

Notice of Privacy Practices for Protected Health Information

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.

This office is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described in this Notice.

If you consent, the office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and healthcare operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, medical history, examination and test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services.

Treatment: We may disclose your health care information to other healthcare professionals for the purpose of treatment, payment or health care operations.

Payment: We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

Workers' Compensation: We may disclose your health information to the extent necessary to comply with laws relating to Workers' Compensation.

Emergencies: We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health: As required by law, we may disclose your health information to public health authorities for purposes related to: prevention or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medication, and reporting disease or infection exposure.

Judicial and Administrative Proceedings: We may disclose your health information to coroners or medical examiners.

Organ Donation: We may disclose your health information to organization involved in procuring, banking or transplanting organs and tissues.

Research: We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

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Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies: We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing: We may contact you for marketing purposes or fundraising purposes, as described below: (example) “as a courtesy to our patients, it is our policy to call your home prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.”

Complaints: Complaints about your Privacy rights, or how we have handled your health information should be directed to Denise Leverett by calling 480-706-5830.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

Acknowledgement of Receipt of Notice of Privacy Practices:

Please sign your name and print your name and date on this acknowledgement form. If you would like a copy of this acknowledgement, please ask let us know.

Signature: _____

Printed Name: _____

Date: _____