

# Arizona Urology Specialists, PLLC

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information; please review carefully.

### OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law (the Health Insurance Portability and Accountability Act of 1996 or HIPAA) to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights concerning your PHI
- Our obligation concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

At the Arizona Urology Specialists, PLLC we strive to keep your information confidential, and may use and disclose your PHI in the following ways:

- **Treatment:** Our practice may use your PHI to treat you.
- **Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us.
- **Health Care Operations:** Our practice may use and disclose your PHI to operate our business.
- **Appointment Reminders:** Our practice may use your PHI to contact you and remind you of an appointment.
- **Treatment Options:** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- **Health-Related Benefits and Services:** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- **Release of Information to Family/Friends:** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you, with your permission.
- **Disclosures Required By Law:** Our practice will disclose your PHI when we are required to do so by federal, state or local law.

We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment for the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

The following categories describe scenarios in which we may use or disclose your identifiable health information:

- **Public Health Risks:** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law.
- **Lawsuits and Similar Proceedings:** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.
- **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official.
- **Deceased Patients:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
- **Organ and Tissue Donation:** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement, or transplantation.
- **Research:** We may use and disclose your PHI for research purposes in certain limited circumstances with your permission.
- **Serious Threats to Health or Safety:** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
- **Military:** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- **National Security:** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
- **Appointment Reminders, Marketing and Treatment Alternatives:** We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not disclose your health information without your written authorization.
- **Sign In Sheet:** We may use and disclose your health information by having you sign in when you arrive at our offices. We may also call you by name when we are ready to see you.
- **Language Translation:** Our practice may disclose your PHI to language translators if you do not speak English and require the services of a translator.
- **Inmates:** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- **Workers Compensation:** Our practice may release your PHI for workers compensation and similar programs.

## **YOUR RIGHTS REGARDING YOUR PHI:**

- **Confidential Communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
- **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- **Inspection and Copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. All requests must be submitted in writing to the Arizona Prostate Cancer Center and we are permitted to charge for the cost of the copy. Copies will be provided within 30 days for information stored onsite and 60 days for information stored offsite.

We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment for the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

- **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment. Our practice may deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. Our practice has 60 days to respond to your request for an amendment.
- **Accounting of Disclosures.** All of our patients have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment, or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. Our practice has 60 days to provide the accounting of disclosures.
- **Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact the Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Our practice has 30 days to investigate the complaint; our practice has 60 days to provide a written response to the individual who submitted the privacy complaint.
- **Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

#### **ADDITIONAL NOTICE REGARDING YOUR PHI:**

- Tests and films ordered by a physician outside of Arizona Urology Specialists, PLLC that are admitted into your electronic medical record might not be reviewed or pertain to the services you are receiving from Arizona Urology Specialists, PLLC.
- Arizona Urology Specialists, PLLC operates under the following DBA's in which your PHI will be shared: Arizona Prostate Cancer Center, Arizona Urology Specialists Pathology Lab, Affiliated Urologists, Canyon State Urology, Scottsdale Center for Urology and Urology Associates.

### **Arizona Urology Specialists, PLLC Notice of Privacy Practices**

I have received a copy of the Arizona Urology Specialists, PLLC Notice of Privacy Practices. I understand that the Arizona Urology Specialists, PLLC must change its policies and procedures from time to time as necessary and appropriate to comply with changes in the law. The Arizona Urology Specialists, PLLC reserves the right to change a privacy practice and the related policies and procedures that are contained in the Arizona Urology Specialists, PLLC Notice of Privacy Practices, and all material changes will be reflected in a revised Notice of Privacy Practice that will be effective for all protected health information that Arizona Urology Specialists, PLLC maintains. I understand that I can contact the Arizona Urology Specialists, PLLC at any time to obtain a written copy of the Notice of Privacy Practices that is in effect.

**Patient Acknowledgement:** \_\_\_\_\_

If you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Officer, at Arizona Urology Specialists, PLLC 602-557-0051.

We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment for the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

# Arizona Urology Specialists, PLLC Confirmation Form

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Do you have an Advance Directive?    Yes     No

### Payment Authorization

I hereby authorize my benefits to be paid directly to Arizona Urology Specialists, PLLC and I am financially responsible for non-covered services and/or balances not paid by the insurance carrier. I also authorize release of my information required to process these claims. I authorize you to give me my medical care, including diagnosis and/or treatment.

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

### Acknowledge Receipt of Privacy Practice

I have been offered a copy of the Arizona Urology Specialists, PLLC Notice of Privacy Practices. I understand that Arizona Urology Specialists, PLLC has the right to change its Notice of Privacy Practices from time to time and that I may contact Arizona Urology Specialists, PLLC at any time to obtain a current copy of the Notice of Privacy Practices.

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

Copy Declined       Copy Accepted

### Release of Health Information

I authorize the following individual(s) to have access to my personal health information.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### Patient Bill of Rights

I have been offered a copy of the Patients Bill of Rights. I understand that I may contact Arizona Urology Specialists, PLLC at any time to obtain a current copy of the Patient Bill of Rights.

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

Copy Declined       Copy Accepted

### Notice of Limited English Proficiency

I have been offered a copy of the Notice of Limited English Proficiency. I understand that if I have Limited English Proficiency, I must provide a reliable, competent and proficient translator. If I cannot provide this translator, I must notify Arizona Urology Specialists, PLLC in writing.

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

Copy Declined       Copy Accepted