

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.

**INTERNAL MEDICINE OF ARIZONA, P.C.**

**Notice of Privacy Practices for Protected Health Information**

**I. Uses and Disclosures of Your Medical Information.**

**A. Treatment, Payment, and Operations.** INTERNAL MEDICINE OF ARIZONA, P.C. (sometimes referred to as "we" or "us") is permitted to use your medical information for purposes of treating you, to obtain payment for providing medical services to you, and to assist in its health care operations. We may also use your medical records to assess the appropriateness and quality of care that you received, improve the quality of health care, and achieve better patient outcomes. An understanding of what is in your health records and how your health information is used helps you: ensure its accuracy and completeness; understand who, what, where, why, and how others may access your health information; and make informed decisions about authorizing disclosures to others.

*(i) Use of your protected health information for treatment purposes.* A physician or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. We will also provide your primary physician, other health care professionals, or a subsequent health care provider, copies of your records to assist them in treating you.

*(ii) Use and disclosure of your protected health information for purposes of payment.* We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

*(iii) Use and disclosure of your protected health information for healthcare operations.* Health care operations consist of activities that are necessary to carry out our operations as a healthcare provider, such as quality assessment and improvement activities. For example, members of our medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality

and effectiveness of the health care and services that we provide.

**B. Appointment Reminders.** We may contact you at home to provide appointment reminders unless you specify otherwise in writing to us.

**C. Other purposes for which we can use your protected health information without written authorization from you.** In addition to using your protected health information for purposes of treatment, payment, and health care operations, we may use or disclose your protected health information without your written authorization and without giving you an opportunity to object in the following situations:

*(i) As Required by Law.* We may use or disclose your protected health information as required by law. We will limit the disclosure to those portions relevant to the requirements of the law.

*(ii) Public Health Activities.* We may use or disclose your protected health information to public health entities authorized to collect information for the purposes of controlling or preventing disease (including sexually transmitted diseases), injury, or disability. We may also disclose to governmental agencies authorized to receive reports of child abuse or neglect. We may disclose protected health information to the Food and Drug Administration relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

*(iii) Medical Surveillance of the Workplace and Work-related Injuries.* We may provide your protected health information to your employer if we are asked by your employer to provide medical services to you for purposes of medical surveillance of the workplace or a work-related illness or injury.

*(iv) Victims of Abuse, Neglect, or Domestic Violence.* To the extent authorized or required by law, and in the exercise of our doctor's professional judgment, we believe the disclosure is necessary to prevent

harm, we may disclose protected health information to law enforcement officials.

*(v) Health Oversight Activities.* We may disclose your protected health information to a governmental health oversight agency overseeing the health care system, governmental benefit programs, or compliance with governmental program standards.

*(vi) Judicial and Administrative Proceedings.* We may disclose your protected health information in response to an order of a court or a valid subpoena.

*(vii) Law Enforcement Purposes.* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or we may provide limited information for identification or location purposes.

*(viii) Information About Deceased Individuals.* We may disclose your protected health information to coroners and medical examiners to carry out their official duties, and to funeral directors as necessary to carry out their duties to the deceased individual.

*(ix) Organ, Eye, or Tissue Donation.* We may disclose protected health information to organ procurement agencies for the purpose of facilitating organ, eye, or tissue donation or transplantation.

*(x) Research Purposes.* We may disclose protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

*(xi) Avoidance of Serious Threat to Health or Safety.* We may disclose protected health information if we believe in good faith that such disclosure is necessary to prevent or lessen a serious and immediate threat to health and safety of a person or the public.

*(xii) Certain Specialized Governmental Functions.* If you are Armed Forces or foreign military personnel, we may disclose your protected health information



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RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, HAVE RECEIVED A COPY OF  
INTERNAL MEDICINE OF ARIZONA'S NOTICE OF PRIVACY PRACTICES.

SIGNATURE OF PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_