

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

DESERET FAMILY MEDICINE

1425 S. Greenfield Rd., #101 ~ Mesa, AZ 85206
6410 S. Kings Ranch Rd., #1 ~ Gold Canyon, AZ 85118

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (“HIPAA”), I have certain right to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and I may contact organization at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient’s signature in acknowledgement of this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date	Initials	Reason

DESERET FAMILY MEDICINE

Notice of Privacy Practices – HIPAA Policies and Procedures

To our patients. This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

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

Use and disclosure of your health information in certain special circumstances:

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a Court or Administrative Order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

Your right regarding your health information:

1. You can request that our practice communicate with you about health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.
2. You can request a restriction in our use and disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment of your care, such as family members and friends. 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.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing by completing a records release form available at our reception desk. For additional information you may also contact an Office Manager. Ann Marie Harbottle, Greenfield Road Office Manager, at 480-981-3000 Ext 1032 or Tammy Groseclose, Gold Canyon Office Manager, at 480-981-3000 Ext 3411.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Ann Marie Harbottle, Greenfield Road Office Manager, or Tammy Groseclose, Gold Canyon Office Manager at their corresponding address. You must provide us with a reason that supports your request for amendment. The final decision regarding the requested change is made by your medical provider.
5. Right to a copy of this notice. You are entitled to receive a copy of the Notice of Privacy Practices. You may ask us to give you a copy of the Notice at any time. To obtain a copy of this Notice, contact our front desk receptionist.
6. 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 do so in writing and submit it to Ann Marie Harbottle, Greenfield Road Office Manager, or Tammy Groseclose, Gold Canyon Office Manager at their corresponding address. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by his notice or permitted applicable by law.

If you have any questions regarding this Notice or our Health Information Privacy Policies, please contact an Office Manager at 480-981-3000. (Ann Marie Harbottle, Greenfield Road Office, Ext 1032 or Tammy Groseclose, Gold Canyon Office, Ext 3411.)

Thank you.