

# New Patient Form

Notice of Privacy Practices: Page 1



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. You have the right to obtain a copy of our most up-to-date Notice upon request to our offices or online.

Under federal law your patient health information is protected and confidential. Patient health information (PHI) includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing and insurance information. Arizona Digestive Health takes the security and confidentiality of PHI very seriously.

## How We Use Your PHI

We use health information about you for treatment, to obtain payment, and for health care operations; including administrative purposes and evaluation of the quality of care you receive. Under some circumstances we may be required to use or disclose information without your permission.

## Special Uses and Other Disclosures

We may use your information to contact you with appointment reminders, to provide you with information about alternative treatments or other health-related benefits and services that may be of interest to you. Subject to certain requirements, we are permitted to give out your PHI without consent for the following purposes:

- **Required by Law:** We may be required by law to report suspected abuse or neglect, or similar injuries and events.
- **Public Health Activities:** As required by law, we may disclose vital statistics, information related to recalls of dangerous products and similar information to public health authorities.
- **Health Oversight:** We may be required to disclose PHI to assist in investigations and audits, in deciding eligibility for government programs and similar activities.
- **Judicial & Administrative Proceedings:** We may disclose PHI in response to an appropriate subpoena or court order.
- **Law Enforcement Purposes:** We may disclose PHI when required by law enforcement officials. - **Deaths:** We may disclose information regarding deaths to coroners, medical examiners, funeral directors, organ donation agencies and similar personnel.
- **Serious Threat to Health & Safety:** We may disclose PHI when necessary to prevent a serious threat to your health and safety, the health and safety of others, or the public.
- **Military & Special Government Functions:** For members of the armed forces, we may disclose PHI as required by military command authorities. We may also disclose PHI to correctional institutions or for national security purposes.
- **Research:** We may use or disclose PHI for approved medical research.
- **Worker's Compensation:** We may disclose PHI for worker's compensation or similar programs.

In all other situations we will ask for your written authorization before using or disclosing any identifiable health information. If you choose to sign an authorization to disclose information you can later revoke that authorization to stop any future uses and disclosures.

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## Individual Rights

You have the following rights with regard to your PHI:

- **Request Restrictions:** You may request restrictions on certain uses and disclosures of your PHI. All uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require patient authorization. You have the right to restrict certain disclosures of PHI to health plans/insurance companies if paying out of pocket and in full for the health care service.
- **Confidential Communications:** You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.
- **Inspect & Obtain Copies:** In most cases, you have the right to view or receive a copy of your PHI. There may be a small charge for copies.
- **Amend Information:** If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct or add that information to your PHI.
- **Accounting of Disclosures:** You may request a list of certain disclosures of your PHI, made by us after April 14, 2003, for reasons other than treatment, payment, or health care operations.
- **Breach Notification:** If affected, you have the right to be notified following a breach of unsecured PHI. Please contact our Corporate Office, listed below, to obtain the appropriate forms for exercising these rights.

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## Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding PHI and to abide by the terms of the Notice currently in effect.

## Changes in Privacy Practices

We may change our privacy practices at any time. After a material change in our practices, we will update our Notice and make the revised Notice available in our offices and on our website. For more information about our privacy practices, or to request a copy of our Notice at any time, contact our Corporate Office or visit our website.

## Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the Corporate Office listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

### Corporate Office

P: 602.264.9100 | F: 602.264.9101  
645 E. Missouri Ave. | Suite 280 | Phoenix, AZ 85012  
[www.arizonadigestivehealth.com](http://www.arizonadigestivehealth.com)

### HHS Office of Civil Rights

U.S. Department of Health and Human Services  
90 7th Street | Suite 4-100 | San Francisco, CA 94103  
P: 415.437.8310 | F: 415.437.8329 | TDD: 415.437.8311

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Signature of Patient or Patient Representative

Date: \_\_\_\_\_