

Privacy Notice – Sunrise Neuro Behavioral, L.L.C.

January 2, 2021

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.

Under the Health Insurance Portability and Accountability Act (HIPAA) of 2013 HIPAA Omnibus rule (formally HIPAA 1996 and HITECH 2004), requires us to maintain the confidentiality of your PHI used by or disclosed to us in any form, whether electronic, on paper, or spoken. The federal HIPAA Omnibus rule and state law provide penalties for covered entities, business associates, and their subcontractors and records owners, respectively that misuse or improperly disclose Personal Health Information (PHI). PHI is the term used to refer to any information that is maintained by Sunrise Neuro Behavioral, LLC that can be used to identify you such as your name, address, Social Security number or other unique identifiers. Your PHI also includes payments, billing and insurance information.

If you have any questions about this notice, please contact Sunrise Neuro Behavioral LLC (575) 221-9299 or write to Sunrise Neuro Behavioral, Attn: Administrator, 1155 Telshor #205, Las Cruces, NM 88011.

WHAT IS A NOTICE OF PRIVACY PRACTICE?

Sunrise Neuro Behavioral understands that your health information is personal. We create and maintain a record with information about the care and services you receive at the Sunrise Neuro Behavioral Clinic. We need this information in order to provide you with quality care and to comply with the law. The Notice provides you with information about the ways that we will use your information, with and without your authorization, and your rights under such laws as the HIPAA Omnibus Final Rule.

WHO WILL FOLLOW THIS NOTICE?

This notice describes Sunrise Neuro Behavioral, LLC also referred to as the “Clinic” “SNB” or “we” practices and that of any healthcare professional, or operations personnel authorized to enter or view information in your medical record.

- All employees, physicians, staff, techs, contract personnel, billers, coders, operations personnel, and referring physicians.
- SNB is required by law to make sure the information that identifies you is kept private.
- Make available to you this Notice that describes the ways we use and share information as well as your rights under the law about your health information.
- Follow the most current regulations.

HOW WE MAY SHARE YOUR HEALTH INFORMATION

The Law permits us to use and share your health information in certain ways. At Sunrise Neuro Behavioral authorized users have access to all patient medical records, regardless of whether or not they are directly involved in a patient’s care. When we share this information with others outside the Clinic, we will share what is minimally necessary to accomplish the intended purpose of the use, disclosure, or request. When we act in response to your written permission, share information to help treat you or are directed by law, we will share all information that you your health care provider or the law permits or requires.

The list below tells you about different ways that we may use your health information and share it with others. We have tried to include examples, although every example of how we may use or share information is not listed below. When possible, we will use the health information that does not identify you.

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January 2, 2021

WAYS WE ARE ALLOWED TO USE AND SHARE YOUR HEALTH INFORMATION WITH OTHERS WITHOUT YOUR CONSENT, OR BY THE CLINIC'S GENERAL CONSENT FOR TREATMENT

- **Treatment.** We may use your health information to provide you with medical treatment or services. We may share your health information with people and places that provide treatment to you. For example, a doctor treating you for depression will need to know about your treatment and progress with Transcranial Magnetic Stimulation (TMS).
- **Payment.** In order to receive payment for the services that we provide to you, we may use and share your health information with your insurance company or a third party. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company, or a third party.
- **Health Care Operations.** We may use and share your information so that we, or others that have provided treatment to you can better operate the office or facility. For example, we may use your health information to review the treatment and care provided as well as for the training of staff members.
- **Business Associates.** We may share your health information with others called “business associates”, who perform services on our behalf. These companies must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a billing company that bills for the services that we provide.
- **Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment for treatment or medical care at the clinic.
- **Treatment Alternatives.** We may use and share health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Individuals Involved in Your Care.** We may release limited information about you to a person including a family member actively involved in your care and treatment or supervision as allowed under State law and in accordance with Sunrise Neuro Behavioral policies and procedures.

SPECIAL SITUATIONS

In the following circumstances, the law either permits or requires us to use or share health information with others. New Mexico law may further limit these disclosures, for example, in the cases of behavioral health information, drug and alcohol treatment information or HIV status.

- **As Required by Law.** We shall share information when federal, state or local law requires us to do so.
 - If we believe that you have been a victim of abuse or neglect or domestic violence, we may share your health information with an authorized government agency.
 - As a response to subpoena, warrant, a discovery request or other lawful process.
- **Health Oversight Activities.** We may release medical information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections, and licensure.
- **Food and Drug Administration (FDA).** We may release medical information to entities regulated by the FDA if necessary, to report adverse events, product defects, or to participate in product recalls.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission.

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January 2, 2021

YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION

Right to Request Restrictions. You have the right to request a restriction or limitation of the medical information we use or disclose about you. We are not required to agree to your request, but if we do agree we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Clinic Administrator. In your request, you must tell us what information you want to restrict, and to whom you want the restriction to apply.

Restricted Disclosures. You may request that PHI concerning a health care service for which you have paid in full not be disclosed to a health plan for payment.

We also take special precaution to ensure that your employer does not get any individual PHI. We provide employers only with the information allowed under the federal law. This information includes summary data about their group and information concerning premiums and enrollment data. The only way that we would disclose your PHI to your employer is if you signed a written authorization directing us to do so.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location if you believe that you will otherwise be endangered. For example, you can ask that we only contact you at a certain telephone number or address. To request confidential communications, you must make your request in writing to the Clinic Administrator. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Access: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes progress notes, evaluations/assessments, treatment plans, and billing information, but is not limited to only that information. To inspect and obtain a copy of your medical information, you may request in writing or electronically, contact the Clinic Administrator. You have a right to access electronic records or to direct that they be sent to another person to include electronic health records. If you request an electronic copy of the information, you may receive in the format requested or in a mutually agreed-upon format. You may be charged for the cost of electronic media used to provide a copy of electronic PHI. You may be charged a fee for the costs of copying, mailing, or other supplies associated with your request. Your request to inspect and copy your information may be denied in certain very limited circumstances. If you are denied access to any part of your medical information, you may request that the denial be reviewed. Information regarding how to initiate that review process will be provided in writing at the time of any denial of your access to the information. We will only provide information as outlined by Federal and State law. Your request to inspect and copy your information may be denied in certain very limited circumstances. If you are denied access to any part of your medical information, you may request that the denial be reviewed. Information regarding how to initiate that review process will be provided in writing at the time of any denial of your access to information.

Right to Amend: If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as your medical information is kept by the Clinic. To request an amendment, your request must be made in writing and submitted to the Clinic Administrator. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for Clinic; is not part of the information which you would be permitted to inspect or copy; or is accurate and complete. **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you to others. The accounting does not include information disclosed based on your written permission or as a part of treatment, payment, or health care operations. To request this accounting, you must submit your request in writing or electronic to the Clinic Administrator. Your request must state a period of time for the accounting that may not be longer than six years.

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January 2, 2021

Right to Paper Copy of this Notice: You have the right to a paper copy of this Privacy Notice. You may ask us to give you a copy of this Privacy Notice at any time by requesting a copy from an employee of the Clinic

Changes to this Notice: Sunrise Neuro Behavioral (SNB) reserves the right to change this notice. and reserves the right to make the revised notice effective for medical information that SNB already may have about you as well as any information we will receive in the future. SNB will post a copy of the current notice at the facility and on its website. The notice will contain the effective date at the bottom of each page.

Our obligations to you are:

1. To provide written notice of how SNB uses and discloses your health information. This notice of Privacy Practices will explain your privacy rights.
2. That your health information will not be used for marketing activities.
3. That only the minimum necessary information will be used and disclosed except for treatment activities.
4. To protect your health information with Business Associates.
5. To use and disclose your protected health information for treatment, payment, hospital operations, and to satisfy state, federal law enforcement and oversight reporting requirements.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about your records, you may contact the person listed below. You may also send a written complaint to the Secretary U.S. Department of Health and Human Services, Office of Civil Rights. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

PRIVACY CONTACT:

If you have any questions, requests, or complaints, **please contact:**
The Administrator of Sunrise Neuro Behavioral at (575)221-9299.