copy of it at any time.
2. **Inspect and obtain a copy of your health records.** You can ask to see and get a copy of your Protected Health Information (PHI) including its electronic format. You may be charged a fee for the cost of copying and mailing necessary to fulfill your request. We may deny your request to inspect and obtain a copy of your PHI in certain limited circumstance. For example, if your doctor decides something in your file might endanger you or someone else, the doctor may not give this information to you. You have the right to appeal the denial.
3. **Amend your health information.** You may request that we amend any incorrect or incomplete PHI that we maintain about you. For example, if we both agree that your file has the wrong test result, we will change it. In certain cases, we may deny your request for amendment. If we deny your request for amendment you have the right to disagree with our decision.
4. **Authorize disclosure of your PHI.** In general, your health information including psychotherapy notes will not be given to your employer, used or shared for sales calls or marketing, or used or shared for many other purposes unless you give your permission by signing an authorization form.

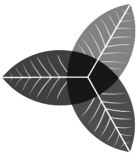


5. **Request a report on how we disclosed your health information.** Under the law, your health information may be used and shared for particular reasons, like making sure we give good care, reporting when the flu is in your area, or making required reports to the police, such as reporting gunshot wounds. You can request a list of all non-authorized disclosures and who your health information has been shared with.
6. **Request to be contacted at different address or in a different way than we contact you now.** You have the right to ask us to contact you about your PHI at a different address or in a different way than we contact you now. For example, you can have the nurse call you at your office instead of your home. These requests are often made when a person feels his or her health or safety is in danger if PHI is sent to his or her home address. We will do our best to accommodate all reasonable requests.
7. **Request restrictions on certain use or disclosure of PHI.** You can request additional restrictions on the use or disclosure of your PHI. However, we are not required to agree with your request for additional restrictions.
8. **Request a restriction on disclosure of PHI to a health plan** with respect to health care for which you are paying out of pocket in full. You have to make this request before services are provided and you may be asked to pay in full for those services at that time.
9. **Ask for additional information or file complaints.** If you believe your health information was used or shared in a way that is not allowed under the privacy law, or if you were not able to exercise your rights, you can file a complaint with us or with the U.S. Government. This Notice tells you who to talk to and how to file a complaint.
10. **You have the right to opt out of our fundraising communications** if we engage in those.
11. **You have the right to be notified about data breaches** of your unsecured PHI.

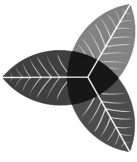
We ask that you **exercise your rights in writing**. We offer forms and templates to help you exercise your privacy rights and to help us protect your health information. Our front desk staff will make these forms available to you upon your request.

#### **Reasons and Examples of How We May Use or Disclose Your PHI**

1. **Treatment** - so you can get medical care. For example, we may share your medical information with your other doctor or pharmacy so that they can give you medical care and the right medicine. We may also call or write to provide refill reminders, to tell you about treatment options or other health-related services. We will not disclose PHI without authorization for marketing purposes.
2. **Payments** - so we can determine plan coverage, billing/collection, and assist another health care provider with payment activities or recover payment from medical insurance. For example, the information accompanying the bill or insurance verification request may identify you as well as your treatment.



3. Operations - so we can perform our duties. For example, we may use or share your medical information to assess quality of care, conduct training or to manage your care. We may also disclose PHI to an oversight agency in case of audits, complaint investigations and inspections necessary for our licensure, to satisfy government monitoring activities and regulatory compliance.
4. There are some services provided by us through contracts with Business Associates, for example billing, scheduling or transcription services. When these services require access to your PHI we will disclose only minimum necessary information, so the contractors may perform their job. To protect your PHI we require Business Associates to safeguard PHI appropriately.
5. To comply with the law. We may share your medical information to comply with legal proceedings, or in response to valid court or administrative order or subpoena.
6. For other reasons. Examples include:
  - i. We may disclose PHI to support law enforcement (e.g. government authority such as police, social services) to protect someone's health and safety (e.g. victims of abuse, domestic violence);
  - ii. We will use our professional judgment and may share information with a family member, friend or other relative to help you obtain or pay for your health care;
  - iii. We may share PHI to notify a family member, relative, personal representative or other person responsible for your care about your general condition and location;
  - iv. So a personal representative you appoint or a court appoints for you can help you get health benefits;
  - v. To support research as long as the privacy and security of PHI is ensured;
  - vi. So a coroner or medical examiner can identify a deceased person or cause of death or so a funeral director can arrange burial;
  - vii. To support, in limited circumstances an organ procurement organization;
  - viii. To protect you against a serious threat to your health or safety, or the health or safety of others;
  - ix. To support a government agency overseeing health care programs. For example, we may disclose your PHI to Food and Drug Administration (FDA) to enable investigations, drug/product recalls or replacements;
  - x. We may disclose your PHI as authorized or necessary to comply with worker's compensation laws or other similar programs;
  - xi. For lawful national security purposes including intelligence or national security activities;
  - xii. For public health purposes to prevent or control disease; and
  - xiii. For military purposes, if you are a member of the armed forces.



**Dr. Grasser**  
Integrative Medicine & Ayurveda

We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or as otherwise permitted by law e.g. marketing, sale of PHI. You will be able to revoke this authorization at any time.

### **Changes to this Notice**

We reserve the right to change this Notice and to make the revised Notice effective for all health information we create or maintain. Upon request we will make the revised Notices available to you. The revised Notices will be posted and available at each location where we provide medical services and on our website if we maintain one.

### **For More Information or to Report a Problem**

If you have questions and would like to obtain additional information about our privacy practices, please contact our Office Manager at 505-983-9878 or 1925 Aspen Drive Suite 502A, Santa Fe, New Mexico 87505. If you believe your privacy rights have been violated, you may file a complaint with our Office Manager or with the Office for Civil Rights, U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

This Notice of Privacy Practices is effective as of September 23, 2013

The Notice of Privacy Practices was last revised on: July 10, 2017