

HIPPA NOTICE OF PRIVACY PRACTICES

SequelCare of Arizona

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.

In all cases contained in this document the word "you" refers to the person whose information is being gathered. This may refer to a minor child whose parent, guardian, or custodian is acting as the legal representative for that child. The term "Health care provider" includes medical and mental health providers, therapists, and drug and substance abuse counselors. This Notice of Privacy practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payments or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

I. Uses and Disclosures of Protected Health Information

Your Protected health information may be used and disclosed by your health care provider, our treatment team, our office staff and others outside of *our* office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support that operation of the health care provider's practice, and any other use required by law. **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care and third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. For example, your protected information may be provided to a health care provider to whom you have been referred to ensure that the health care provider has the necessary information to diagnose or treat you. **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant protected information be disclosed to the health plan to obtain approval for the hospital admission. **Health Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your health care providers practice. These activities include, but are not limited to, quality assessment activities, employment review, training of an intern, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to interns that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your health care provider. We may also call you by name in the waiting room when your health care provider is ready to see you. We may use or disclose your protected health information, as needed, to contact you to remind you of your appointment. We may use or disclose your protected health information in the following situations without your authorization. These situations include: as required by Law, Public Health issues as required by Law. Communicable Diseases: Health Oversight: Abuse or Neglect: Food And Drug Administration requirements: Legal Proceedings: Law Enforcement; Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security Worker's Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate our compliance with the requirements of Section 164.500. Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your health care provider or the health care providers practice has taken any action in the reliance on the use or disclosure indicated in tile authorization.

Your Rights: Following is a statement of your rights with respect to your protected health information.

You have the right to request a restriction of your protected health information: This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice of privacy practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your health care provider is not required to agree to a restriction that you may request. If the health care provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to request another Healthcare Professional.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice alternatively, i.e. electronically. You may have the right to have your health care provider amend your protected health information. If we deny a request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, of any of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints: You may complain of us to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filling a complaint.**

This notice was published and becomes effective on/or before April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protect heath information. If you have any objective to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our Main Phone Number.

Signature below is only acknowledgement that you have received this notice of our privacy Practice:

Print Name: _____ Signature: _____ Date: _____

Client's printed Name: _____