

## 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.**

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within the practice and how we may disclose it to others outside the practice. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you questions.

### **HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?**

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care.

For example, we will allow other physicians treating you to have access to your practice medical record. To assure that your other treatment providers have quick access to your latest health information, we may participate in a community-based electronic health information exchange. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you, or to perform follow-up calls to monitor your care experience.

**Family members and others involved in your care:** We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. During visits with family members and other visitors, let your physician and practice personnel know if you do not want them to disclose your medical information during your visit.

**Payment:** We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or Health Insurance Company may ask to see parts of your medical record before they will pay us for your treatment.

**Practice Operations:** We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run the practice. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting, or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate the care provided by practice personnel, your doctors, or other health care professionals.

**Research:** We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

**Required by Law:** Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the State Workers' Compensation Program for work-related injuries.

**Public Health:** We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State. We also need to report patient problems with medications or medical products to the FDA, or notify patients of recalls of products they using.

**Public Safety:** We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying, or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the practice. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

**Health oversight activities:** We may disclose medical information to a government agency that oversees the practice or its personnel, such as the State Department of Health, the Federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor the practice's compliance with State and Federal laws.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:** We may disclose medical information to organizations that handle organ, eye, or tissue donation or transportation.

**Military, Veterans, National Security and other government purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The practice may also disclose medical information to Federal officials for intelligence and national security purposes, or for presidential protective services.

**Judicial Proceedings:** The practice may disclose medical information if the practice is ordered to do so by a court or if the practice receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

**Information with additional protection:** Certain types of medical information have additional protection under State and Federal law. For instance, medical information about communicable disease and HIV/AIDS, and evaluation and treatment for a serious medical illness is treated differently than other types of medical information. For those types of information, the practice is required to get your permission before disclosing that information to others in many circumstances.

**Uses and disclosures for which your authorization is required:** With limited exceptions, the practice must obtain your written authorization before it may disclose your medical information in the following circumstances: (1) to disclose psychotherapy notes, (2) to conduct marketing activities, or (3) to sell your medical information to a third party.

**Other uses and disclosures requiring authorization:** If the practice wishes to use or disclose our medical information for a purpose that is not discussed in this notice, the practice will seek your written authorization. If you give your authorization to the practice, you may take back that authorization at any time, unless we have already relied on your authorization to use or disclose the information. If you ever would like to revoke your authorization, please notify the practice in writing.

## **WHAT ARE YOUR RIGHTS?**

**Right to request your medical information:** You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, write to the office. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what the cost to copy the information. We will tell you in advance what this copying will cost.

**Right to request amendment of medical information you believe is erroneous or incomplete:** If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, write to the practice.

**Right to get a list of certain disclosures of your medical information:** You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to the privacy official. We will provide the first list for free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what the list will cost.

**Right to request restrictions on how the practice will use or disclose your medical information for treatment, payment, or health care operations:** You have the right to request the practice from making uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the practice. In many cases, the practice is NOT required to agree to your request for restriction, but if we do agree, we will comply with that agreement. However, the practice must agree to your request not to disclose to your health plan any medical information about items or services for which you have paid in full, unless such disclosure is required for treatment or by law. If you do not want the practice to notify your health plan, you must notify us at the time of your registration as well as make immediate arrangements to pay in full for your treatment or visit.

**Right to request confidential communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate with you only by mail. To do this, write to the privacy official. At your request, you can also ask to speak with your health care providers in private outside the presence of others patients or family.

**Right to a paper copy:** If you have received this notice electronically, you have the right to a paper copy at any time. You may obtain a paper copy of the notice from the privacy official.

### **DUTIES OF THE PRACTICE**

The practice is required by law to protect the privacy of your medical information, give you this Notice of Privacy Practices, and follow the terms of the notice that is currently in effect. The practice is also required to notify you if there is a breach of your unsecured medical information.

### **WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?**

The notice of Privacy Practices applies to the practice and its personnel, volunteers, students, and trainees.

### **CHANGES TO THIS NOTICE**

From time to time, we may need to change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this notice to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time by contacting the Privacy Official.

### **DO YOU HAVE CONCERNS OR COMPLAINTS?**

Please tell us about any problems or concerns you have with your privacy rights or how the practice uses or discloses your medical information. If you have a concern, please contact the practice's Privacy Official.

If for some reason the practice cannot resolve your concern, you may also file a complaint with the federal government at the OCR/DHHS regional office. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

### **PRACTICE PRIVACY OFFICIAL CONTACT INFORMATION**

Mailing address: 270 E Hunt Hwy, Suite 10, San Tan Valley, AZ 85143

Phone: 480-987-5500

Email: [woe270@yahoo.com](mailto:woe270@yahoo.com)

ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_, have received a copy of the  
Notice of Privacy Practices.

Please print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices but the  
acknowledgement could not be obtained because:

\_\_\_\_\_ Individual refused to accept the Notice of Privacy

\_\_\_\_\_ Individual refused to sign acknowledgement

\_\_\_\_\_ Communication barriers prohibited obtaining the acknowledgement

\_\_\_\_\_ An emergency situation prevented us from obtaining acknowledgement

Other: (Please specify)

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Office Staff Signature

Date