Notice of Privacy Practices

Amador Health Center, Inc.
Effective November 2, 2026

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.

Who This Notice Covers

This notice applies to Amador Health Center, Inc., including our medical, behavioral health, pharmacy, and Community Care Connections services. It covers our employees, providers, trainees, volunteers, and others acting on Amador's behalf when handling your protected health information.

Protected health information is information that identifies you and relates to your health, health care, or payment for care.

Our Responsibilities

We are required by law to protect the privacy of your protected health information, provide this notice, and follow the privacy practices described in the notice currently in effect.

We will notify you without unreasonable delay, as required by law, if a breach involves your unsecured protected health information. When another applicable law provides greater privacy protection than HIPAA, we follow that law.

How We Use and Share Your Information

Treatment

We may use and share information to provide, coordinate, and manage your care. For example, your medical provider may share information with your pharmacist, behavioral health provider, or a specialist involved in your treatment. We may contact you about appointments, prescriptions, treatment options, or services related to your care.

Payment

We may use and share information to obtain payment for services. For example, we may send information to your health plan to determine coverage, obtain authorization, or process a claim.

Health Care Operations

We may use and share information to operate Amador and improve our services. Examples include reviewing quality of care, training staff, conducting audits, and managing our organization.

We may share information with service providers who perform functions for us, such as billing or maintaining information systems. These providers must protect the information as required by law and applicable agreements.

Fundraising

We do not use or disclose your protected health information for fundraising.

Family, Friends, and Others Involved in Your Care

When permitted by law, we may share information directly relevant to a family member's, friend's, or another person's involvement in your care or payment for care.

We generally give you an opportunity to agree or object. If you are unavailable or unable to express a preference, we may share relevant information when professional judgment supports that doing so is in your best interest. We may also share limited information for notification or disaster relief purposes when permitted by law. Additional protections may apply to certain records.

Other Uses and Disclosures Permitted or Required by Law

The following disclosures are subject to applicable legal requirements. A request for information does not automatically authorize us to release it.

Public Health and Safety

We disclose information to public health authorities as required by law, including reporting certain communicable diseases and other reportable conditions. We may also share information for legally permitted public health activities, including disease prevention, reporting medication reactions or product problems, and assisting with product recalls.

Abuse, Neglect, and Exploitation

We report suspected child abuse or neglect and suspected abuse, neglect, or exploitation of an incapacitated adult as required by law. We may disclose information concerning other abuse or domestic violence when permitted or required by applicable law.

Preventing Serious Harm

We may disclose information when we believe in good faith that disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person.

We disclose information to people reasonably able to help prevent or lessen the threat, consistent with applicable law and professional ethical standards. Additional restrictions may apply to specially protected records.

Other Legally Authorized Purposes

When applicable requirements are met, we may disclose information:

• To health oversight agencies for authorized audits, inspections, investigations, and licensing activities.

• For research conducted under applicable privacy protections.

• For workers' compensation purposes.

• To coroners, medical examiners, funeral directors, and organ or tissue donation organizations.

• For authorized law enforcement purposes or judicial and administrative proceedings.

• For certain military, national security, protective services, or correctional purposes.

• When otherwise required by law, including disclosures to the U.S. Department of Health and Human Services to determine compliance with privacy requirements.

Additional Privacy Protections

New Mexico Protections

New Mexico law provides additional protections for certain information, including mental health and developmental disability records, HIV and sexually transmitted infection test information, and genetic information.

Depending on the information and circumstances, we may need your written permission before disclosing it. We follow applicable consent requirements, disclosure restrictions, and exceptions, including those governing electronic medical records.

Children and Adolescents

Access to a minor's information depends on the service, the minor's legal authority to consent, and other applicable law. In some circumstances, a minor controls permission to disclose information. Parents or guardians may receive information when authorized or permitted by law.

Substance Use Disorder Records Protected by Federal Law

If we maintain substance use disorder patient records protected by **42 CFR Part 2**, additional protections apply.

We will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a qualifying court order accompanied by a subpoena or other legal requirement compelling disclosure. These uses and disclosures are subject to applicable federal requirements.

Health Information Exchange

Amador participates in **SYNCRONYS**, New Mexico's health information exchange. We may obtain and share information through the exchange for treatment, payment, and health care operations as permitted by law.

You may request an exchange audit log annually and request exclusion from the record locator service. Contact our Privacy Officer for assistance with these requests and information about SYNCRONYS's opt-out process.

Opting out of the exchange does not delete Amador's records or prevent every disclosure otherwise permitted or required by law.

Uses That Require Your Written Authorization

We obtain your written authorization when required, including for:

• Most uses and disclosures of psychotherapy notes, which are certain separately maintained notes - not all behavioral health records.

• Uses or disclosures for marketing that require authorization under HIPAA.

• Disclosures constituting a sale of protected health information under HIPAA.

• Other uses or disclosures not described in this notice, unless otherwise permitted or required by law.

You may revoke an authorization by notifying us in writing. Revocation does not undo actions already taken in reliance on your authorization.

Your Privacy Rights

Contact our Privacy Officer for help exercising these rights. We may ask you to submit certain requests in writing.

See or Obtain Your Records

You may request to inspect or receive a paper or electronic copy of information in the records we use to make decisions about your care, including medical and billing records.

We act on your request within 30 days. If a legally permitted extension is necessary, we will notify you in writing of the reason and completion date. HIPAA permits one extension of no more than 30 additional days.

We may charge a reasonable, cost-based fee permitted by law. Certain information is excluded from the access right. If we deny access, we will explain why in writing and describe any available review rights.

Request a Correction

You may request an amendment to information you believe is inaccurate or incomplete. We respond within 60 days. If a legally permitted extension is needed, we will explain the delay in writing; HIPAA permits one extension of no more than 30 additional days.

If we deny your request, we will explain the reason and how you may submit a statement of disagreement.

For mental health or developmental disability records covered by New Mexico law, you may also submit a statement or supporting documentation of reasonable length to clarify or correct the record. We retain that statement with the record and include it with subsequent disclosures as required by law.

Request Confidential Communications

You may ask us to contact you in a particular way or at a different location - for example, by using a particular telephone number or mailing address. We accommodate reasonable requests. Tell us how you would like us to communicate with you.

Request Restrictions

You may ask us to restrict certain uses or disclosures, including sharing information for treatment, payment, or health care operations or with people involved in your care. We are not required to agree to every request. If we agree, we follow the restriction subject to applicable legal exceptions.

If you or someone other than your health plan pays for a service or item in full, you may request that we not disclose information relating solely to that service or item to your health plan for payment or health care operations. We honor that request unless disclosure is required by law.

Receive an Accounting of Disclosures

You may request an accounting of certain disclosures made during the six years before your request. The accounting generally excludes disclosures for treatment, payment, and health care operations, disclosures you authorized, and certain other disclosures excluded by law.

The first accounting within a 12-month period is free. We may charge a reasonable, cost-based fee for additional accountings during that period and will tell you before doing so.

Your Privacy Rights (continued)

Have Someone Act on Your Behalf

A person legally authorized to act as your personal representative may exercise rights on your behalf, subject to applicable law. We verify the person's authority before providing access or taking action. Special rules apply to minors and circumstances involving abuse, neglect, or endangerment.

Obtain a Copy of This Notice

You may request a paper copy at any time, even if you previously agreed to receive it electronically. We will provide it promptly.

File a Complaint

You may complain to Amador's Privacy Officer if you believe your privacy rights have been violated.

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights**:

www.hhs.gov/hipaa/filing-a-complaint/index.html
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775

We will not retaliate against you for filing a complaint or exercising your privacy rights.

Patient Portal and Electronic Services

You may use our Patient Portal at portal.amadorhealth.org for available online services and communication with your care team.

This notice applies to protected health information handled by Amador through its services. Our separate Website Privacy Policy at amadorhealth.org/privacy-policy/ explains information collected through the public website. Please do not submit medical information through the website's general contact form.

Changes to This Notice

We may revise this notice and reserve the right to make revised practices apply to information we already maintain, as well as information received in the future. A revised notice will state its effective date and will be available on our website, at our service locations, and upon request.

Questions, Requests, or Complaints

Amador Health Center, Inc.
Attn: Privacy Officer
PO Box 2243
Las Cruces, NM 88004-2243

Phone: 575-527-5482
Email: compliance@amadorhealthcenter.org

Please avoid sending sensitive medical information through ordinary email. Contact us for assistance with an appropriate way to submit your request.