

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatments and services that we provide to you. We are required by law to maintain the confidentiality of health information that identifies you.

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all time, and you may request a copy of our most current Notice at any time.

USES AND DISCLOSURES OF IIHI

I understand that the information to be released may contain any confidential HIV-related information and confidential communicable disease related information (as described in A.R.F.S. 36-336), confidential alcohol or drug abuse related information (as defined in 42 CFR Section 2.1 et. Seq.) and confidential mental health diagnosis/treatment information.

Treatment. Our practice may use your IIHI to treat you. We may also disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may disclose your IIHI to other health care providers providing treatment to you.

Payment. Our practice may use and disclose your IIHI in order to bill and collect payment for the services that we provide to you. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members.

Health Care Operations. Our practice may use and disclose your IIHI to operate our business. We may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

Authorization. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization.

Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment. (Such as voicemail, messages, postcards or letters).

Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you.

Disclosures Required By Law. Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law.

Lawsuits and Similar Proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, or if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request.

Law Enforcement. We may release IIHI if asked to do so by a law enforcement official.

Military. Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

PATIENT RIGHTS

Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make your request in writing and specify the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI. We are not required to agree with your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

Inspection and Copies. You have the right to inspect and obtain a copy of your IIHI, with limited exceptions. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances.

Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete. Your request must be made in writing and you must provide us with a reason that supports your request for amendment. We may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice.

If you have any questions regarding this notice or our health information privacy policies, please contact the Office of Barry D. Malina, D.O., 2165 E. Warner Rd. Suite 101, Tempe, Arizona, 85284, (480) 899-8885.