

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOU PRIVACY IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect immediately and will remain in effect until we replace it. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. In addition, you may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies, please contact us using the information at the end of this notice.

“Protected Health Information (PHI)” is information about you, including demographic information that can reasonably be used to identify you and that is related to your past, present or future physical or mental health condition, the provision of care to you or the payment for that care.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

We use and disclose your PHI for treatment, payment and healthcare operations.

TREATMENT: We may use and disclose your PHI to assist in your diagnosis and treatment. For example, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

PAYMENT: We may use and disclose your PHI to obtain payment for services provided to you. For example, we may provide your PHI to billing companies, collection agencies, attorneys and other that participate in claims payment process.

HEALTH CARE OPERATIONS: We may use and disclose your PHI for activities necessary to accomplish the purpose of the use or disclosure, excepted for treatment purposes. As required, we may disclose PHI in the following situations:

- *REQUIRED BY LAW OR JUDICIAL AND ADMINISTRATIVE PROCEEDINGS
 - *NATIONAL SECURITY AND MILITARY INTELLIGENCE
 - *PUBLIC HEALTH ACTIVITIES
 - *VICTIMS OF ABUSE NEGLECT OR DOMESTIC VIOLENCE
 - *COMPLYING WITH WORKERS COMPENSATION LAWS
-

NOTICE OF PRIVACY PRACTICES

AUTHORIZATION

In addition to our use of your health information for the above described purposes, you may give us authorization to use your PHI for anyone for any purpose, such as to family and friends or others involved in care. You may revoke this authorization in writing at any time. Your revocation will not affect any use or disclosures permitted while the authorization was in effect.

PATIENT RIGHTS

ACCESS: You have the right to see and get copies of your PHI, with limited exceptions. You may request photocopies by submitting your request in writing. We will respond within 30 days and will charge a fee for expenses of copies and staff time of \$10/hour or portion of an hour plus 10 cents per page. If you prefer, we will prepare a summary or an explanation of your health information for a fee.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes, other than treatment, payment, healthcare operations of the last 6 years, but not before 10/16/03. If you request accounting more than once in a 12-month period, we may charge you a reasonable fee for responding.

RESTRICTIONS: You have the right to request that we place additional restrictions on our use of disclosure of your PHI. We are not required to agree to these additional restrictions, but, if we do, will abide by our agreement (except in an emergency).

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Officer.

If you are concerned that we may have violated your privacy right, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have us communicate with you by alternative means or at alternative locations, you may complain to us, using the contact information listed at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

PRIVACY OFFICER: JON PORMAN **TELEPHONE:** (480) 812-9000 **FAX:** (480) 812-9040
ADDRESS: 1743 E. McNair Dr, Ste 400, Tempe, AZ 85283

I ACKNOWLEDGE I CAN RECEIVE A COPY OF THIS NOTICE OF PRIVACY PRACTICES

PATIENT NAME: _____

SIGNATURE: _____

If the patient is not yet 18 years old, a parent or guardian must sign.