





without your consent in certain situations. For example, your consent is not required if you need emergency treatment, as long as we try to get your consent after treatment, or if we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think you would consent if you were able to do so.

**Certain Uses and Disclosures Do Not Require Your Consent. We may use and disclose your PHI without your consent or authorization for the following reasons:**

- **When a disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
- **For public health activities.** For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
- **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- **For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- For research purposes. In certain circumstances, we may provide your PHI in order to conduct medical research.
- **To avoid harm.** In order to avoid a serious threat to the health and safety of a person or the public, we may provide your PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- **For workers' compensation.** We may provide your PHI in order to comply with workers' compensation laws.
- **Appointment reminders and health-related benefit or services.** We may use your PHI to provide appointment reminders or give you information about treatment alternatives, clinical research studies, or other health care services or benefits that we offer.

#### ***USES AND DISCLOSURES WHICH REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT***

- Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).

#### **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

You have the following rights with respect to your PHI:



## North Valley Family Medicine

- **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. You must provide the request in writing. We will consider your request but are not legally required to honor it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address) or by alternate means. You must provide your request in writing. We must agree to your request as long as we can easily provide it in the format you requested.
- **The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that was created by us, but you must make the request in writing. We will respond to you within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will tell you our reasons for the denial and explain your right to have the denial reviewed. Instead of providing the PHI you requested we may provide you with a summary or explanation of the PHI.
- **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003. We will respond within 60 days of receiving your written request. The list we will give you will include disclosures made in the prior year unless you request a different time frame. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in a rolling 12-month period of time, there will be a charge of \$25.00 for each additional request.
- **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your written request. We may deny your request if the PHI is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, notify you of the changes that we have done, and update others that need to know about the change to your PHI.

### HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You may also send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

### EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on April 14, 2003.

### PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of Health and Human Services, please contact: Shannon Stone, Office Manager, 6320 W. Union Hills, Building B Suite 2800, Glendale, Arizona, 85308