NOTICE OF PRIVACY PRACTICES

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Roswell MindCare
300 S Lea Ave., Roswell, NM 88203
Text/Voicemail: 575-347-1883
Email: info@roswellmindcare.com

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Our Commitment to Your Privacy

We understand that your health and mental health information is personal. We are required by law to:

- Maintain the privacy of your Protected Health Information (PHI)
- Provide you with this Notice of Privacy Practices
- Follow the terms of the Notice currently in effect

This Notice applies to all records created or maintained by Roswell MindCare.

We reserve the right to change this Notice. Any updated version will apply to all PHI we maintain and will be available upon request.

II. How We May Use and Disclose Your PHI (Without Written Authorization)

Federal and state laws allow disclosure of PHI for the following purposes:

Treatment

To provide, coordinate, or manage your mental health care. This may include consulting with other licensed providers or referring you to another professional.

Payment

To bill and receive payment from you or your insurance company.

Health Care Operations

For administrative purposes such as quality improvement, audits, supervision, training, or compliance.

When Required by Law

We may disclose PHI when required by federal or state law.

Public Safety & Mandatory Reporting

We may use or disclose PHI when required or permitted by federal or state law. This is not limited to, but most commonly includes:

- Reporting suspected abuse or neglect of a child, elder, or vulnerable adult when required by law
- Disclosures necessary to prevent or lessen a serious and imminent threat to health or safety (of self or others) when permitted by law
- Responding to valid court orders, subpoenas, or other lawful legal processes
- Disclosures for lawful health oversight, investigations, audits, or law-enforcement purposes

Judicial or Administrative Proceedings

We may disclose health information in response to a valid court order, subpoena, or other lawful legal process.

To the extent we maintain substance use disorder patient records protected by 42 CFR Part 2, those records will not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or as otherwise authorized by a court order and subpoena meeting applicable legal requirements.

Law Enforcement & Oversight

When legally required for investigations, audits, or oversight activities.

III. Uses and Disclosures That Require Your Written Authorization

We will obtain your written authorization for:

- Uses or disclosures not described in this Notice
- Most disclosures of psychotherapy notes
- Marketing not related to your treatment
- Any sale of PHI (we do not sell PHI)

You may revoke your authorization at any time in writing.

IV. Psychotherapy Notes

Psychotherapy notes, if created, are kept separate from the medical record and receive additional privacy protections under federal law. These notes are not part of the designated medical record set and are not routinely disclosed. Information necessary for treatment, continuity of care, billing, and the clinical record is documented in the medical record. Psychotherapy notes will not be disclosed unless required by law.

V. Your Rights

You have the right to:

Access Your Records

Request an electronic or paper copy of your medical record (excluding psychotherapy notes). We will respond within 30 days.

Request Amendment

Request correction of information you believe is inaccurate or incomplete. We may deny certain requests but will respond in writing.

Request Restrictions

Request limits on certain uses or disclosures. We are not required to agree if it affects care.

Request Confidential Communication

Ask us to contact you in a specific way or at a specific location.

Restrict Disclosure to Health Plans

If you pay out-of-pocket in full, you may request that related PHI not be disclosed to your insurance.

Request an Accounting of Disclosures

You may request a list of disclosures made outside of treatment, payment, or operations for the past six years.

Get a copy of this privacy notice

You may request a paper or electronic copy of this Notice at any time.

Choose someone to act for you

If you have given someone medical power of attorney, or if someone is your legal guardian or otherwise legally authorized to act for you, that person may exercise your privacy rights on your behalf. Documentation will be required.

VI. Breach Notification

If your unsecured PHI is breached, you will be notified in accordance with federal and state law.

VII. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Roswell MindCare by contacting admin@roswellmindcare.com or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Acknowledgment

By signing, you acknowledge that you have received and reviewed this Notice of Privacy Practices.

Last revised & effective date: 8-26-26