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## Southwest Gastroenterology 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.

The private practices of Southwest Gastroenterology and Southwest Endoscopy (“SWGA/SWE”) and certain organizations that participate in an Organized Health Care Arrangement (“OHCA”) with SWGA/SWE are described in this joint notice of privacy practices (“notice”). Health information about you is contained in our records, but the information in those records belongs to you. This notice will help you understand how we protect the privacy of your health information and how to complain if you believe your privacy rights have been violated. The terms “we” and “our” used in this notice refer to SWGA, SWE and the members of our OHCA that share this notice and agree to abide by its terms.

### How we protect the privacy of your health information

Whenever possible, SWGA/SWE uses or shares health information that doesn’t identify you. We have policies and procedures to protect the privacy of health information that does identify you. We have a training program to educate our employees and others about our privacy policies. Your health information is only used or shared for our business purposes or as otherwise required or allowed by law. When a service involving your health, information is being performed by a third party, we require a written agreement with them to protect the privacy of your health information.

### Our responsibilities

- We are required by law to maintain the privacy of your health information.
- We are required to provide patients, except inmates, with this notice that describes our legal duties and privacy practices regarding protected health information.
- We have a legal responsibility to notify you, and you have a right to know when your protected health information is inappropriately accessed, used or disclosed as a result of a breach.
- We must follow the terms of the most current joint notice of privacy practice and are required to ask you for a written acknowledgment that you received a copy. You’re health information rights.

You have rights with respect to your protected health information. For more information on how to exercise these rights, see the "how to make a request" section of this notice. The health information rights described in this notice also apply to a person with legal authority to make health care decisions for a child or other person (for example, a parent or legal guardian). There are exceptions. For instance, in New Mexico some health care services can be provided to a minor without consent of a parent, guardian or other person, in these cases, the minor has the right described in this notice for health information related to the health care service provided. Some of the rights described below are subject to certain limitations and conditions.

**Right to see and get a copy of health information.** You have the right to see and get a copy of your health information. Usually, this information is contained in medical and billing records. You must request in writing to see or get a copy of your health information in our designated record set.

**Right to amend incorrect or incomplete health information.** We strive to ensure that health information kept in our records is accurate and complete. However, occasionally a mistake can occur. You have the right to request that we change incorrect or incomplete health information in our records. We may deny your request if appropriate.

**Right to request confidential communications.** You have the right to request that we deliver health information to you in a certain way or at a particular location. We must agree to a reasonable request or may deny your request if it is against the law or our policies.

**Right to request restrictions of the use or disclosure of your health information.** You have the right to request that your health information is not used or shared for certain purposes. We are not required to agree to your request except if required by law, or if you request a restriction to disclosure of your protected health information to the health plan and you pay SWGA/SWE for those services or health care items in full. We must tell you if we cannot agree to your request. Right to request an accounting of disclosures. You have the right to request an accounting of disclosures. This report will show when your health information was shared by us outside of our organization without your written authorization.

**Right to receive a paper copy of this notice.** You have a right to receive a paper copy of this notice, even if you also agreed to accept it electronically. When health information can be used or shared without a written authorization.

**For payment.** We use and share your health information to receive or facilitate payment for the treatment and services provided to you.

**For health care operations.** We use and share health information to operate our business and deliver quality care and services to our patients.

**Required by law.** We will use and share your health care information when required by federal, state or local law.

**Emergencies.** We will use professional judgment to decide if sharing your health information is in your best interest during a health emergency or if you are incapacitated.

**Public health activities.** We share your health information with public health authorities to ensure public welfare.

**Health oversight activities.** Your health information may be shared with health oversight agencies that have authority to monitor our activities.

**Legal and administrative proceedings.** Your health information may be shared as part of an administrative or judicial proceeding.

**Law enforcement.** If a law enforcement official requests, we may share only minimal health information.

**Coroners, medical examiners, and funeral directors.** The health information of a deceased person may be shared with comers, medical examiners, and funeral directors so they can carry out their duties.

**Organ and tissue donation.** Your health information may be shared with organizations that obtain, store or transplant human organs and tissues.

**Public safety.** Your health information may be shared to prevent or lessen a serious and immediate threat to the health or safety of anyone or the general public.

**Special government functions.** Your health information may be shared with federal officials for national security purposes authorized by law.

**Correctional institutions.** If you are an inmate, your health information may be shared with correctional institutions or law enforcement officials to protect your health or the health and safety of others.

**Worker's compensation.** Your health information may be used or shared as required by worker's compensation laws.

**Change of ownership.** If SWGA/SWE or any member of the OHCA that shares this notice is sold or merged with another organization, records that contain your health information will become the property of the new owner.

**Secretary of Health and Human services.** We are required by law to share health information with the secretary of the U.S. — Department of Health and Human Services (HHS) when HHS requests the health information to determine our compliance with privacy law. When a written authorization is required to use or share health information.

**Facility directory.** Unless you object, we will use your name, your location in our facility, your general medical condition and your religious preference as directory information. Directory information may be shared with members of the clergy of your faith.

**Notification and Communication with family or others involved in your care.** Unless you tell us that you object, we may share your health information with a person involved in your healthcare. If we do so, we may only share the information directly related to that person's involvement in your care or payment for your care.

**Disaster relief activities.** Unless you object, we may use and share your health information with a public or private organization legally authorized to assist in disaster relief efforts so that your family can be notified about your condition, status, and location.

### **SWGA/SWE's right to change this privacy notice**

SWGA/SWE reserves the right to change the privacy practices described in this joint notice of privacy practices at any time. If the terms of this notice should change, we will publish a new notice and post it in our facilities and on our website. It will be given to you upon request and as required by law. The terms described in the new notice will apply to all health information maintained by SWGA/SWE and all members of the OHCA that share this notice. You may obtain an electronic copy of this notice from our website at [www.southwestgic.com](http://www.southwestgic.com).

**How to make a request:** to request a copy of, an amendment to or an accounting of disclosures of your health information from SWGA/SWE, you may contact us at 505-999-1600. to file a complaint about our privacy practices, please contact our security incident response team at 505-999-1600. You will not be retaliated against for filing a complaint.