



An Envision Physician Services Provider

NOTICE OF PRIVACY PRACTICES

645 E. Missouri Ave., Suite 300, Phoenix, AZ 85012
Phone: 602.262.8903 - Fax: 602.262.4132

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.

We are required by law to maintain the privacy and security of your protected health information (PHI). We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. We must provide you with this notice, which explains our legal duties and privacy practices with respect to your PHI, and we must abide by the terms set forth in this notice. However, we reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI we maintain. We will post any revised notice in a prominent location in our office and on our website and, upon request, we will provide you with a copy of the revised notice.

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care. In other words, we may use and disclose your PHI to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. **Example:** We may disclose your PHI to a physician who is treating you.

Payment

We may use and disclose your PHI to obtain payment for healthcare services you received. This means that we may use your PHI to arrange for payment (such as preparing bills and managing accounts). We may also disclose your PHI to another health care provider, health care clearinghouse or health plan for their payment activities. In some instances, we may disclose your PHI *before* you receive health care services to determine whether we could obtain payment for those services.

Example: We may include your PHI with a bill to your insurance provider that identifies you, your diagnosis, and services we performed.

Healthcare Operations

We may use and disclose your PHI in performing a variety of business activities. We may also disclose your PHI to third parties who perform certain activities for us (e.g., billing services). Finally, we may disclose to certain third parties a limited data set containing your PHI for certain business activities.

Examples:

- Evaluating the skills and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, and health care providers.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities.
- Planning for our future operations.
- Resolving grievances within our organization.
- When control of our organization significantly changes.
- When working with others (such as lawyers or accountants) who assist us.

Persons Involved in Your Care

We may disclose your PHI to a relative, close personal friend or any other person you identify if the PHI is directly relevant to the person's involvement in your care. If you are unable to agree or object to a disclosure, we may disclose the information as necessary if we determine that it is in your best interest based on our professional judgment.

Notification

We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or other person responsible for your care, of your location, general condition or death.

Disaster Relief

We may use and disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Research

We may use and disclose your PHI for research projects – e.g., for a project studying the effectiveness of a treatment. Generally, such research projects must have been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Required by Law

We will use and disclose your PHI whenever we are required by law to do so. We may notify you of certain disclosures required by law.

Public Health

We may disclose your PHI for public health activities to a public health authority that is permitted by law to collect or receive the information. Disclosures will be made for purposes of controlling disease, injury or disability. If directed by the public health authority, we may disclose your PHI to a foreign government agency that is collaborating with the public health authority.

Abuse or Neglect

We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. If we believe you are a victim of abuse, neglect or domestic violence, we also may disclose your PHI to the governmental agency that is authorized to receive this information. All disclosures will be consistent with the requirements of the applicable laws.

Communicable Diseases

If authorized by law, we may disclose your PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a communicable disease.

Legal Proceedings

We may disclose your PHI in the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal; to the extent the disclosure is expressly authorized; or, if certain conditions have been satisfied, in response to a subpoena, discovery request or other lawful process.

Law Enforcement

If certain legal requirements are met, we may disclose your PHI to a law enforcement official for law enforcement purposes, including legal processes; identification and location of suspects, fugitives, material witnesses or missing persons; information regarding victims of a crime; suspicion that death has occurred as a result of criminal conduct; evidence of criminal conduct occurring on our premises; and, in a medical emergency, reporting criminal conduct not on our premises.

Coroners, Funeral Directors, and Organ Donation

We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out her duties or in reasonable anticipation of death. Finally, we may use or disclose your PHI for facilitating organ, eye or tissue donation and transplantation.

To Avert a Serious Threat to Public Health or Safety

Consistent with applicable laws, if we believe using and disclosing your PHI is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, we may use and disclose your PHI. We may also disclose your PHI if it is necessary for law enforcement to identify or apprehend an individual.

Military Activity and National Security

When the appropriate conditions apply, we may use or disclose your PHI: (1) for activities deemed necessary by appropriate military command authorities; (2) for determining your eligibility for benefits by the Department of Veterans Affairs; or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation

We may use and disclose your PHI for Workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Department of Health and Human Services

As required by law, we may disclose your PHI to the Department of Health and Human Services to determine our compliance with applicable laws.

Food and Drug Administration

We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance.

Inmates

We may use and disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

Fundraising

We may contact you for fundraising efforts, but you can tell us not to contact you again for fundraising.

Other Uses & Disclosures - Written Authorization.

Certain uses and disclosures of your PHI require us to obtain your prior written authorization, including: certain uses and disclosures of PHI that constitutes psychotherapy notes; uses and disclosures for marketing purposes; and disclosures of your PHI in exchange for remuneration. Otherwise, except as stated in this notice, we will not use or disclose your PHI without your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have used or disclosed your information in reliance on the authorization.

Otherwise, except as stated in this notice, we will not use or disclose your PHI without your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have used or disclosed your information in reliance on the authorization.

YOU HAVE RIGHTS WITH RESPECT TO YOUR PHI**Right to a Copy of This Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time by calling our office and requesting the Notice. In addition, a copy of this Notice will always be posted in our waiting area.

Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of your PHI that we maintain in certain groups of records. If we maintain your medical records electronically, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of your PHI, you must provide us with a request in writing. We may be able to provide you with a summary or explanation of the information.

You may not inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to review our denial.

If you would like a copy of your PHI, we will charge you a reasonable fee to cover our costs. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. Usually we will respond to your request for information within 30 days of receiving your request.

Right to Have Medical Information Amended

You have the right to have us amend (which means correct or supplement) your PHI that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, you may request that we amend the information. You must provide us with a request in writing and explain why you would like us to amend the information.

We may deny your request if it is not in writing or does not state the reason for the amendment. We may also deny your request if the information was not created by us, unless you provide reasonable information that the person who created it is no longer available to make the amendment; is not part of the record which you are permitted to inspect and copy; the information is not part of our designated record; or is, in our opinion, accurate and complete.

Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting (which means a detailed listing) of disclosures of your PHI (except for disclosures for treatment, payment, or health care operations) to you; incident to a use or disclosure set forth in this notice; to persons involved in your care; pursuant to your written authorization; for notification purposes; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or as part of a limited data set that occurred before April 14, 2003 or six years from the date of the request. Your request must be in writing and must state the time period for the requested information.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of your PHI for treatment, payment, or health care operations; to persons involved in your care; or for notification purposes as set forth in this notice. Although we are not required to agree to your requested restriction, if we do agree, we will comply with your request unless the information is needed for emergency treatment. Please contact our privacy officer as set forth in this notice to request a restriction.

If you pay in full for an item or service out-of-pocket, you can request that we not share information about the item or service for the purposes payment or our operations with your health insurer. We will agree to such requests unless the law requires us to share the information.

You may cancel the restrictions at any time by notifying us in writing. We may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

How to File a Complaint

If you believe your privacy rights have been violated, you may file a written complaint either with our privacy officer or with the Secretary of the Department of Health and Human Services. We will not take any action against you or change our treatment of you in any way if you file a complaint. To file a written complaint with us, please deliver your complaint personally or by mail to our privacy officer at the address provided on this notice.

For More Information:

If you have questions or would like additional information, you may contact our privacy officer at 602.262.8900 or 602.262.8903.

U.S. Department of Health and Human Services
Office for Civil rights
200 Independence Ave., S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Toll Free Phone: (800) 368-1019
Website: www.hhs.gov/ocr/

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