

# *Dr. Glenn Wilcox LLC*

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## **General Information**

**Thank you for choosing my services.** My goal is to provide you with the most satisfactory healthcare experience possible. If for any reason I do not achieve my goal with you, I would be grateful if you would let me know. I utilize a wide range of real healthcare options. These include: acupuncture; various forms of injection therapy including prolotherapy, neurotherapy and trigger point therapy; intravenous therapy including nutritional IVs and high dose vitamin C IVs, detoxification/chelation therapy and oxidative medical procedures; a variety of manual therapies including massage and manipulation; the prescription of herbal and homeopathic medicines as well as nutritional supplements; the prescription of bioidentical hormones; dietary recommendations; exercise advice; meditation and lifestyle counseling. I have over thirty years experience successfully dealing with the full range of health issues. I specialize in the treatment of parasites and the elimination of toxic metals such mercury and lead. My bio is on an accompanying page. Please visit my website at [www.drglennwilcox.com](http://www.drglennwilcox.com) for more extensive information.

**Communication:** You can contact my clinic at (505) 771-4998 and one of my staff members will gladly assist you in making an appointment or help you with your needs. If for some reason the lines are busy and you have to leave a message, please do so and leave a detailed message and how to get a hold of you. If you need to write please send correspondence to the Albuquerque address at the bottom of the page. I have one clinic located in the Northeast Heights of Albuquerque. Directions to the clinic are on an accompanying page. I also receive and ship specimens for analysis with Dr. Hammed Ibraheem at the EKO University of Medicine and Health Sciences in Nigeria from this location.

**Forms:** Please read the attached **Informed Consent to Healthcare** and **Privacy Practices & Records Retention** and complete the **Health History Questionnaire**, **Informed Consent to Healthcare**, **Privacy Practices & Records Retention Acknowledge**, and **Financial Responsibility Statement** prior to your first appointment and bring them with you. At your request, I will review the **Informed Consent to Healthcare** with you. It is required by my New Mexico licensing board. You will be required to sign it before any consultation, diagnostic or treatment procedures are initiated. The **Privacy Practices & Records Retention Acknowledge** are required by federal law (HIPAA).

**Appointment Time:** Please arrive on time for your appointment. It is important that your pulse rate be calm and normal for acupuncture diagnosis and treatment so please refrain from exercising for at least two hours prior to acupuncture treatment. Please arrive at least an **hour** prior to your appointment time if you have **not** read and completed the forms described above.

**Clothing:** If possible, wear comfortable loose fitting clothing. If this is not possible and your appointment is for acupuncture or injection therapy, you will be provided with elastic waist cotton shorts and a large, loose fitting cotton tank top. When you enter the treatment room, please remove your shoes, panty hose or necktie. Also remove your watch or jewelry worn on the wrist since access to the radial artery at the wrist will be necessary during your treatment.

**Perfumes, Colognes and Lotions:** **Please do not use perfume, cologne or body lotion with a fragrance on the day of your treatment.** Many people are allergic to perfume and cologne or are very sensitive to them. They can have strong negative reactions when near someone wearing perfume or cologne or when they are in a room after someone who has been wearing them. If you use body lotion, apply it sparingly on days when you are scheduled for acupuncture treatment; and please use lotion without fragrance.

**Activities Following Treatment:** After an acupuncture treatment it is wise to avoid certain activities until after a nights sleep. These activities include: strenuous physical activity including sexual activity, consumption of alcoholic beverages, deep or lengthy massage, therapeutic electrical stimulation and stressful psychological situations. Although such activities after acupuncture treatment will not be harmful, their effect is to disperse *qi* and thus the benefits of the treatment do not become as well established. If you engage in the above activities please be moderate.

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## **Fees and Payment**

**Fees:** I charge \$240.00 per hour, in increments of 10 minutes. I charge for my services using CPT (Current Procedural Terminology) codes, which are the national standard for healthcare. Sometimes I do not charge for my time but by the procedure, such as for intravenous therapy. However, for the majority of the one on one procedures performed, I charge for my time.

Procedures, such as acupuncture and injection therapy, take varying amounts of time dependent on the procedure and the patient. A simple acupuncture treatment might take only a half hour and the charge would be \$120.00. However, if manual therapy or a longer consultation to discuss herbal medicines or nutritional supplements were necessary, the charge would be increased. Some people are more sensitive and require more time. Your options will always be discussed with you before anything is initiated.

For some procedures, an additional charge will be added for substances or equipment used in the procedure. For example, a B12 shot, for the average person, takes about 10 minutes to prepare and administer. The charge for 10 minutes would be \$40.00. An additional charge would be added for the B12. There are different types of B12 used for injection. Some are more concentrated, more effective and more expensive. The additional substance charge will vary depending on the choices you make after we discuss your options.

Intravenous therapy procedure charges are preset. However, for some highly sensitive people, more than normal time, care and substance administration is necessary. If you choose customized IV therapy, an additional charge may be added to the basic IV therapy charge.

I charge for my services in this way because I believe it improves the quality of my interaction with my patients and therefore it provides you with a more satisfying healthcare experience. Most doctors charge only by CPT code and therefore the more procedures or visits they do in a given amount of time, the more they can earn. Or, because of time restrictions determined by managed care health insurance organizations, many doctors are limited in how much time they may spend with a patient. This often results in a sense, by the patient, that the doctor is not spending as much time with them as they might want. By charging for my time, I am able to allow you to determine how long you want to spend with me to satisfy your needs and expectations. Whether you are a person with a more complex health picture or one who has lots of questions and therefore needs to spend more time, you may schedule with me according to your needs. Just let me know what you want so that we can schedule the time you need. We can discuss your options together.

The charge for laboratory testing will always be the professional or "doctors" rate charged by the laboratory. This will help to keep your costs down. Many laboratory charges include the shipping and often you can ship the specimen from your home. For some tests, an additional shipping and handling fee will be charged.

**Payment:** All charges must be paid at the time the service is provided or product is purchased. I accept payment by cash, check, money order, Visa, MasterCard and American Express. Even if you have medical insurance, **please bear in mind that you are responsible for payment of your charges in full.** I will not bill your health insurance company. You pay for services at the time of treatment. I will provide you with a receipt containing all the information that your medical insurance company requires, and you are responsible for filing for reimbursement from your medical insurance company. I am not a contracted provider for HMOs. Therefore, if you have medical insurance with an HMO, the HMO will not usually reimburse you or me for the services provided. I have made this decision so that I can devote my time to providing better healthcare to you, rather than using it to manage your medical concerns for the benefit of an insurance company. It also helps me keep my costs down, so I can provide more cost effective care to you.

**Missed or Canceled appointments:** For a missed appointment without proper notice, the regular fee for the type of appointment will be charged. If you must cancel an appointment, please let me know at least 24 hours in advance.

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## **Glenn Lockhart Wilcox, D.O.M., M.S., Professional Biography**

Glenn Lockhart Wilcox was born in Nova Scotia, Canada in 1951. His original training was in art and design. He began his career in Oriental Medicine in 1973 in Canada and moved to practice and study in Santa Cruz, California in 1974. Dr. Wilcox moved to Santa Fe, New Mexico in 1978 to continue his study of acupuncture, life medicine and aikido with Sensei Masahilo Nakazono, a Japanese master. In 1980 he graduated from Sensei Nakazono's school in Santa Fe – the Kototama Institute School of Natural Life Medicine – where he was later on the faculty. Years later, Dr. Wilcox returned to school and completed a focused study of Chinese herbal medicine at Southwest Acupuncture College, Santa Fe, from which he received a Master of Science in Oriental Medicine degree in 1992.

Dr. Wilcox is a licensed Doctor of Oriental Medicine in New Mexico and is certified for Expanded Practice in Injection Therapy, Intravenous Therapy and Bioidentical Hormone Therapy by the New Mexico Board of Acupuncture and Oriental Medicine. He is nationally board certified and a diplomat of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Oriental Medicine which includes Acupuncture, Chinese Herbology and Bodywork Therapy. He has completed the American College of Integrative Medicine two year educational program as a Primary Care Provider of Integrative Primary Care Natural Medicine. He has also completed the National Board of Acupuncture Orthopedics year long specialty educational program in orthopedics.

In New Mexico, Dr. Wilcox began his practice of oriental medicine in Santa Fe and in 1981 he moved his clinic to Albuquerque. He combines highly effective and painless traditional Japanese acupuncture and manual bodywork therapy with herbal and nutritional medicine, which he integrates with bioidentical hormone therapy. To this he has added injection therapy that includes prolotherapy, neurotherapy, and trigger point therapy, as well as intravenous infusion therapy with high dose vitamin C, ozone, ultraviolet blood photoluminescence therapy, hydrogen peroxide, chelation therapy and intravenous nutrient therapy.

Since 1988 he has specialized in the treatment of parasites, working and studying with world class M.D. and Ph.D. parasitologist, Dr. Hammed A. Ibraheem, founder of the EKO University of Medicine and Health Sciences in Nigeria.

During 2007 and 2008, Dr. Wilcox was the founding Medical Director of New Health Insight – The Center for Integrative Medicine and Biological Dentistry in Albuquerque.

Dr. Wilcox served on the State of New Mexico Board of Acupuncture and Oriental Medicine for seven years, five years as chairman. He was the founding president of the Federation of Acupuncture and Oriental Medicine Regulatory Agencies, a national organization that links state licensing boards, and was elected the first honorary lifetime member of that organization. He was a founding member of the Acupuncture and Oriental Medicine Association of New Mexico and served five terms as its president. That organization voted him “Acupuncturist of the Year” in 1989 and “Doctor of Oriental Medicine of the Year” in 1997. He is also a founding member of the American Association of Acupuncture and Oriental Medicine, which voted him “Acupuncturist of The Year” in 1993 and “State Board Member of the Year” in 1997.

Since 1988, in New Mexico, Dr. Wilcox led the oriental medicine profession to initiate the creation of cutting-edge laws that have mandated insurance reimbursement for oriental medical services and that have evolved the oriental medicine scope of practice into the twenty-first century. These laws have served as an example to which other states and other healthcare professions aspire. Most notable is the creation of the Expanded Practice Certification. This authorizes New Mexico doctors of oriental medicine, with advanced training and certification, to integrate injection therapy, intravenous therapy and bioidentical hormone therapy into the oriental medical system, thus evolving the most mature, integrative system of medicine in the nation.

For more information visit [www.drglennwilcox.com](http://www.drglennwilcox.com).

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### **Directions to the Clinic of Dr. Glenn Wilcox**

5353 Wyoming Blvd. NE  
Suite 4  
Albuquerque, NM 87109  
(505) 771-4998

In the NE Heights of Albuquerque, we are approximately 4 minutes from I-25 at Exit 230 and 8 minutes from I-40 at Exit 164 in Albuquerque.

From **I-25**, take **Exit 230** and head **south on San Mateo Blvd NE** to Academy Road NE and turn left heading east on Academy. Follow Academy Road to Wyoming Blvd NE and turn right onto Wyoming. We are located on the right hand side just past the first stoplight. The building is white brick with a large red State Farm Insurance sign on the SE corner of the building. The parking and entrance is in the rear of the building.

From **I-40**, take **Exit 164** and head **north on Wyoming Blvd NE**. After passing Spain Road NE take the third left turn. The building is white brick with a large red State Farm Insurance sign on the SE corner of the building. If you pass through a stoplight after passing Spain Road NE, you went about 100' too far. The parking and entrance is in the rear of the building.

For a Google map to the clinic please visit the website at **[www.drglennwilcox.com](http://www.drglennwilcox.com)**.

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## **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.**

If you have any questions regarding this Notice please contact our Office Manager at (505) 771-4998 for further information about the complaint process.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be given to you at the time of your next appointment.

### **1. Uses and Disclosures of Protected Health Information**

Your PHI may be used and disclosed by your physician, our office staff and others outside of your office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe the type of uses and disclosures that may be made by our office.

**Treatment:** We will use and disclose your PHI to provide, coordinate or manage your care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI protected. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. For example, we may disclose your PHI to medical students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of an appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains the terms that will protect the privacy of your protected health information.

### **Uses and disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your PHI will be made with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that our physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object.**

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in the best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

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**Others involved in your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is relevant to the family or friend's involvement with your care of your location, general condition, death or payment for that care. Finally we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situation without your authorization. These situations include:

**Required By Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Communication Barriers:** We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable, he or she may still use or disclose your protected health information to treat you.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, and other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administration tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the

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purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500et.seq.

## **2. Your Rights**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and to obtain a copy of your protected health information.** You may inspect and obtain (for a fee) a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A designated record set contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy contact if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by informing in writing of your request for restriction.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for this request. Please make this request in writing to our Privacy Contact.

**You have the right to request amendments to your protected health information.** You may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we have made to you, to family members or friends involved in your care, or for notification purposes. Disclosures made pursuant to a signed authorization by you are also excluded from the accounting. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

## **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Office Manager of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Office Manager at (505) 771-4998 for further information about the complaint process.

**This notice was published and becomes effective on April 24, 2014.**

# *Dr. Glenn Wilcox LLC*

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## **Medical Records Retention, Release and Destruction Policy**

**This notice describes how your medical records are retained, released and destroyed and how you can get access to this information. Please review it carefully.**

“Medical record” means all information maintained by a physician relating to the past, present or future physical or mental health of a patient, and for the provision of health cares to a patient. This information includes, but is not limited to, the physician’s notes, reports and summaries, and x-rays and laboratory and other diagnostic test results. A patient’s complete medical record includes information generated and maintained by the physician, as well as information provided to the physician by the patient, by any other physician who has consulted with or treated the patient, and other information acquired by the physician about the patient in connection with the provision of health care to the patient.

“Psychotherapy notes” means notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes exclude information that is found in the medical record, including medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date. To meet the definition of psychotherapy notes, the information must be separated from the rest of the individual’s medical record. (16.10.17.7 NMAC – N, 7/1/06)

Release of Medical Records: Physicians must provide complete copies of medical records to a patient or to another physician in a timely manner when legally requested to do so by the patient or by a legally designated representative of the patient. This should occur with a minimum of disruption in the continuity and quality of medical care being provided to the patient. If the medical records are the property of a separate and independent organization, the physician should act as the patient’s advocate and work to facilitate the patient’s request for records.

- A. Medical records may not be withheld because an account is overdue or a bill for treatment, medical records, or other services is owed.
- B. A reasonable cost-based charge may be made for the cost of duplicating and mailing medical records. A reasonable charge is not more than \$30 for the first 15 pages, and \$0.25 per page thereafter. Patients may be charged the actual cost of reproduction for electronic records and record formats other than paper, such as x-rays. The board will review the reasonable charge periodically. Physicians charging for the cost of reproduction of medical records shall give consideration to the ethical and professional duties owed to other physicians and their patients.
- C. Psychotherapy notes must be maintained separately from the patient’s medical record, and may be withheld from the patient. The patient does not have the right to read, amend or have a copy of psychotherapy notes. Release of psychotherapy notes to other health care providers requires express authorization from the patient. (16.10.17.8 NMAC – N, 7/1/06)

Dr. Glenn Wilcox LLC is responsible for the retention of your medical records at 5353 Wyoming Blvd. NE Suite 4, Albuquerque, New Mexico 87109, telephone number (505) 771-4998 under the management of the Medical Records Director. To obtain copies of your medical records, please contact us as above.

All medical records are filed in alphabetical order in our Medical Records Department for a period of thirteen years or when no longer being actively used for thirteen years. Medical records belonging to a minor must be retained for at least three years beyond the date that the patient is 18 years old.

Destruction of medical records must be such that confidentiality is maintained. Records must be destroyed by shredding, incinerating (where permitted) or by other method of permanent destruction.

A log must be kept of all charts destroyed, including the patient’s name and date of record destruction. (16.10.17.10 NMAC – N, 7/1/06).

If you have any questions regarding this Notice please contact our Medical Records Department at (505) 771-4998 for further information.

Revised 04/24/14