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## NOTICE OF PRIVACY POLICY FOR PROTECTED HEALTH INFORMATION (PHI)

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.

### How we may use and disclose medical information about you:

**TREATMENT** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other practice personnel who are involved in your medical care and treatment.

**PAYMENT** We may use and disclose medical information about you so that the treatment and services which we provide to you at our practice may be billed to you, and payment may be collected from you and/or your insurance company or other responsible third party.

**HEALTH CARE OPERATION** We may use and disclose medical information about you for our practice operations. These uses and disclosures are necessary to operate our practice and make sure that all of our patients receive quality care.

**EMERGENCIES** We may use or disclose your medical information in an emergency treatment situation.

**WORKERS' COMPENSATION** We may release medical information about you to comply with worker's compensation laws or similar programs.

**WHO HAS ACCESS TO THIS INFORMATION** Any person or persons you designate in writing, people directly involved in your medical care, and/or people creating and maintaining your medical record.

**YOUR RIGHTS** You have the right to inspect your Protected Health Information. You also have the right to amend any errors you may find in your records.

**COMPLAINTS** If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Services. All complaints must be made in writing. To file a complaint with the practice contact the office manager at (480) 987-0987.

This practice reserves the right to amend our privacy policy as dictated by law, without sending you a copy of the amendment. Any changes to this policy will be posted in our office. This notice is effective as of January 31, 2003.

I understand I will be provided a copy of the Privacy Policy upon request.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Signature of Person Authorizing Consent

\_\_\_\_\_  
Date