

Infectious Disease Consultants PLLC  
2001 W. Orange Grove Rd #404 Tucson AZ 85704  
Phone: 520-989-0226  
Fax: 520-989-3798

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE READ IT CAREFULLY.

As required by Health Insurance Portability and Accountability Act (HIPAA) we are providing this notice of our practice to ensure the privacy of your health information and how we may disclose your health information.

**Treatment-** Our practice may use your protected health information (PHI) to treat you and maintain your health care. For example, we may share your PHI with your primary care physicians or pharmacy to order a prescription.

**Payment-** Our practice may use and disclose your PHI in order to bill and collect payment for the services rendered from our practice. For example, we may share and disclose your PHI to your insurance company to insure we are billed and paid correctly for our services, also to verify your insurance coverage.

**Health Care Operations-** Our practice may use and disclose your PHI to operate our business. For example, we may use your PHI in order to evaluate the quality of care you receive from us, or training purposes for employees.

**Disclosure required by law –** Our practice will use and disclose your PHI when we are required to do so by federal or state law.

Our practice will not disclose your PHI to a family member or friend without your specific written authorization. We may use your demographic information to remind you of an appointment or leave messages at home and/or work. We will not leave medical information on answering machines.

Our practice will not disclose your PHI for any other purpose without your written authorization. This authorization may be revoked at any time by written request.

You have certain rights regarding your PHI that we maintain about you.

1. The right to a reasonable request to receive communications of PHI from our practice by alternative means. Example, requesting we call your home rather than your work.
2. The right to request restrictions on certain uses/disclosures. Our practice does not have to agree to the restrictions.
3. The right to obtain a paper copy of the PHI that may be used to make decisions about you, including medical records and billing records. Our practice may charge a fee for the cost of copying, mailing, labor and supplies associated with your request.
4. The right to request an amendment to your PHI if you believe it is incorrect or incomplete. To request an amendment your request must be made in writing and provide us with with a reason that supports your request.
5. The right to request an accounting of disclosures, a list of certain non-routine disclosures our practice has made of your PHI for purposes not related to treatment, payment or operations.
6. The right to a paper copy of this notice. You may ask for a copy of the notice of privacy practices at any time.

If you feel your privacy rights have been violated you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information.

Signature below is acknowledgment that you have received this Notice of Privacy Practices

Signature

Date