

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 carefully.

We may use and disclose your protected health information for purposes of treatment, payment, and health care operation as permitted by Federal law. These purposes are: billing your insurance carrier for our services, to coordinate ongoing medical care, and to provide our referring physician with the results of treatment and testing.

We may use and disclose your protected health information for purposes other than for treatment, payment or health care operations without your consent or authorizations, as permitted or required by Federal and/or State law. These purposes are:

1. Uses and disclosures required by law
2. Uses and disclosures for public health activities
3. Uses and disclosures about victims of abuse, neglect, or domestic violence
4. Uses and disclosures for health oversight activities
5. Uses and disclosures for judicial and administrative proceedings
6. Uses and disclosures for law enforcement purposes
7. Uses and disclosures to avert serious health threat to health and safety
8. Uses and disclosures for specialized government functions
9. Uses and disclosures about decedents
10. Uses and disclosures for worker's compensation

We will make other uses and disclosures only with your authorization; this authorization may be revoked.

We may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

You have a right to access and amend your protected health information that is used to make decisions about you. You have the right to request a restriction of certain uses and disclosures of your protected health information. We are not required to grant your request. You have the right to receive confidential communication regarding your protected information. You have the right to obtain a paper copy of this notice upon request. You may exercise your rights upon your written request for specified information. The information requested must be specific and defined in your written request. We are required to answer your request within 30 days.

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

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

Lindsey Sotelo
Office Manager, ACGPC
13934 N. 59th Avenue, Suite 160
Glendale, Arizona 85306
602-343-6300

Arizona Clinic of Gastroenterology, P.C.

The Department of Health and Human Services began enforcing regulation designed by the Health Insurance Portability and Accountability Act on April 14th, 2003. In keeping with the regulations imposed by this act, our practice will provide services when the patient agrees to:

- Sign this consent allowing us to use your protected health information to collect payment for services, or
- Upon receipt of cash for the services on the day of the visit

I agree to permit my protected health information to be used and disclosed for purposes of treatment, payment, and health care operations.

For details about these uses and disclosures, please see our Privacy Notice. We reserve the right, as your health care provider, to change our privacy policies described in the Privacy Notice.

You have the right to request that we restrict how your protected health information is used or disclosed to carry out treatment and payment of health care operations. We are not required to agree with this request, but should we agree to, we are bound by the agreement.

You have the right to revoke your consent in writing. A revocation, however, will not apply to the extent we have already taken action in reliance upon the use or disclosure of your information.

I consent to the assignment of benefits directly to the physician and understand that I may be responsible for non-covered charges as allowed by my insurance carrier.

State law ARS 32-1401 (24)(ff) mandates disclosure must be made to patients when physicians have "a direct financial interest in a separate diagnostic or treatment agency" in which the patient is referred and/or "non-routine goods or services" are being prescribed by the physician and that the "prescribed treatment, goods, or services are available on a competitive basis". We comply with this law as it affords our clients every opportunity to make the best-informed financial decisions regarding their medical care.

I understand that on occasion A.C.G. may need to contact me concerning health matters. On these occasions I give permission to:

Leave a detailed message on my phone	Yes	No	Phone Number: _____
Speak to another authorized party	Yes	No	

Name of authorized party: _____ **Relationship:** _____

I acknowledge that I have read and understand the above **and** that I have received a copy of my Notice of Privacy Practices.

Signature

Date

Print Name

Date of birth