



## HIPAA 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. We are committed to protecting the privacy of your protected health information (PHI). This notice explains privacy practices and your rights regarding your PHI.

<p><b>How We May Use and Disclose Your Protected Health Information (PHI)</b></p> <p>PHI may be used and disclosed for:</p> <ul style="list-style-type: none"> <li>• <b>Treatment:</b> To provide, coordinate, or manage healthcare and related services. For example, information may be shared with other healthcare providers involved in your care.</li> <li>• <b>Payment:</b> To obtain payment for the services provided. For example, claims may be submitted to your insurance company.</li> <li>• <b>Healthcare Operations:</b> For activities necessary to run the organization, such as quality improvement, staff training, and business planning. For example, medical records may be reviewed to assess the quality of care.</li> <li>• <b>Substance Use Disorder (SUD) Treatment, Payment, &amp; Operations:</b> Substance use disorder records receive additional legal protections. Use or disclosure for treatment, payment, and healthcare operations requires your written consent, which may be revoked at any time.</li> <li>• <b>Sharing of SUD Information After Disclosure:</b> If you authorize disclosure of your SUD records, the recipient may re-disclose the information under HIPAA, and it may no longer be protected by stricter federal SUD privacy laws.</li> <li>• <b>Marketing:</b> We will not use or disclose your PHI for marketing purposes without your written authorization.</li> <li>• In these cases, we never disclose your health information unless you give us written permission to do so</li> </ul> <p>PHI may also be used and disclosed without authorization for certain purposes permitted or required by law, such as public health activities, law enforcement, reporting of suspected abuse or neglect, and workers' compensation.</p> <p><b>Extra Protection for Substance Use Disorder Records</b></p> <p>Federal law provides enhanced privacy protections for SUD records. These records may not be used against you in legal proceedings without your consent or a valid court order. SUD counseling notes kept separate from your medical record receive additional protection and generally require separate written authorization for use or disclosure.</p>	<p><b>Your Rights Regarding Your Protected Health Information (PHI)</b></p> <p>You have the following rights regarding your PHI:</p> <ul style="list-style-type: none"> <li>• <b>Right to Access and Copy:</b> You have the right to inspect and obtain a copy of your medical records. A reasonable fee may be charged for copies.</li> <li>• <b>Right to Request Restrictions:</b> You have the right to request restrictions on how PHI is used or disclosed for treatment, payment, or healthcare operations, or disclosures to family or others involved in your care. Not all requests require agreement, but each will be carefully considered.</li> <li>• <b>Right to Request Amendments:</b> You have the right to request amendments to PHI if you believe it is incorrect or incomplete.</li> <li>• <b>Right to an Accounting of Disclosures:</b> You have the right to request a list of certain disclosures that have been made of your PHI.</li> <li>• <b>Right to Request Confidential Communications:</b> You have the right to request to receive communications about your health information by alternative means or at alternative locations.</li> <li>• <b>Right to a Paper Copy of this Notice:</b> You have the right to obtain a paper copy of this notice upon request.</li> <li>• <b>Right to Choose Someone to Act for you:</b> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will ensure the individual has the proper authority before taking any action.</li> <li>• <b>Your right to opt-in for text message communications:</b> We offer text messaging as a convenient, voluntary service. You have the right to decline or withdraw your consent at any time, and this will not affect your access to treatment or benefits. Before sending any text messages to you, we will obtain your express written consent.</li> </ul> <p>To request any of these changes, please contact the Program Director.</p> <p><b>Our Duties Regarding Your Protected Health Information (PHI)</b></p> <p>By law, it is required to:</p> <ul style="list-style-type: none"> <li>• Maintain the privacy of your PHI.</li> <li>• Provide this Notice of Privacy Practices and legal duties.</li> <li>• Notify you following a breach of your unsecured PHI.</li> </ul> <p>Abide by the terms of this notice currently in effect.</p>
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<p><b>Changes to This Notice</b> The right is reserved to change the terms of this Notice at any time. Any changes will apply to all PHI maintained. A copy of the revised Notice will be posted in the office, and you may request a written copy.</p> <p><b>Complaints</b> If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services or with us. Retaliation for filing a complaint will not occur.</p>	<p><b>Contact Information</b></p> <p>For more information about privacy practices, please contact:</p> <p>Privacy Officer (575) 526-6682 301 Perkins Dr Ste B Las Cruces, NM 88005</p>
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I, \_\_\_\_\_ (Client Name), have read and understood the above information regarding the Notice of Privacy Practices at Aprendamos.

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

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

Thank you for your cooperation and understanding as we work to maintain a safe and secure environment for everyone at Aprendamos!

\*Effective Date: January 1, 2026; updated 1/27/26

301 Perkins Dr. STE B  
Las Cruces, NM 88005

*Igniting hope to build  
brighter futures together*



575-526-6682



575-523-7254