

## NOTICE OF PRIVACY PRACTICES

This practice recognizes that every patient has the RIGHT OF PRIVACY concerning their personal health information. We make every effort to protect and preserve patient records in a manner that secures this information.

Please sign that you received a copy of our PRIVACY PRACTICES.

By signing you do not give up any rights and you may choose at some point in the future to provide more specific instructions for us to follow regarding your personal health information.

I have received a copy of this practice's NOTICE OF PRIVACY PRACTICES.

Print your name\_\_\_\_\_

Sign your name\_\_\_\_\_

Today's date\_\_\_\_\_



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Office: (480) 284-5800

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## NOTICE OF PRIVACY PRACTICES

Our practice takes patient privacy seriously and we work hard to meet and exceed all existing rules and regulations. We are required by federal and state law to maintain the privacy of your health information and to provide you with this notice.

### How we disclose health information

**Referrals:** We use and disclose health information about you for treatment within our practice, for general healthcare operations and payment collection. This means your information is available to our immediate staff and to other practitioners who we may refer you to for additional treatment. This includes but is not limited to other healthcare providers, labs and insurance carriers.

**Business operations:** Your information may be reviewed in the course of general operations for activities such as conducting quality reviews, assessing practitioner performance, evaluation of business costs, conduct training, licensing, accreditation and certain certification activities and other business related evaluations.

**Payment and collection:** Your health information will be sent to third party payers for insurance collection and when applicable, to collection agencies for assistance to us receiving payment for services rendered. Additionally information may be used from time to time as necessary to secure payment for services. We will use our professional judgment and experience with common practice to make decisions on what information disclose to secure payment.

**Family, friends, personal representatives, and others:** We may disclose your health information to a family member, friend, or other persons to the extent necessary to help with your healthcare or with payment for your healthcare. You may request that we not disclose to a family member or anyone other than yourself, of which we will abide. An example of where we might disclose information to someone other than you might be when someone picks you up from an appointment where sedation has been administered, or where a family member wishes to pick up a prescription on your behalf. We will use our professional judgment in disclosing health information. We may disclose information to others who are involved in your healthcare, trying to ascertain your general condition, your current location, or learn of your death.

**Marketing health related services:** WE WILL NOT use your health information for marketing communications without your written authorization. Under federal privacy rules we may send you update information about our practice of healthcare system, send you information regarding programs and products we offer to enhance your care and treatment, send reminder notices for appointment and offer small nominal gifts from time to time such as toothbrushes which is not considered marketing. WE WILL NEVER provide your name to an outside organization for marketing.

**Business Associates:** We require our business associates to sign a contract specifying they too are strictly following patient privacy rules and regulations. We will act swiftly and decisively if we find any violated provisions of their contract.

**When the law requires us to disclose:** We may disclose your health information to government agencies or others, as required by law. Examples of this include, but are not limited to, law enforcement, required state agency reporting or coroners seeking to confirm identity. Additionally we disclose to military authorities for purposes such as national security.

**Abuse and neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or are the victim of possible other crimes. We disclose to the extent necessary to avert further harm to you or others.

### Patient Rights

**Access to Records:** You have the right to look at copies of your health information, with limited exceptions. You may request photocopies and copies of x-rays. We will use the format you request, unless we are unable to practically do so. You must take your request in writing to our practice. We can provide a form or may simply write a request of what records you are requesting. If we provide copies we may charge you a set fee for each page copied.

**\*Records older than one year may be stored outside the physical office. We have up to 30 days (and sometimes longer) to respond to your request.**

**List of disclosures:** You have the right to receive a list of instances in which we, or our business associates have disclosed your health information for purposes other than treatment, payment, healthcare operations and a few other activities as specified by law for the last six years but not prior to April 14, 2003. If you request the list more than once in a 12 month period, a fee will be charged.

**Restrictions:** You have the right to place additional restriction on our use or disclosure of your health information. We are not required to agree to these restrictions, however, if we do agree, we will abide by our agreement, except in certain emergency situations.

**Communications to you:** You may request we communicate with you about your health information by alternative means or to alternative locations, when you make the request in writing. You must specify the alternative means or locations and provide a satisfactory explanation how payment will be made under alternative means or location.

**Amendment of your records:** You have the right to request that we amend your health information when requested in writing. We may deny your request, however will note in your records your request to amend and the reason. We cannot delete anything from the formal record but we can ass addendums to the record that may be able to meet your amendment request.



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