



Southwest Bone and Joint Institute

1268 E. 32nd St, Silver City, NM 88061
Office (575)-534-1919 Fax (575)534-0135

NOTICE OF PRIVACY PRACTICES

Privacy Officer - Mike McMillan Office - 575-534-1919

EFFECTIVE DATE: JUNE 01, 2011

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

THIS IS AN OUTLINE OF OUR NOTICE OF PRIVACY PRACTICE

- A. How This Medical Practice May Use or Disclose Your Health Information
- B. When This Medical Practice May Not Use or Disclose Your Health Information
- C. Your Health Information Rights

- 1. Right to Request Special Privacy Protections
- 2. Right to Request Confidential Communications
- 3. Right to Inspect and Copy
- 4. Right to Amend or Supplement
- 5. Right to an Accounting of Disclosures
- 6. Right to a Paper Copy of this Notice

- I. Changes to this Notice of Privacy Practices
- E. Complaints

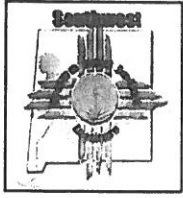
PLEASE FIND COMPLETE NOTICE OF PRIVACY PRACTICE AT:

<http://southwestboneandjoint.com/page28/page28.html>

OR REQUEST A PRINTED COPY

Please Initial: Prefer Copy _____ Decline Copy _____

PATIENTS COPY



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ACKNOWLEDGEMENT

In accordance with HIPAA guidelines, Southwest Bone & Joint Institute is providing you with access/copy of the Notice of Privacy Practices.

I authorize the medical practice to download and view my prescription history via the Surescripts database. I understand that my prescription history from other healthcare providers, insurance companies, and third party pharmacy benefit managers may be viewable by our providers and staff.

I, the undersigned, acknowledge that I have received access/copy of The Notice of Privacy Practices.

Signed _____ Date:

If signing off as a parent or guardian, name of patient: _____

I, _____, give permission to Southwest Bone &
(Print Name)
Joint Institute to speak to the following people regarding my medical and/or billing information:

1. _____
2. _____
3. _____
4. _____
5. _____

Please Initial: Prefer Copy _____ Decline Copy _____

Printed Name:

Office Copy