



2775 S. 8th Ave
Yuma, AZ 85364
(928) 341-0700

HIPAA Privacy Policy

NOTICE OF PRIVACY PRACTICES

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.

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within our practices, and how we may disclose your medical information to others. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have any questions.

HOW WILL WE 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 other doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we would disclose your protected health information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options of alternatives, or to tell you about health related services available to you.

Family Members and Others Involved in Your Care: We may disclose your medical information to a family member of a friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want to disclose your medical information to family members or others who are involved in your care, you must notify our office personnel.

Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company, may ask to see parts of your medical record before they will pay us for your treatment.

Regular Health Care Operations: Health care operations include the business aspects of running our practice on a daily basis. These functions include, the entire staff having access to your file to obtain authorizations or medications or medical procedures, filing of paperwork, recording phone messages or vitals from your visit, confirming your appointments with our office, scheduling your appointments with our office and obtaining the medical complaint for your visit, writing referrals for other physicians, and dictating notes to an outside source of your visit.

Research: We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law: Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the Arizona Workers' 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 births, deaths, and communicable diseases to the State of Arizona. We also may need to report patient problems with medications or medical products to the RDA, or may notify patients of recalls of products they are using.

Public Safety: We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime or violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the Hospital. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Coroners, Medical Examiners, and Funeral Directors: We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donations: We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose medical information to federal officials for intelligence and national security purposes or for presidential Protective Services, as appropriate.

Judicial Proceedings: We may disclose medical information if we are ordered to do so by a court or if we receive a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

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, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, we are required to get your permission before disclosing that information to others in many circumstances.

Other uses and Disclosures: If we wish to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission to us, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify the office personnel or our Privacy Official.

WHAT ARE YOUR RIGHTS? Right to Request Your Medical Information: You have the right to look at your own medical information 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. To request your medical information, write to our office at the address on the top of this Notice. If you request a copy of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your records at no cost.

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. To ask us to amend your medical information, write to our office at the address on the top of this Notice.

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. If you would like to receive such a list, write to our office at the address on the top of this Notice. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How We 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 practice. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to our office at the address on the top of this Notice. Please describe your request in detail.

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 can ask us not to call your home, but to communicate only by mail. You can also ask to speak with your health care providers in private outside the presence of other patients - just ask them!

CHANGES TO THIS NOTICE: From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time by visiting our office and obtain a paper copy of the Notice or requesting a copy by writing to our office at the address on the top of this Notice.

DO YOU HAVE CONCERNS OR COMPLAINS? Please tell us about any problems or concerns you have with your privacy rights or how our practice uses or discloses your medical information. If you have a concern, please contact our office at the address on the top of this Notice.

If for some reason we cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS? Our practice is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how our practice may use and disclose your medical information, please contact our office at the address on the top of this Notice.