

**NOTICE OF PRIVACY PRACTICES  
AND  
BREACH NOTIFICATION POLICY**

**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 our Office Manager (designated privacy official) of our office at 602-843-2300, 18275 N. 59<sup>th</sup> Avenue, Ste H-144 Glendale, AZ. 85308

**WHO WILL FOLLOW THIS NOTICE:**

This notice describes the information privacy practices and breach notification policy followed by our providers, employees, trainees, students, staff and other office personnel.

**YOUR HEALTH INFORMATION:**

This notice applies to the information and records we have about your health, health status, and the health care services you receive at this office. Your health information may include information created and received by this office, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health related information.

We are required by law to abide by the terms of the Notice of Privacy Practices. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of the information. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**FOR TREATMENT:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. Protected health information that is disclosed to another provider for treatment purposes or when a physician requests information from another provider for treatment purposes does not apply to the minimum necessary standard Privacy Rule. Specially-protected health information such as psychotherapy notes do require **written** authorization from you in order to be disclosed.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, ordering or scheduling lab work or radiology procedures. Other health care providers may be part of your medical care outside this office and may require information about you that we have.

**FOR PAYMENT:** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed and payment may be collected from you, an insurance company or a third party.

For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also disclose your health information to health plans that provide your insurance coverage and other health care providers that care for you. We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use of disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

**APPOINTMENT REMINDERS:** We may contact you as a reminder that you have an appointment for treatment or medical care at the office. This may include appointment preparation instructions.

**TREATMENT ALTERNATIVES:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**HEALTH – RELATED PRODUCTS AND SERVICES:** We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

**SPECIAL SITUATIONS:**

We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**REQUIRED BY LAW:** We will disclose health information about you when required to do so by federal, state or local law. For example, we are required to report child abuse, crimes committed with a deadly weapon, and animal bites to the appropriate state, county, or law enforcement authority.

**RESEARCH:** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

**ORGAN AND TISSUE DONATION:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**MILITARY, VETERANS, NATIONAL SECURITY AND INTELLIGENCE:** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**WORKERS COMPENSATION:** We may release health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**PUBLIC HEALTH RISKS:** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability, or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**DISASTER RELIEF EFFORTS:** Unless you object, we may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care. We may share patient information as necessary to identify, locate and notify family members, guardians or anyone else responsible for your care, location, general condition or death.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**IMMUNIZATION INFORMATION REQUIRED FOR SCHOOL ENROLLMENT:** We may disclose proof of immunizations to a school without written authorization, provided the agreement was obtained verbally to the disclosure from a parent, guardian, or other person acting in loco parentis for the individual, or from the individual, if the individual was an adult or emancipated minor.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**LAW ENFORCEMENT:** We may release health information if asked to do so by a law enforcement official or otherwise designated individual in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements. Limited information for the purpose of identifying or locating a suspect, fugitive, material witness, missing person and about the victim of a crime. Also, a death we believe may be the result of criminal conduct.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may disclose your medical information to authorize federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or for foreign heads of state or conduct special investigations.

**INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to the correctional institution or law enforcement official.

**LIMITED DATA SET INFORMATION:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release health information to a coroner, medical examiner or funeral director. For example, we will release your information to identify a deceased person or determine the cause of death. We may also disclose your medical information to funeral directors as necessary to carry out their duties.

**DISCLOSURES TO BUSINESS ASSOCIATES:** In certain circumstances, we need to share your medical information with a business associate or covered entity (I.E. copying service, collection agency, confidential recycling company) so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring it to protect the privacy of your medical, billing information.

**FAMILY AND FRIENDS:** We may disclose health information about you to your family members or friends when they are in your immediate presence. If we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object.

For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

For example, we may inform the person who accompanied you that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, written prescriptions or samples, medical supplies, x-rays.

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION:**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written authorization. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as HIV, substance abuse, mental health, psychotherapy notes and genetic testing information.

For example: The prohibition on the sale of protected health information without your expressed written authorization.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we maintain about you.

**RIGHT TO INSPECT AND OBTAIN COPIES:** You have the right to inspect and obtain a copy of your health information, such as medical records, that we keep and use to make decisions about your care.

You must submit a written request in order to inspect and/or obtain a copy of your health information records. Copies of records may be provided to you in an electronic or paper format depending on your written request and the technology in which the records are maintained. There is a charge for the cost of copying, mailing or other associated supplies. Electronic format will include all records that are electronic and may include other records, including: Demographic and personal identifiers, drug/substance abuse diagnostics, treatment, or referral information, mental health conditions, treatment including psychotherapy notes, AIDS/HIV testing or conditions including laboratory results, genetic testing diagnostics, treatment, or referral information. (This information cannot be excluded from electronic format.)

**RIGHT TO AMEND:** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a written MEDICAL RECORD AMENDMENT/CORRECTION FORM to our office manager.

We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. We did not create.
2. Is not part of the health information that we keep.
3. You would not be permitted to inspect and copy.
4. Is accurate and complete.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures we have made based on your written authorization. To obtain this list, you must submit your request in writing to the office manager. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2006. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You may request an accounting of your electronic health record and billing disclosures in writing for treatment, payment or healthcare operations for a three year period, including business associate disclosures.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. If you do not want your patient information for a specific visit disclosed to a health plan, you must make a written request or complete the Self-Pay Payment Agreement in advance of the visit, and pay in full for items or services upon delivery. You also have the right to request a limit on health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend.

For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or we are required by law to use or disclose the information.

To request restrictions, you may complete and submit the written REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to the office manager.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For example, you can ask that we only contact you at work or by mail. To request confidential communication, you may complete and submit the written REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to the Office Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**BREACH NOTIFICATION RULE AND POLICY:** A breach is, generally, an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information, such that the use or disclosure poses a significant risk of financial, reputational or other harm to the affected individual. A breach will exclude any unintentional acquisition, access or use of protected health information by a staff member or person acting under the authority of a Covered Entity or Business Associate if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule. Any inadvertent disclosure by a person who is authorized to access protected health information at a Covered Entity or Business Associate to another person authorized to access protected health information at the same Covered Entity or Business Associate, or organized health care arrangement in which the Covered Entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the Privacy Rule.

A disclosure of protected health information where a Covered Entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information. A breach of protected health information shall be treated as “discovered” as of the first day on which such breach is known to the organization, or, by exercising reasonable diligence would have been known to the organization (including breaches by the organization’s Business Associates).

Following the discovery of a potential breach, Bennett Family Medicine will begin an investigation, conduct a risk assessment, and based on the results of the risk assessment, begin the process to notify each individual whose protected health information has been, or is reasonably believed to have been, accessed, acquired, used, or disclosed as a result of the breach. Bennett Family Medicine shall also begin the process of determining what external notifications are required or should be made. Upon determination that a breach notification is required, the notice shall be made without unreasonable delay and in no case later than 60 calendar days after the discovery of the breach.

**CONFIDENTIAL RECYCLING OF MEDICAL RECORDS:** Medical records are maintained by Bennett Family Medicine regardless of medium or physical format. Medical records which have met the terms and conditions of their retention period shall be destroyed.

**DESCENDANT’S MEDICAL RECORD:** Legally authorized executor or administrator, or a person who is otherwise legally authorized to act on the behalf of the deceased individual or estate, as a personal representative may obtain information when providing the appropriate authorization for its disclosure. Disclosure of decedent’s protected health information for treatment purposes may be disclosed directly to the health care provider who is treating a surviving relative.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact the receptionist.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Office Manager at 602-843-2300. You will not be penalized for filing a complaint.