

## **PRIVACY POLICY**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.***

Our office is required by law to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

### **DISCLOSURE OF YOUR HEALTHCARE INFORMATION**

#### **Treatment**

We may disclose your healthcare information to other healthcare professionals within our practice for the purpose of treatment, payment, or healthcare operations.

On occasion, it may be necessary to seek consultation regarding your condition from other healthcare providers associated with our office. It may be necessary to request records from other providers who have information or diagnostic testing pertaining to your health care.

It is our policy to provide a substitute healthcare provider, authorized by our office to provide assessment and/or treatment to our patients without advance notice in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situations.

#### **Payment**

We may disclose your health information to your insurance provider for the purpose of payment or healthcare operations.

As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to our office for healthcare services rendered. If you pay for your healthcare services personally we will, as a courtesy and at your request, provide an itemized billing to your insurance carrier for the purpose of reimbursement to you or provide you with proper documentation to bill you carrier personally. The billing statement contains medical information, including diagnosis, date of injury or condition, and codes which describe the health care services received. Billing statements will be mailed to the address provided. Unresolved collection issues will be placed with a collection agency.

#### **Worker's Compensation**

We may disclose your health information as necessary to comply with State Worker's Compensation Laws.

#### **Emergencies**

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your health about your medical condition in the event of an emergency or your death.

#### **Public Health**

As required by law, we may disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

#### **Judicial and Administrative Proceedings**

We may disclose your health information in the course of any administrative or judicial proceedings.

#### **Law Enforcement**

We may disclose your health information to a law enforcement officer for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

#### **Research**

We may disclose your health information to researchers conducting research that has been approved by an institutional Review Board.

#### **Specialized Government Agencies**

We may disclose your health information for military, national security, prisoner and government benefits purposes.

#### **Marketing**

As a courtesy to our patients, we may call your home to remind you of your appointment or a missed appointment. We may also call to discuss your account. If you are not at home, we may leave a message on your answering machine or with the person answering the phone. No personal information will be disclosed during the recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

If you refer us to someone, we may send that person a thank you letter and reference your name as the referral.

**Faxing medical information**

I specifically give authorization to FAX my medical information. I understand that risk is involved in faxing records and confidentiality at the receiving end cannot always be guaranteed. All faxed information will contain a confidentiality statement and instructions for returning misdirected information.

**Change of Ownership**

In the event that our office is sold or merged with another organization, your health information will become the property of the new owner.

**Your Health Information Rights**

You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that our office is not required to agree to the restriction that you request.

You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.

You have the right to inspect and copy your health information. All requests for such procedures must be made in writing.

You have the right to request that our office amend your protected health information. Please be advised, however, that our office is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your protected health information made by our office.

You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

**Changes to this Notice of Privacy Practices**

Our office reserves the right to amend this Notice of Privacy Practices at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, our office is required by law to comply with this notice. Our office is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information about your privacy rights, please contact our privacy officer at (480)941-2147. If he/she is not available, you may make an appointment for a personal conference or by telephone within 2 working days.

**Complaints**

Complaints about your privacy rights or how our office has handled your health information should be directed to our privacy officer by calling this office at (480)941-2147. If he/she is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights 200 Independence Avenue, SW Room 509F HHH Building Washington, DC 20201

**I have read the Privacy Notice and understand my right contained in the notice.**

**By signing this notice, I provide Kaizen and its' practitioners with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.**

**PATIENTS-  
PLEASE SIGN THE SIGNATURE PAGE PROVIDED TO YOU.  
THANK YOU.**