

ARIZONA NOTICE FORM/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.

I. It is my legal duty to safeguard the privacy of your health information.

You have a variety of rights under the federal law known as HIPAA, the Health Insurance Portability and Accountability Act of 1996, and the related Privacy Rule published by the United States Department of Health and Human Services. Those rights are described in this notice.

- a. I am required by law to maintain the privacy of protected health information.
- b. I must provide you with this notice of our legal duties and privacy practices with respect to your protected health information.
- c. I am required to abide by the terms of the privacy notice currently in effect.
- d. If any update or change to the policy is made, I will provide you with a new notice detailing the updated/revised policies and practices.

II. What is Protected Health Information (PHI)?

- a. "PHI" refers to information in your health record that could identify you.
- b. "Use" applies only to activities within my practice (e.g., my office, clinic, or practice group), such as releasing, transferring, or providing access to information about you to other parties.
- c. "Disclose" applies to activities outside of my practice such as releasing, transferring, or providing access to information about you to other parties.

III. Uses and Disclosures for Treatment, Payment, and Health Care Operations.

Dr. Thiessen can use and disclose your medical information for the following purposes. I will not disclose your medical information for any purpose(s) other than those listed below without your specific written consent.

- a. Treatment: Your medical information may be disclosed to physicians, psychiatrists, psychologists, and other health care providers who provide you with health care services.
- b. Health Care Operations: Your medical information may be disclosed for operation of this practice. Example: Quality Control Evaluations or other administrative, financial, or legal activities necessary for our operation
- c. Payment: To bill and collect payment for the treatment and services you receive.
- d. Emergency Situation: Your medical information may be disclosed if you are in need of emergency treatment and your consent cannot be obtained.
- e. When Legally Required: Your medical information may be disclosed when required to do so by any Federal, State, or local law.
- f. Judicial and Administrative Proceedings: In response to a Court or Administrative Order, Subpoena, or other lawful process.
- g. Worker's Compensation: To comply with laws related to Worker's Compensation.
- h. Victims of Abuse and Neglect Reporting Laws: We may disclose your medical information if it is necessary to prevent a serious threat to your health or safety or the health and/or safety of others.
- i. Notification: For appointment reminders.
- j. National Security or Intelligence Purposes

IV. Your individual rights regarding your medical information.

- a. The right to request limits on use and disclosure of your medical information. You may request that Dr. Thiessen place additional restrictions on our use or disclosure of your medical information. Dr. Thiessen is not required to agree with the additional restrictions, but if she does, she will abide by our agreement.
- b. The right to see and get copies of your medical information. If you request copies, you may be charged for each page and postage if you want the copies mailed to you.
- c. The right to choose how your medical information is sent to you. You may choose an alternate address or alternate means of receiving your medical information.
- d. The right to amend your medical information. If you believe there is an error in your medical information or that important information has been omitted, it is your right to request corrections be made or additional information be added. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of receipt of your request. If your request is denied, you will be provided with a written explanation. If your request is approved, the changes will be made.
- e. The right to get a list of disclosures of your medical information. The list will not include uses or disclosures to which you have already consented (i.e., for payment).

V. Questions and/or Complaints.

If you believe your privacy rights have been violated, or if you object to a decision made about access to your medical information, I encourage you to contact me at (520) 528-2233 or in writing at Dr. Kimberly Thiessen 1022 W Ina Road, Suite 9 Tucson, AZ 85704-3109. You are entitled to file a complaint by contacting the ABHS HIPPA Privacy Officer at 602-997-6635. You may also choose to contact the secretary of the Department of Health and Human Services. Anyone who chooses to file a complaint will not be subject to retaliation.

Effective date of this notice:

This notice went into effect on October 15, 2018

