EAST VALLEY
UROLOGY CENTER

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY PRIOR TO SIGNING.

East Valley Urology Center is dedicated to maintaining the privacy of your personal information. Each time a patient visits this office, a record is made that describes the treatment and services provided. Federal Law outlines specific privacy protections and individual rights related to the information we maintain that identifies you as a patient. Protected information includes demographic data and facts about your past, present, or future physical or mental health. Our office has put in place policies and procedures to help protect your health information. We are required to provide this notice outlining our legal duties and responsibilities related to the use and disclosure of patient identifiable health information, Privacy Practices, and examples of how you information may be used or disclosed.

This practice will abide by the terms of this notice. We may revise this notice at any time. The new notice will be posted in our office in a prominent location. You can request a copy our most current notice at any time. Revisions to the notice will be effective for all health care information this office maintains: past, present, or future.

Practice may use your individually identifiable health inform the following purposes without your authorization:

1. Treatment: We may use and disclose your identifiable health information to treat you an assist other in your treatment. For instance, we may send a copy of our records to another doctor so that you can be evaluated for a specific condition, or we may disclose information to others who take part in your care, such as your spouse, children, or parents.
2. Payment: We may use your health information to bill and collect payment for services provided. This may include providing your insurance company with the details your treatment, sharing your payment information with other treatment providers, contacting you over the phone or through the mail about balances, or sending unpaid balances to a collection agency.
3. Health Care Operations: We may use and disclose health information to operate our business. For example, your health information may be used to evaluate the quality of care we provide, for state licensing, or to identify you by name when you visit the office.
4. Appointment Reminders: We may use and disclose your information to remind you of appointments. We may also mail you a reminder of follow-up appointments.
5. Treatment Options: We may use your health information to inform you of treatment options or other health-related services we offer that may be of interest to you.
6. Business Associates: We may share your health information with other individuals or companies that perform various activities for, or on behalf of, our office such as after-hours telephone answering, billing, or quality assurance. Our business associates agree to protect the privacy of your information.

EAST VALLEY
UROLOGY CENTER

Practice may disclose your health information without your authorization when permitted or required by law, including:

- For public health activities including reporting of certain communicable diseases.
- For workers' compensation or similar programs as required by law.
- To authorities when we suspect abuse, neglect, or domestic violence.
- To health oversight agencies.
- For certain judicial and administrative proceedings pursuant to an administrative order.
- For law enforcement purposes.
- To a medical examiner, coroner, or funeral director.
- For the facilitation of organ, eye, or tissue donation if you are an organ donor.
- For research purposes under strictly limited circumstances.
- To avert a serious threat to your health and safety or that of others.
- For governmental purposes such as military service or for national security.
- In the event of an emergency or for disaster relief.
- In any instance required by law.

This practice may also disclose your information to family members and/or other persons involved in your care or payment for your care. It may leave message for you at home or work about your visits or test results. If you do not want us to do so, please inform our Privacy Officer/Office Manager in writing.

Communication Consent

Can we leave detailed or confidential message on your home number? Yes _____ No _____

Can we leave detailed or confidential message on your cell number? Yes _____ No _____

Can we speak to anyone other than you regarding lab results, radiology results or other issues regarding your health? Yes _____ No _____

List of individuals we may speak with:

Name: _____ Relationship: _____

MUST SIGN BELOW FOR ALL INFORMATION GIVEN:

My signature below acknowledges that I have received a copy of the East Valley Urology Center Notice of Privacy Practices and have read the Communication Consent.

_____

Patient/Guardian Name (Printed) Date

_____

Patient/Guardian Name (Signature)