

## ***NOTICE OF PRIVACY PRACTICES***

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully as we are committed to protecting the confidentiality and security of your personal non-public information. We want you to know how we collect, use and protect this important information.

### **Our Legal Duty**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice has taken effect 4/14/03 and will remain in effect until we replace it.

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 reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

Most of the information we collect about you comes from you on the completed Patient Registration and Health History form. We may also obtain information from affiliated third parties that may include employers, other insurers and healthcare providers.

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

***Treatment:*** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

***Payment:*** We may use and disclose your health information to obtain payment for services we provide to you.

***Healthcare Operations:*** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

***Your Authorization:*** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless we are given written authorization from you, we cannot use or disclose your health information for any reason except those described in this notice.

***To Your Family and Friends:*** We must disclose your health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

***Persons Involved in Care:*** We may use or disclose health information to notify or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition or death. If you are present, then prior use or disclosure of your health information, we will provide you with an opportunity

to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, text messaging, postcards, letters or electronic mail).

## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may be charged a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we may charge you \$.10 per page and postage for copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. At that time, further treatment by our office will be terminated.

**Amendment:** You have the right to request an amendment of your health information. (Your request must be in writing and it must explain why the information should be amended.) We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this notice on our website or electronic mail, you are entitled to receive this notice in written form.

## **QUESTIONS AND COMPLAINTS**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy right, or you disagree with a decision made about any of the above, you may submit a written complaint to the Contact Officer written below. You may also submit a written complaint to the US Department of Health and Human Services. We will provide you with the contact information with the US Department of Health and Human Services upon request.

**Contact:** *Palo Verde Smiles*

**Phone:** 602-943-7204 **Fax:** 602-943-1534

**Email:** [info@paloverdesmiles.com](mailto:info@paloverdesmiles.com)

**Address:** 18275 N. 59<sup>th</sup> Ave. D-120, Glendale, AZ 85308