



7566 N La Cholla Blvd Suite B Tucson, AZ 85741

Notice of Privacy Practices and Consent to the Use and Disclosure of Health Information

The Health Insurance Portability Act (HIPAA) requires all health institutions to protect the privacy of patient information. HIPAA can impose penalties for covered entities that misuse personal health information. As required by HIPAA, we are providing this notice of our practices to ensure the privacy of your health information and how we may disclose your health information. We are permitted to use and disclose your health records for the purposes of treatment, payment, and health care operations without your written permission. This may include disclosures via fax machine. The following is an explanation of each of those services: Treatment means providing, coordinating, or managing health care and related services by one or more of our health care providers. For example, we must share information with your primary care provider.

*Payment means obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. For example, we must share information with your insurance company to ensure we are accurately paid for our services. *Health Care Operations are activities necessary to run our practice. This includes training our employees or providing quality assessments to regulatory agencies. We will not disclose health information to a family member or friend without your specific authorization. We may use your demographic information to remind you of an appointment by leaving a message at home/or work. We will not leave medical information on answering machines. We will not use or disclose any other purpose without your specific written authorization. The authorization may be revoked at any time by written request. You have certain rights regarding your protected health information which can be exercised by sending a written request to our office at the address listed below. These rights include:

- * The right to access, inspect, and copy your protected health information.
- * The right to request an amendment to your protected health information.
- * The right to receive an accounting of disclosure of protected health information outside of treatment, payment, and health care operations.
- * The right to object to the use of my health information for directory purposes.
- * The right to review this notice prior to signing a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. You have the right to file a formal written complaint with us at the address below, or with the Department of Health & Human Services, at the address below.

I understand that Arizona Digestive Institute reserves the right to change their notice and practices and prior to implementation, in accordance with Section 164.520 of the Code of Federal Regulation, they will send a copy of any revised notice to the address I've provided (US mail or, if I agree, email). Consent refused by patient, and treatment refused as permitted. For more information about our Privacy Practices contact: Privacy Officer. 7566 N La Cholla Blvd STE B Tucson AZ 85741 1-520-547-5847. For more information about HIPAA or to file a complaint: The U.S. Department of Health & Human Services. Office of Civil Rights. 200 Independence Ave, S.W. Washington, D.C. 20201 1-877-696-6775

