



Notice of Privacy Practices for Protected Health Information [45 CFR 164.520]

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.

We use the words “health information” when we mean information that identifies you. Examples include your name, date of birth, health care you received, or amounts paid for your care.

**We may use and share your health information for the following reasons:
To help take care of you:**

We may use your health information to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. We may also remind you of appointments. We may share your health information with other people who give you care. This could be doctors or drug stores. We may use a private internet website to share your health information with the people who give you care.

Family and friends:

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you do not want us to give out your health information, please let us know. If you are under eighteen and don't want us to give your health information to your parents, please let us know. We can help in some cases if allowed by state law.

For payment:

We may give your health information to others who pay for your care. We must give your insurance company a claim form that includes your health information. We may also use your health information to look at the care your provider gives you. We can also check your use of services.



Notice of Privacy Practices for Protected Health Information, continued

Health care operations:

We may use your health information to help us do our job. For example, we may use your health information for health promotion, case management, quality improvement, fraud prevention, or legal matters. When you call us with questions we need to look at your health information to give you answers.

We may share your health information with other businesses. We do this for the reasons we explained above. For example, you may have transportation covered in your plan. We may share your health information with them to help you get to the doctor's office. We will tell them if you are in a motorized wheelchair so they send a van instead of a car to pick you up.

We also may share your health information for these reasons:

Public safety: To help with things like child abuse or threats to public health. Business partners: To people that provide services to us. They promise to keep your information safe. Industry regulation: To state and federal agencies. They check to make sure we are doing a good job. Law enforcement: To federal, state and local enforcement people. Legal actions: To courts for a lawsuit or legal matter.

Except for what we explained above, we will ask for your okay before using or sharing your health information. For example, we will get your okay before sharing any psychotherapy notes or for other reasons as required by law. You can cancel your okay at any time. To cancel your okay, call us or inform us at your next visit.

What are your rights?

You have the right to look at your health information. You can ask us for a copy of it, and you can ask for your medical records.

You have the right to ask us to change your health information. You can ask us to change your health information if you think it is inaccurate. If we don't agree with the change you asked for, we will file a written statement of disagreement.



Notice of Privacy Practices for Protected Health Information, continued

You have the right to ask for a private way to be in touch with you. If you think the way we keep in touch with you is not private enough, call us or let us know at your next visit and we will do our best to be in touch with you in a way that is more private.

We may use or share your health information in the ways we describe in this notice. You have the right to ask for special care in how we use or share your health information. You can ask us not to use or share your information in these ways. This includes sharing with people involved in your health care. We don't have to agree, but we will think about it carefully.

You have the right to get a list of people or groups that we have shared your health information with. You have the right to know if your health information was shared without your okay. If this happens, we will notify you.

Please contact us at 480-804-0326 to ask us to do any of the things above, to ask us any questions about the notice, or to ask us for a paper copy of this notice.