

NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

This notice describes how health information about you (as a patient of this practice) may be used and disclosed and how you can get access to your individually identifiable health information.

Please review this notice carefully.

HOW WE MAY USEAND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your individually identifiable health information also called *protected* health information, or PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to

maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the Notice of Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI,
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will he effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at anytime. If you have questions about this Notice, please contact: North Valley Family Medicine at 623-322-4991.

We may use and disclose your PHI with your consent for the following reasons:

- **For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, we might disclose your PHI to a pharmacy when we order a prescription foryou.
- To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to your health plan for reimbursement of the health care """""" we provided for you. We may also provide you PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
- For health care operations. We may disclose your PHI in order to operate our practice. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, EMR/PM consultants and others in order to make sure we are complying with the laws that affect us.
- Exceptions to consent requirement for treatment, payment, and health care operations. Although your consent is required for the above mentioned, we may disclose your PHI toothers



without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as long as we try to get your consent after treatment, or if we try to get your consent but you are unable to communicate with use (for example, if you are unconscious or in severe pain) and we thinkyou would consent if you were able to do so.

Certain Uses and Disclosures Do Not Require Your Consent. We may use and disclose your PHI without your consent or authorization for the following reasons:

- When a disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement. For example, we make disclosures when alaw requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
- For public health activities. For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
- For health oversight activities. For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- For purposes of organ donation. We may notify organ procurement organizations to assist them in organ, eye, ortissue donation and transplants.
- For research purposes. In certain circumstances, we may provide your PHI in order to conduct medical research.
- To avoid harm. In order to avoid a serious threat to the health and safety or a person of the public, we may provide your PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- **For workers' compensation.** We may provide your PHI in order to comply with workers' compensation laws.
- Appointment reminders and health-related benefit or services. We may use your PHI to provide appointment reminders or give you information about treatment alternatives, clinical research studies, or other health care services or benefits that we offer.

USES AND DISCLOSURES WHICH REQUIRE YOUTO HAVE THE OPPORTUNITY TO OBJECT

• Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:



- The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. You must provide the request in writing. We will consider your request but are not legally required to honor it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address) or by alternate means. You must provide your request in writing. We must agree to your request as long as we can easily provide it in the format you requested.
- The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that was created by us, but you must make the request in writing. We will respond to you within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will tell you our reasons for the denial and explain your right to have the denial reviewed. Instead of providing the PHI you requested we may provide you with a summary or explanation of the PHI.
- The Right to Get a List of the Disclosures We Have Made. You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April14, 2003. We will respond within 60 days of receiving your written request. The list we will give you will include disclosures made in the prior year unless you request a different time frame. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in a rolling 12-month period of time, there will be a charge of \$25.00 for each additional request.
- The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your written request. We may deny your request if the PHI is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, notify you of the changes that we have done, and update others that need to know about the change to your PHI.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

EFECTIVE DATE OF THIS NOTICE

This notice went into effect on April14, 2003.

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN AROUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of Health and Human Services, please contact: Shannon Stone, Office Manager, 6320 W. Union Hills, Building B Suite 2800, Glendale, Arizona, 85308