

Notice of Privacy Practices

This notice describes the rights you have concerning your own medical information, and how we may use and disclose your medical information that we maintain. Please review it carefully.

Your Rights Under HIPAA

Right to request your medical information: You have the right to request an electronic or paper copy of your medical record or other health information we maintain by submitting a written request to our office. We will provide a copy or a summary of your medical information within 30 days of your request. We may charge a reasonable fee depending on your request.

Right to request amendment of your medical record: You can ask us to amend your health information if you believe something is incorrect or incomplete in your medical record by submitting a written request to our office.

Right to request confidential communication: You can ask us to communicate with you in a specific way that you feel is more confidential (e.g. call home phone or send mail to a different address). To do so, submit a written request to our office.

Right to request limits on the use & disclosure of your medical information: You have the right to request restrictions on how we use or share your health information for treatment, payment, or our health care operations. We are not required to agree to your request if it could affect your treatment. If you pay for a healthcare service out-of-pocket in full, we are required to agree with your request not to share that information with your health plan for the purpose of payment or health care operations.

Right to choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

Right to be notified following a breach of unsecured protected health information: You have the right to be notified by our office if your medical information has been breached.

Right to file a complaint if you feel your rights have been violated: If you feel we have violated your rights, you can file a complaint with us. We will not retaliate against you in any way for filing a complaint. If we cannot help resolve your concern, you may also file a complaint with the federal government:

**U.S. Department of Health & Human Services, Office of Civil Rights
200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201
Email: ocrcomplaint@hhs.gov**

Our Uses and Disclosures of your Health Information

Healthcare treatment: We can use your health information and share it with other professionals who are treating you.

Billing & payment: We can use and share your health information to bill and get payment from health plans or other authorized entities.

Required by law for public health & safety: We will share your medical information if federal, state, or local laws require it or for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing disease
- Assisting law enforcement officials in identifying or locating a person
- Reporting adverse reactions to medications

Respond to organ & tissue donation requests: We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: We can share your health information with a coroner, medical examiner, or funeral director when an individual dies.

Respond to lawsuits & legal actions: We can share your health information in response to a court or administrative order, and in response to a subpoena or search warrant.

Other uses & disclosures: If we wish to use or disclose your medical information for a purpose that is not discussed in this notice, we will request your authorization. If you give us your authorization, you may take it back any time, unless we have already relied on your authorization to use or disclose information.

Changes to This Notice

We reserve the right to change the terms of this notice and to make the revised notice provisions effective for all your protected health information we maintain. We are required to notify you of any changes made to our privacy practices. Any revisions made to this notice will be promptly published on our website (www.allcaremedicine.com). A copy of the current notice will also be available at our office for you to request at any time.

Contact Information

We are required by law to maintain the privacy and security of your protected health information. If you have any questions about this notice, please contact our office:

AllCare Internal Medicine
6401 E Thomas Rd, Ste 105, Scottsdale, AZ 85251
(480) 941-4400

Effective date: April 14, 2003

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