

**Mercy Grace Private Practice
1720 E. Boston St. Suite #101
Gilbert, AZ 85295**

HIPAA NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices described how we may use and disclose your protected health information (PHI) to carry out Treatment. Payment or health Care Operations and for other purposes that are permitted by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information that may identify you and that relates to your past, present and future physical or mental health or condition related to health care services.

Uses and Disclosures of PHI: Your PHI may be used and disclosed by your physician, 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 healthcare bills, to support the operation of the physician's practice, and any other use required by law. At no time will any information of any kind relating to any of our patients be discussed outside of this office unless permitted or required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you or to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. For example, approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for hospital admission.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support business activities of your physicians practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your PHI to medical school students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk when you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may also disclose your PHI as necessary to contact you and remind you of your appointment.

We are also permitted to use or disclose your PHI without your written authorization for certain purposes: AS Required By Law, Public Health Activities (e.g. preventing the spread of disease). Health Oversight Activities Abuse or Neglect, Food and Drug Administration Requirements, Legal Proceedings, Law Enforcement Purposes, Coroners, Funeral Directors and Organ Donation, Criminal Activity, Military Activity and national Security, Worker's Compensation, Inmates.

Other permitted and required uses and disclosures will be made with your authorization. You may revoke your authorization at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

We may not receive direct or indirect remuneration in exchange for your PHI without your authorization except in limited circumstances permitted by law. We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health related benefits and services. We do not receive any compensation in connection with communications with you about any products or services, except we may communicate with you about prescription drugs or biologics and receive payment from the manufacturer that is reasonable in amount and compensates us for the cost we incurred in connection with that communication. Except for the communications about drugs and biologics, we will obtain your authorization if we will receive direct or indirect payment for communications with you.

We may enter into contract with entities known as Business Associates that provide services to or perform functions on our behalf.

We may disclose PHI to Business Associates once they have agreed in writing to safeguard the PHI. For example, we may disclose PHI to a Business Associate to administer claims. Business Associates are also required by law to protect PHI.

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 or determine our compliance with the requirements of Section 164-500.

Your individual rights: The following is a statement of your rights with respect to your PHI.

You have the right to inspect and copy your PHI. We use or maintain electronic health records. You may get that information in electronic format and ask us to send it to a person or organization that you identify. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of or use in civil, criminal or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI.

You have the right to request a restriction on the use or disclosure of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, Payment or Health Care Operations. You may also request that that any part of your PHI 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 be in writing and state the specific restrictions to apply. We will consider your request, but in most cases are not legally obligated to agree to those restrictions (e.g., if your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted but you then have the right to use another Health Care Provider. However, we will comply with any restrictions requested if the disclosure is to a health plan for purposes of payment or health care operations (not for treatment) and the PHI pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

You have the right to request and receive confidential communications from us by alternative means or an alternative location.

You have the right to have your physician attend your PHI. If we deny your 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 a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. Your request for an accounting must be submitted in writing. If we use or maintain an electronic health record for you, you may get a list of the disclosures we have made, if any, of your electronic health record for three years prior to the date of your request. For accountings that do not include disclosures made through an electronic health record, the request may not cover a time period longer than six years from the date of the request.

You have the right to be notified of a breach. You have the right to be notified in the event that one of our Business Associates discovers a breach of your unsecured PHI. Notice of any such breach will be made in accordance with federal requirements.

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. This notice was published and becomes effective on or before March 1, 2001. 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 by this notice, you may also request a copy of this notice at any time. You may lodge a complaint to us or the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may also file a complaint with us by notifying our HIPAA Compliance Officer. We will not retaliate against you for filing a complaint.

We are required by law to maintain the privacy of PHI with our HIPAA Compliance Officer in person or by phone at 480-745-3702.