



Michael S. Seligson, MD, FACS
Michael Heeg, MD

NOTICE OF PRIVACY PRACTICES

1. 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. This notice summarizes how we handle your health information, and provides further details of our privacy policies and procedures.
2. How we may use and disclose your health information. We use health information about you for your treatment for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may disclose your health information in order to comply with Workers Compensation laws. We may disclose your health information to a coroner or information to authorities as allied by law to report abuse or neglect. But beyond these situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop uses or disclosures.
3. Your rights: The medical chart we maintain is the physical property of HIGH COUNTRY MACULA RETINA & VITREOUS, PC. In most cases you have the right to look at or get a copy of your health information that we use to make decisions about you. If you request copies we will charge a cost base fee and these copies will be made within 30 days of the request date. You also have the right to request a list of certain types of disclosures of your of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.
4. Our Legal Duty: We are required by law to protect the privacy of your health information; provide this notice about our privacy practices; follow the privacy practices that are described in this notice; and seek your acknowledgment of receipt of this notice. We may change our privacy policies at any time. Before we make significant changes in our privacy policies, we will change our notice and post the new notice in the waiting areas. You can also request a copy of our notice at any time. For more information on our privacy policies, please contact the office manager listed below.
5. Privacy Complaints: If you are concerned that we have violated your privacy right, our privacy polices, or if you disagree with a decision we made about access to your health information, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services.

If you have questions or complaints, please contact:

Jim Lester – Practice Manager
4343 Pan American Fwy, NE-Suite 224
Albuquerque, NM 87107

465 St. Michael's Drive, Suite 205, Santa Fe, New Mexico, 87505
4343 Pan American Fwy, Suite 224, Albuquerque, New Mexico 87107