



This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

We are required by law to protect the privacy of your personal health information, provide this notice about our practices, and follow the information practices that are described herein. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information we maintain. When changes are made a new notice will be posted in a prominent area in our office. You may also request a copy of our revised notice.

### *Uses and Disclosures of Your Protected Health Information:*

**Treatment.** We may use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. We may also disclose your protected health information to other healthcare providers who may be treating you or involved in your healthcare.

**Payment.** We may use and disclose your protected health information to obtain payment for the healthcare services we provide you or to determine whether we may obtain payment for services we recommend for you. We may also disclose your protected health information to another healthcare provider, healthcare clearinghouse or health plan for their payment activities.

**Healthcare Operations.** We may use and disclose your protected health information to support our business activities (i.e. to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you). We may also disclose your protected health information to third-party business associates who perform certain activities for us, such as billing.

**Persons Involved in Your Care.** We may use and disclose to a family member, a relative, a close friend, or any other person you identify, your protected health information that is directly relevant to the person's involvement in your care or payment related to your care, unless you object to such disclosure. If you are unable to agree or object to a disclosure, we may disclose the information as necessary if we determine that it is in your best interest based on our professional judgment.

**As Required by Law.** We may use and disclose your protected health information to the extent the use or disclosure is required by law. If required by law, you will be notified of any such uses or disclosures.

**Public Health.** We may disclose your protected health information for public health activities to a public health authority that is permitted by law to collect or receive the information. Disclosures will be made for purposes of controlling disease, injury or disability. If directed by the public health authority, we may disclose your protected health information to a foreign government agency that is collaborating with the public health authority.

**Abuse or Neglect.** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. If we believe you are a victim of abuse, neglect or domestic violence, we also may disclose your protected health information to the governmental agency that is authorized to receive this information. All disclosures will be consistent with the requirements of the applicable laws.

**Communicable Diseases.** If authorized by law, we may disclose your protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a communicable disease.

**Legal Proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal; to the extent the disclosure is expressly authorized; or, if certain conditions have been satisfied, in response to a subpoena, discovery request or other lawful process.

**Law Enforcement.** If certain legal requirements are met, we may disclose your protected health information to a law enforcement official for law enforcement purposes.

**Workers' Compensation.** We may use and disclose your protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Written Authorization.** Except as stated in this notice, we will not use or disclose your protected health information without your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have used or disclosed your information in reliance on the authorization.

### *Your Health Information Rights*

**Copy of This Notice.** You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking our receptionist at your next visit or by calling and asking us to mail you a copy.

**Inspect and Copy.** You have the right to inspect and copy the protected health information that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. You may not inspect or copy information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or protected health information that is subject to law that prohibits access to protected health information. If you wish to inspect or copy your medical information, you must submit your request in writing to our office at 2000 West Wickenburg Way Suite 200, Wickenburg, AZ 85390. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. You may mail your request or bring it to our office. We have 30 days to respond to your request for information that we maintain at our practice site.

**Request Amendment.** You have the right to request that we amend your protected health information. You must make this request in writing to our office. The request must state the reasons for the amendment. We may deny your request if it is not in writing or does not state the reason for the amendment. We may also deny your request if the information was not created by us, unless you provide reasonable information that the person who created it is no longer available to make the amendment; is not part of the record which you are permitted to inspect and copy; the information is not part of our designated record; or is accurate and complete, in our opinion.

**Request Restrictions.** You have the right to request a restriction or limitation of how we use or disclose your protected health information for treatment, payment, or healthcare operations; to persons involved in your care; or for notification purposes as set forth in this notice. Although we are not required to agree to your requested restriction, if we do agree, we will comply with your request unless the information is needed for emergency treatment. Please contact our office as set forth in this notice to request a restriction.

**Accounting of Disclosures.** You have the right to request a list of our disclosures of your protected health information, except for disclosures for treatment, payment, or healthcare operations; to you; incident to a use or disclosure set forth in this notice; to persons involved in your care; for notification purposes, to law enforcement officials; as part of a limited data set that occurred six years prior to the date of the request. Your request must be in writing and must state the time period for the requested information. Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12 months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

**Request Confidential Communications.** You have the right to request how we communicate with you to preserve your privacy. We may condition the accommodation by asking you for information as to how payment will be handled or specification of an alternate address or other method of contact. You must submit your request in writing to our office. The request must specify how or where we are to contact you. We will accommodate all reasonable requests.

**File a Complaint.** You have the right to file a complaint with our office or with the Secretary of the Department of Health and Human Services if you believe we have violated your privacy rights. Complaints to our office must be in writing. We will not retaliate against you for filing a complaint.

**For More Information.** If you have questions or would like additional information, you may contact our office at 928.668.0108.