



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.

Use and Disclosure of Health Information

We use and disclose health information about you as part of your treatment, to arrange for payment for services provided, for continuity of care with other HIV Service Providers (HSP's), and for our health care operations. For example:

- For treatment purposes, we may share your health information with your physician, the early intervention nurse and social workers of other mental or physical health care facilities.
- For payment information, we may contact your insurance provider to determine eligibility for Title III or Aid and Comfort assistance.
- For health care operations, we may use information in your health record to monitor the quality and effectiveness of the service we provide.
- For continuity of care, we may use information you provide to Alianza to work with your medical team such as Southwest Care Center, Truman Health Services or other provider.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to New Mexico law and other requirements, we may give out health information without your authorization for public health purposes, auditing purposes, and in emergency situations, i.e. where there is clear and present danger that someone's life is at risk or in case of apparent abuse. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. Any uses or disclosures not described in this Notice will be made only with your written authorization. If you choose to sign an authorization to disclose information, you may later revoke that authorization to stop any future uses or disclosures.

Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you a reasonable cost-based fee, not to exceed \$30 for the first 15 pages and \$0.25 thereafter, or the actual cost of reproduction of electronic records. You also have the right to receive a list of instances where we have disclosed health information in the past 6 years for reasons other than treatment, payment, or administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You have the right to request a paper copy of this notice at any time. Copies are available at our office or from any case manager. You may also get a copy of this notice at our website, www.AlianzaNM.org.

You may also request in writing to receive protected health information by alternative means or at alternative locations, pursuant to a signed acknowledgment that disclosure of all or part of the information in the manner requested could endanger you or your individual rights. Alianza will accommodate reasonable requests.

