

## NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS

### **Patients Rights**

**Right to request your medical information:** You have the right to look at your own medical records and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care.

**Right to request amendment of medical information you believe is erroneous or incomplete:** If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record.

**Right to get a list of certain disclosures of your medical information:** You have the right to request a list of many of the disclosures we make of your medical information.

**Right to request restrictions on how our office will use or disclose your medical information for treatment, payment, or health care operations:** You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the office. We are not required to agree to your request, but if we do agree, we will comply with that agreement.

**Right to request confidential communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. (For example: you request us not to call your home or work or to communicate with you only by mail, or you can ask to speak to your healthcare provider in private outside the presence of other patients.)

### **Notice of Privacy Practices**

#### *How We Will Use and Disclose Your Medical Information:*

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, medical equipment providers, medical facilities, and others involved in your care.

**Payment:** We may use and disclose your medical information to get paid for the medical services and supplies we provide to patients. (For example, your health plan or insurance company may require to see parts of your medical records before allowing payment for your treatment.)

Required by Law: Federal, state, or local laws sometimes require us to disclose patient’s medical information. For instance, we are required to give information to the Arizona Worker’s Compensation Program for work related injuries.

Public Health: We also may report certain medical information for public health purposes. For instance, we are required to report communicable diseases to the State of Arizona. We may also be required to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Judicial Proceedings: Our office may disclose medical information if ordered to so by a court or if we receive a subpoena or search warrant.

Information with Additional Protection: Certain types of medical information have additional protection under state or federal law. For instance, medical information about communicable disease and HIV/AIDS. For these types of information, our office is required to get your permission before disclosing to others in many circumstances.

Other Uses and Disclosures: If our office wishes to use or disclose your medical information for a purpose that is not discussed in this notice, our office will seek your permission. If you give your permission to our office, you may take back your permission at any time by notifying our office in writing, unless we have already relied on your permission to use or disclose the information.

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Patient’s Signature

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Date

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Office Manager’s Signature

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Date