

Notice of Privacy Practices (NPP)

Effective Date: February 16, 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.

Quick Summary of Your Rights and Our Duties

- You have rights over your health information ("PHI"), including the right to get an electronic or paper copy, ask for corrections, request certain restrictions (including not sharing with your health plan if you pay in full out-of-pocket), request confidential communications, receive an accounting of certain disclosures, and get a paper copy of this notice at any time.
- We may use and share your PHI to treat you, run our organization (health care operations), and bill for your services. We may also share when required by law (for public health, oversight, and other purposes described in this Notice).
- For uses and disclosures not covered in this Notice—such as most marketing, sale of PHI, and psychotherapy notes—we will ask for your written authorization first. You may revoke an authorization at any time, except where we have already relied on it.
- If there is a breach of unsecured PHI, we will notify you without unreasonable delay.
- You can file a complaint with us or with the U.S. Department of Health & Human Services (HHS) if you believe your privacy rights were violated. We will not retaliate.

Who We Are

This Notice describes the privacy practices of Hidalgo Medical Services (HMS), including all workforce members, departments, and service sites participating in our organized health care arrangement, if applicable.

Our Responsibilities

- Maintain the privacy and security of your PHI and provide this Notice describing our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect and notify you following a breach of unsecured PHI.
- Promptly revise and make available an updated Notice when our practices materially change.

Your Rights

- **Access:** Get an electronic or paper copy of your medical record and other health information. We will provide a copy or a summary, usually within 30 days of your request; we may charge a reasonable, cost-based fee.
- **Amend:** Ask us to correct PHI you think is incorrect or incomplete; we may say no, but we'll tell you why in writing within 60 days.
- **Confidential Communications:** Request we contact you in a specific way (for example, at a particular phone number or address). We will say yes to reasonable requests.
- **Restrictions:** Request restrictions on our uses and disclosures for treatment, payment, and health care operations. We are not required to agree, except you may restrict disclosure to a health plan if you pay in full out-of-pocket for the item or service.
- **Accounting of Disclosures:** Receive a list of certain disclosures we made in the past six years, not including those for treatment, payment, health care operations, and certain other exceptions.
- **Paper Copy of This Notice:** Get a paper copy of this Notice, even if you agreed to receive it electronically.
- **Choose a Personal Representative:** If you have given someone medical power of attorney or are a legal guardian, that person can exercise your rights and make choices about your PHI after we verify authority.
- **File a Complaint:** File a complaint with us and/or with HHS if you believe your privacy rights have been violated. We will not retaliate.

How We May Use and Disclose Your PHI

The law permits us to use and share PHI without your written authorization as follows:

- **Treatment:** To provide, coordinate, or manage your care and related services, including with other providers involved in your care.
- **Payment:** To bill and obtain payment from you, your health plan, or other payors.
- **Health Care Operations:** For our operations such as quality assessment, training, accreditation, licensing, and compliance activities; and for certain operations of other providers and health plans to whom we disclose PHI.
- **Public Health and Safety:** For disease reporting, product recalls, adverse events, abuse/neglect reporting (as allowed by law), and to prevent or reduce a serious threat to anyone's health or safety.
- **Health Oversight:** For audits, inspections, investigations, and licensure.
- **Judicial and Administrative Proceedings:** In response to a court or administrative order, and in some cases to a subpoena or other lawful process with required assurances.
- **Law Enforcement:** For limited law enforcement purposes as permitted by law.
- **Coroners, Medical Examiners, and Funeral Directors:** As necessary for them to carry out their duties.
- **Organ and Tissue Donation:** If you are an organ donor, as necessary to facilitate donation and transplantation.
- **Specialized Government Functions:** For national security, protective services, and correctional institutions in limited circumstances.
- **Workers' Compensation:** For workers' compensation or similar programs as authorized by law.
- **Research:** Under strict oversight and approvals, or when preparing research protocols with safeguards.

Uses and Disclosures That Require Your Authorization

- Marketing communications not otherwise permitted by law.
- Sale of PHI.
- Psychotherapy notes (with limited exceptions).
- Any other use or disclosure not described in this Notice.

You may revoke your written authorization at any time, except where we have already relied on it.

Special Protections for Substance Use Disorder (SUD) Records – 42 CFR Part 2

- If we create, receive, or maintain records that identify you as receiving SUD treatment from a federally assisted Part 2 program, those records are subject to strict federal confidentiality rules in addition to HIPAA.
- We generally cannot use or disclose Part 2 records without your written consent unless a specific exception applies (e.g., medical emergency, audits/evaluations, certain research, or a court order).
- With a single written consent for treatment, payment, and health care operations (TPO), entities receiving Part 2 records may further use or disclose them for HIPAA-permitted TPO purposes until you revoke your consent in writing.
- Part 2 records and testimony about them generally cannot be used in civil, criminal, administrative, or legislative proceedings against you without your consent or a specific court order that provides you notice and an opportunity to be heard.
- This Notice reflects these protections. If we create/maintain or receive Part 2 records, we have updated our practices and forms to comply with the February 16, 2026, compliance date for the HIPAA/Part 2 alignment.

Reproductive Health Information – Current Status

We follow current federal requirements regarding reproductive health information. In 2024, HHS issued a final rule to strengthen protections; in June 2025, a federal court vacated most of that rule nationwide. The remaining NPP-related provisions not vacated continue to apply, and the compliance date for applicable NPP updates remains February 16, 2026. We will update this Notice if federal requirements change.

Organized Health Care Arrangements (OHCA) (if applicable)

If we participate in an OHCA, we may share PHI with other participants for joint operations as permitted by HIPAA.

How to Ask Questions or File a Complaint (No Retaliation)

Privacy Officer: Lacey Brown-Contreras

Address: 530 E DeMoss St, Lordsburg, NM 88045

Phone: (575) 597-2720

Email: lbrowncontreras@hmsnm.org

You may also file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights at www.hhs.gov/ocr/privacy/hipaa/complaints/ or by calling 1-800-368-1019 (TDD 1-800-537-7697). We will not retaliate against you for filing a complaint.

Posting and Distribution

We will make this Notice available to any person who asks for it, post it prominently in our facilities and on our website, and provide it no later than the date of first service delivery. If we materially revise this Notice, we will make the revised Notice available as required by law.

Resources

Office for Civil Rights. (2026, February 13). Notice of Privacy Practices for Protected Health Information. U.S. Department of Health & Human Services. <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/>

Electronic Code of Federal Regulations. (2026). 45 C.F.R. § 164.520—Notice of privacy practices for protected health information. <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164/subpart-E/section-164.520>

U.S. Department of Health & Human Services. (2026). Model Notices of Privacy Practices (revised Feb. 2026) & Part 2 Patient Notice. <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/>

U.S. Department of Health & Human Services. (2026, January 30). Fact Sheet: 42 CFR Part 2 Final Rule (updated). <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/>

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