

## NOTICE OF PRIVACY PRACTICE

This office is required to notify you writing, that by law, we must maintain the privacy and confidentiality of your **Personal Health Information** and how you may obtain access to that information. In addition, we are providing you with a list of potential circumstances under which by law, or in accordance with our office policy, we **may** disclose information about you to a third party without your authorization. Below is a brief summary of these circumstances. If you would like a more detailed explanation, one will be provided to you. Once you have read this 'Notice' please sign the last page and return only the signature page (page 3) to our front desk receptionist.

### PERMITTED DISCLOSURES

1. For treatment purposes- discussion with other health care providers involved in your care
2. *Inadvertent disclosures- services may be rendered in an open treating area, which means open discussion. If you need to speak privately to the doctor please let our staff know so we can place you in a private consultation room.*
3. For payment purposes - to obtain payment from any insurance company or other available collateral source, OR
4. To obtain a recent address on you in the event you move and do not leave a forwarding address, we may use your 'emergency contact information' in whatever way necessary to locate you and collect any outstanding sums you may owe the practice/doctor.
5. For workers compensation purposes- to process a claim or aid in investigation
6. Emergency- in the event of a medical emergency we may notify a family member
7. For Public health and safety - in order to prevent to or lessen a serious or eminent threat to the health or safety of a person or general public.
8. To Government agencies or Law enforcement, to identify or locate a suspect, fugitive, material witness or missing person.
9. For military, national security, prisoner and government benefits purposes.
10. Deceased persons –discussion with coroners, medical examiners and family members or others who were involved in the care or payment for care of the decedent prior to death,
11. Telephone calls or emails and appointment reminders -we may call your home and leave messages regarding a missed appointment or apprise you of changes in practice hours or up coming events.
12. Change of ownership- in the event this practice is sold the new owners would have access to your PHI
13. To send communications while you are being treated and we are receiving financial remuneration
14. Speaking with the patient's guardian or representative regarding bill payment
15. Providing therapy to patients in group settings
16. We may discuss your PHI using personal mobile phones when necessary to facilitate discussion about your care and or record keeping of your care.

Any other uses of disclosures not described in the Notice of Privacy Practices will be made only after obtaining your prior written authorization.

**Note: At any time, this office may update the list of ways your PHI may be used, and all updates are deemed retroactive.**

## **YOUR RIGHTS**

1. To receive an accounting of disclosures
2. To receive a paper copy of a more detailed /comprehensive Privacy Notice
3. To request mailings to an address different than your residence
4. You have the right to request and receive electronic copies of your records
5. To request amendments to information, however like restrictions we are not required to agree to them
6. You have the right to receive notification in the event of a breach of unsecured PHI
7. To request restrictions on certain uses and disclosures and, however we are not required to comply with your request.
8. With advance notice of at least five business days to the practice you may inspect your records and receive one copy of your records at no charge.
9. You have the right to request and we as a covered entity will restrict disclosure of your personal health information to a health plan if disclosure pertains to a healthcare item or service which you have personally paid out of pocket for in full.
10. You have the right to NOT receive communications regarding fund raising and none will be sent to you unless you give us written authorization

## **ADDITIONAL RESPONSIBILITIES OF THIS PRACTICE**

1. We are required to obtain a separate signed authorization from you before your personal health information can be used in marketing and for any disclosures that constitute a sale of personal health information.
2. We are required to notify you and HHS in the event of a breach caused by any of our business associates.
3. We are responsible to look over our business associate contracts to ensure they comply with the Omnibus Rules and requirements.
4. With prior authorization from you, we may contact you to send you information concerning products or services and information related or unrelated to your health.

## **COMPLAINTS:**

If you wish to make a formal complaint about how we handle your health information please call Angela Powell at 480-570-4204. If she is unavailable, you may make an appointment with our receptionist to see the Doctor within 2 working days. If you are still not satisfied with the manner in which this office handles your complaint, you can submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Ave. SW  
Room 509F HHH Building  
Washington DC 20201