



HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED BY CAMELBACK HEALTH CARE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Camelback Health Care (CHC) resolves to take appropriate steps to safeguard all medical and other personal information that is provided to us by the undersigned. The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to:

- Maintain the privacy of medical information provided to us;
- Provide notice of our legal duties and privacy practices;
- Abide by the terms of our Notice of Privacy Practices currently in effect;
- Notify you when changes have been made to this policy.

This notice describes the business practices of CHC and business partners who provide mission critical service including, but not limited to, insurance companies, regulatory agencies, other medical service providers, and legal service providers. This notice applies to each of these individuals, entities, and locations.

In addition, these individuals, entities, and locations may share medical information with each other for treatment, payment, and health care operation purposes outlined in this notice.

I. Your Personal Health Information (PHI)

In due course of treatment with CHC, you will be providing us with personal information such as:

- Your demographics information, including name, address, and phone number
- Your medical history
- Your insurance information and coverage
- Information concerning any other medical providers you are currently seeking treatment
From

In conducting our business, CHC will create a secure electronic medical record about you containing the complete course of your treatment and service provided to you. Other individuals or organizations such as your referring physician or health insurance plan may provide some information to us for the management of your care and related services.



II. Disclosure of Your Confidential Information

We may use and disclose personal and identifiable health information (PHI) about you during the course of the delivery of your treatment at CHC. All types of uses and disclosures of information are described below, but not every use or discloser is listed.

Required Disclosures:

We are required to disclose PHI about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA, and to you, in accordance with your right to access and the right to receive an accounting of disclosures, as described below.

- For treatment: We may use PHI about you in your treatment. For example, we may use your medical history, such as current medical conditions or problems, for a pre-operative clearance or for coordination of care for management of your health care and related services.
- For payment: We may use and disclose you PHI to bill for our services and to collect payment from you or your insurance company. We may need to inform your insurance carrier of any other insurance you may have for coordination or management of your health care.
- For Practice Business Operations: We may use and disclose information about you for the general operation of our business. We utilize an outside clearinghouse (Gateway EDI), which electronically submits our medical claims to your insurance carrier for payment of our services. We periodically utilize consultants and auditors to review our practices, electronic medical records, and computer network to improve the efficiency of our business and improve the quality of services provided to you.
- Public Policy Uses and Disclosures: There are a number of public policy reasons why we may disclose information about you, which are described below.
- Disclosure to Relatives, Close Friends and Other Caregivers: We may disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you when you are present for or otherwise available prior to the discloser. If you object to such disclosures, please notify the receptionist.
- If you are NOT present, are incapacitated, or are in an emergency situation, we may exercise our professional judgment to determine whether a disclosure to a party designated by you is in your best interests. We will disclose only relevant information that is pertinent to the person's involvement with your health care or payment related to your health care. We may also disclose confidential information in order to notify (or assist in notifying) such person of your location, general condition or death.



- Communication with other healthcare professionals: We may use your PHI to encourage you to purchase or use a product or service that is not part of the health services we provide to you. We may also use or disclose your confidential information to provide you with physical therapy services, or non-invasive diagnostic services.
- Public Health Activities: We may disclose your PHI for the following public health activities and purposes: (1) to report health information to public health authorities who are authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect, or adult abuse, including domestic violence, to a government authority that is authorized by law to receive such reports; (3) to report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety, or effectiveness of the product or activity; and (4) to alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this notice.
- Health Oversight Activities: We may disclose your PHI to a government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or AHCCCS, or other regulatory programs that need health information to determine compliance.
- For Research: We may disclose your PHI for research purposes subject to strict legal restrictions.
- To comply with the Law: We may disclose your PHI to comply with the law.
- Judicial and Administrative Proceedings: We may use and disclose your PHI in a judicial or administrative proceeding or in response to a legal order.
- Law Enforcement Officials: We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law
- Health and Safety: We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the general public.
- Government Functions: We may disclose you PHI to various departments of the government, such as the U.S. Military or the U.S. Department of State.
- Workers' Compensation: We may disclose your PHI when necessary to comply with workers' compensation laws.
- National Security: We may disclose your PHI for national security and intelligence activities as for the provision of protective services to the Head of State or Foreign Head of State.
- Our Business Associates: We work with non CHC businesses that are critical to our business operation. We may disclose your PHI to these businesses to facilitate the synergistic affiliation of our respective businesses. In return, we only work with non CHC businesses that agree in principle that they understand and respect the confidentiality of your PHI. We will keep written contractual agreements between our business partners stating the same regarding your PHI.
- Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment or that should schedule an appointment.



- Other Uses and Disclosers of PHI: we will not use or disclose your confidential information for any purpose other than the purposes described in this notice without your written authorization. For example, we will not supply confidential information to a research organization or to a prospective employer without your signed authorization. You may revoke an authorization that you have previously given by sending a written request to our office.

III. **Your Individual Rights**

You have the right to limit the ways we use and disclose your PHI for treatment, payment, and health care operation purposes. You may also request that we limit our disclosures to persons assisting in your care or payment for your care. While we make every attempt and effort to enforce your request, we are under no legal obligation to comply. You have the right to request that you receive communications containing your PHI from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy your medical record, billing and other records used to make decision about you. If you ask for copies of this information, we may charge you a fee for copying and mailing the information.

If the information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. However, we may deny your request if the information under dispute is deemed accurate and complete based on our research. You have a right to receive a list of certain instances when we have used or disclosed you medical information. We are not required to include in the list uses and disclosures for your treatment, payment for services furnished to you, our health care operations, disclosures to you, disclosures you give us authorization to make, and uses and disclosures before April 14, 2003, among others. If you ask for this information from us more than once every twelve (12) months, we may charge you a fee. You have the right to a copy of this notice in paper for, and you may ask us for a copy at any time.

IV. **For More Information or Complaints**

If you want more information about your privacy rights, or are concerned that we have violated your privacy rights, or disagree with the decision we made about access to your confidential information, you may contact us. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will not take legal or business action against you if you file a complaint with the Secretary or with us.



You may contact us at:

Camelback Health Care
Attention: HIPAA Officer
3900 E Camelback Road, Suite 150
Phoenix, AZ 85018-2614

When making a request for amendment to your records, you must state the reason for making the request.

You may contact the Secretary of the U.S. Department of Health and Human Services at:

Secretary of the U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
E-mail: ocrmail@hhs.gov

NOTE: We reserve the right to alter, change, or otherwise overhaul this Notice of Privacy Practices. We will make every attempt to provide a new disclosure and provide adequate notification of such changes, which shall include written communications, signs, and provision of a newly drafted notification in accordance with HIPAA.

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

X _____

Patient Signature

X _____

Print Patient Name

Date