

RETINAL CONSULTANTS OF ARIZONA, LTD.

HIPAA 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.

This notice takes effect on December 1, 2013 and remains in effect until we replace it. Protected health information is information we obtain and create in providing our services to you. Such information may include documentation of your symptoms, examination and test results, diagnosis and treatment. It also includes billing documents for those services.

Our Responsibilities

Our general responsibilities with respect to your health information include:

- We will follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind
- We will maintain the privacy and security of your protected health information in accordance with the law
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you. For example, your health information will be shared among members of our treatment team.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways. We have to meet certain conditions in the law before we can share your information for these purposes.

Business associates

There are some services provided in our organization through contracts with business associates. We may disclose your health information to our business associates so they can perform the job we have asked them to do. However, we require business associates to take precautions to protect your health information.

Communication with family

We may use or disclose information to relay or assist in relaying your location and general condition to a family member, personal representative or other person responsible for your care. We also may disclose to a family member, other relative, close friend or any other person you identify, health information relevant to that person's involvement in your care.

Communicate with you

We may use and disclose your personal health information:

- To contact you to remind you of an appointment for treatment
- To describe or recommend treatment alternatives to you
- To furnish information about health-related benefits and services that may be of interest to you

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. We will let you know how to formally tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Substance abuse health information
- HIV Information

We may contact you for fundraising efforts, but if we do you can tell us not to contact you again for that purpose

Your Rights

You have certain rights with respect to your health information, as follows.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You must submit your request in writing to the Privacy Contact at the address listed at the end of this notice.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. You must submit your request in writing to the Privacy Contact at the address listed at the end of this notice.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You must submit your request in writing to the Privacy Contact at the address listed at the end of this notice.
- We will say “yes” if your request is reasonable.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. You must submit your request in writing to the Privacy Contact at the address listed at the end of this notice. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why. You must submit your request in writing to the Privacy Contact at the address listed at the end of this notice.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
- We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically, by submitting a request in writing to the Privacy Contact at the address listed at the end of this notice. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. You must submit evidence of this to the Privacy Contact at the address listed at the end of this notice. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us through the Privacy Contact at the address listed at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Other Information

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Contact person

Our contact person for all questions, requests or for further information related to the privacy of your health information is:

Retinal Consultants of Arizona, Ltd.
Attn.: Privacy Officer
Medical Business Office
P.O. Box 44308
Phoenix, AZ 85064
Email: demch@retinalconsultantsaz.com