



NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice please contact the Clinic Operations Manager at 1101 N. Central Ave., Ste. 200, Phoenix, AZ 85004, 602-307-5330 or WWW.PRISMACARE.ORG

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. This Notice of Privacy Practices describes how we protect your health information and what rights you have regarding your health information. In this Notice, we use the term protected health information, which is information that identifies you and relates to your physical or mental health condition and related health care services.

We are required by law to maintain the privacy of your protected health information, to provide you with this Notice and to abide by the terms of this Notice. We may change the terms of this Notice at any time. The new Notice will be effective for all protected health information that we maintain at that time.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT YOUR PERMISSION

We may use and disclose your protected health information for certain purposes without your authorization, including the following:

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your treatment. This includes the coordination, management or continuity of your health care with other providers. For example, we may use your information to perform a medical exam, discuss your plan of care or prescribe medications. We may also disclose your information to another provider who cares for you or to whom you have been referred, such as another treating physician or another health care institution.

Payments: We may use or disclose your protected health information for purposes of payment. For example, we may contact your health plan, pharmacy benefit manager or another third-party payor to determine eligibility, payment for your care and the amount of your co-payment.

Health Care Operations: We may use or disclose your protected health information for certain administrative and managerial activities that are necessary to support our practice, such as accreditation, utilization or quality reviews and audits. We may also disclose your protected health information to our lawyers, accountants, and other service providers that help us run the practice.

Appointment Reminders / Treatment Alternatives: We may also call, write, or email to remind you of routine scheduled appointments or referral appointments. We may also notify you of other treatments or services available that might help you.

Fundraising: We may use or disclose your protected health information to communicate with you about fundraising efforts but, if we do, we will allow you to opt-out of such communications.



Business Associates: We may disclose your protected health information to persons or entities that perform certain services for us (our business partners) and that agree to comply in writing with certain privacy and security laws and regulations that apply to them, such as our lawyers, accountants, electronic health records vendor and pharmacies that manage our drug program.

Others Involved in Your Health Care or Payment for Your Care: A written Release of Information form (ROI) must be provided, if you choose, before we will disclose your protected health information to a member of your family, a close friend, or any other person who is involved in your medical care. We may, however, disclose certain information about you to an entity assisting in a disaster relief effort.

Other Uses and Disclosures: We may also use or disclose your protected health information without your permission in some other limited situations, such as:

- when state or federal law requires that we disclose certain information for a specific purpose;
- for public health activities and purposes, such as reporting communicable diseases, investigation or surveillance and notices to and from the federal Food and Drug Administration;
- for health oversight activities, such as licensing, audits, investigations and inspections;
- to governmental authorities about victims of abuse, neglect, or domestic violence;
- for judicial or administrative proceedings, such as in response to an order of a court or administrative, or in response to a subpoena, discovery request, or other lawful process under certain conditions;
- to avert a serious threat to your health and safety or the health or safety of another person pursuant to applicable law;
- for law enforcement purposes, such as to provide information about someone who is or was suspected to be a victim of a crime or to report information about a crime, or to a correctional institution in certain circumstances;
- to a medical examiner, coroner or funeral director in certain circumstances, or to organizations that handle organ or tissue donations;
- for research purposes but only if certain conditions are met, such as a formal review board has determined and documented that such use or disclosure of protected health information involves no more than a minimal risk to your privacy;
- for specialized government functions, such as for lawful national intelligence purposes, for military purposes, or for evaluation and health of members of the foreign service; and
- disclosures authorized by an applicable workers' compensation program.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR PERMISSION

Before we use or disclose your protected health information in a manner not described above, we will obtain your written authorization. For example, most uses and disclosures of your health information for marketing purposes and for the sale of your health information require your written authorization, and we will not use or disclose psychotherapy notes without your written authorization.



You may revoke an authorization in writing at any time. If you revoke an authorization, we will no longer use or disclose your protected health information as permitted by your written authorization. You may submit a revocation to the Privacy Officer by delivering or mailing a written revocation to our address or to the email address noted above.

STATE LAW

If a state law provides greater limits on how we may use or disclose your protected health information, we will abide by that law. If you have any questions regarding any such laws, you may contact the Privacy Officer at the telephone number or email address noted above.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The following is a list of your rights with respect to your protected health information. *You can request to exercise any of these rights by contacting our Privacy Officer at the telephone number or email address shown at the beginning of this Notice.*

Access to your records. You may ask to access the medical records we maintain on you. Such a request must be in writing. Except in a few limited situations, we will provide you access to or a copy of your health information within 30 days of your written request. If we need more time, we will notify you in writing. If we have information about you in electronic format, we will provide it to you in an electronic format. As permitted by federal and state law, we may charge you a reasonable cost-based fee for a copy of your records.

Restriction of your protected health information. You may ask us to restrict how we use and disclose your health information. We will consider such request, but we are not required to agree to a restriction unless you ask us to restrict a disclosure of your protected health information to a health plan for purposes of payment or health care operations and the protected health information pertains solely to services for which you have paid out-of-pocket; in that case, we are required to agree to restrict the disclosure.

Confidential communications. You may ask us to communicate with you in a confidential way. We will accommodate any reasonable request for you to receive your protected health information by alternative means of communication or at an alternative location. We will not request an explanation from you as to the basis for the request.

Amendment to your protected health information. You may ask us to amend your protected health information if you think it is incomplete or inaccurate. We will respond within 60 days of such request, unless we notify you in writing we need additional time.

Accounting of certain disclosures of your protected health information. You have the right to request a list of certain disclosures that we made of your health information within the past six years (or a shorter period). You are entitled to one such list per year without charge. If you want more than one list per year, you will have to pay for them in advance. We will try and respond to your request for a list of disclosures within 30 days. If we need more time, we will notify you in writing. Your right to receive this information is subject to certain exceptions.

Additional copies of this Notice. You may request additional copies of this Notice even if you agreed to accept this Notice electronically.



Notice of a Breach. We will notify you if there is a breach involving your unsecured protected health information.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us and/or the U.S. Department of Health and Human Services. For more information on how to file a written complaint with us, contact the Privacy Officer at the mailing address, telephone number or email address listed above. Your privacy is one of our greatest concerns, and you will never be retaliated against if you choose to file a complaint.

The contact information for the U.S. Department of Health and Human Services is listed below:

U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We will make any new Notice available to you. You may request a copy of the Notice at any time by contacting the Privacy Officer at the mailing address, telephone number or email address listed above telephone number or email address listed above.

EFFECTIVE DATE

This Notice is effective May 1st, 2021.

Patient/Guardian Name _____

Patient/Guardian Signature _____ Date _____