

**San Juan Plastic Surgery**

Todd Williams, MD

**Adams Plastic Surgery**

Jason P. Adams, DO

2300 E 30<sup>th</sup> St Bldg B Ste 103

Farmington, NM 87401

## **Provider Notice of Privacy Practices**

**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.**

### **Uses and disclosures of health information**

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of the treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods.

We may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may give out health information without your authorization for:

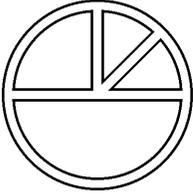
- Treatment
- Payment
- Health care operations and continuity of care
- Required by law
- To prevent serious threats to health or safety

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact our office.

### **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 only normal photocopy fees. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes, and other than when you explicitly authorized it. If you believe that information in your records 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.



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**Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our office. You also may send a written complaint to the US Department of Health and Human Services.

**Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

**If you have any questions or complaints, please contact:**

San Juan Plastic Surgery  
2300 E. 30<sup>th</sup> Street,  
Building B, Suite 103  
Farmington, NM 87401  
505-327-1754

**Acknowledgement of receipt of notice of privacy practices**

Please sign and print your name and date on this acknowledgment form. Please return this notice to the receptionist. A copy will be made for you and the original of the document will be placed in your chart.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_