



Physician Weight Loss
Phoenix • Scottsdale

THIS NOTICE DESCRIBES HOW PROTECTED (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

NOTICE OF PRIVACY PRACTICES (NPP) POLICY

This notice describes the type of information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your PHI and the right to approve or refuse the release of specific information except when the release is required or prohibited by law. If the practices described in this brochure meet your expectations, simply sign the acknowledgment of receipt of this notice. If you prefer that we not share information we may honor your written request or help you document it in certain circumstances described below. If you have any questions about this notice, please contact our Privacy Staff at the address below.

WHO WILL FOLLOW THIS NOTICE

This notice describes Ideal physician Weight Loss PLLC's practices regarding the use of your PHI and that of:

- Any health care professional authorized to enter information into your medical record.
- Any member of a volunteer group we allow to help you while you are in our facility.
- All employees, staff and other personnel who may need access to your information.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI):

We understand that PHI about you and your health is personal. Protecting PHI about you is important to us. We create records of the care and services you receive. We use these records to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Ideal physician Weight Loss PLLC. This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to: keep PHI that identifies you private; give you this notice of our legal duties and privacy practices with respect to PHI about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we may use and disclose PHI without written authorization. For each category of uses or disclosures we will try to give some examples. Not every use or disclosure in a category will be listed.

For Treatment. We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, or other health care professionals who are involved in taking care of you. For example, we may disclose your PHI to your primary care physician or to a specialist

For Payment. We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you or an insurance company or a third party. We may also use and disclose PHI about you to obtain prior approval or to determine whether your insurance will cover the treatment.

For Health Care Purposes. We may use and disclose PHI about you for health care purposes. This is necessary to make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, for review purposes. We may remove information that identifies you from this PHI so others may use it to study health care and health care delivery without learning who the specific patients are. We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline, accredit or license those who work in the health care system or for government benefit programs.

Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment or treatment or medical care.

Treatment Alternatives. We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

Office Directory. Unless you object, we may include certain limited information about you in our office directory while you are a patient at our facility. This information may include your name, your general condition e.g., “satisfactory” or “need to improve” etc.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may release PHI about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. The information released to these people may include your location within our facility, your general condition. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that those who care for you can be notified about your condition, status and location.

Research. Under certain circumstances, and only after a special approval process, we may use and disclose PHI about you for research purposes. Such research might try to determine whether a certain treatment is effective in weight loss management.

As Required or Permitted By Law. Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. Or we may be required to respond to a subpoena or court order.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to the proper authorities able to help prevent the threat.

Fundraising Activities. We may use PHI about you in an effort to raise money for Ideal physician Weight Loss PLLC, to improve its operations or provide more charity care or otherwise improve the health of your community. We only would release contact information, such as your name, address and phone number.

SPECIAL SITUATIONS

Organ and Tissue Donation. We may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank for potential donation purposes

Military and Veterans. If you are a member of the armed forces, we may release PHI about you as required by military command authorities in certain circumstances.

Workers' Compensation. We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report deaths;
- to report reactions to medications or problems with products or product recalls;
- to have appropriate authorities notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, accreditation and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose PHI about you in response to a subpoena, discovery request, or other lawful order from a court.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to judicial or administrative proceedings; in emergency circumstances; or when otherwise required to do so by law.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Protective Services for the President, National Security and Intelligence Activities. We may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PHI ABOUT YOU

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact the Privacy Staff at the address listed below. Your rights include the following:

Right to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information gathered for judicial proceedings.

To inspect and copy PHI, you must submit your request in writing to Privacy staff at the address on the last page. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Record reproduction or copy fees may include a \$12.00

retrieval and preparation fee and \$0.50 per page for the first 100 pages and \$0.25 for each page after 100 and any postage or courier fees.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another health care professional chosen by Ideal physician Weight Loss PLLC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to our Privacy Staff. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, or if the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by Ideal physician Weight Loss PLLC
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. In some instances you have the right to request an accounting of disclosures. This is a list of certain disclosures we made of PHI about you during the previous six years, but the request cannot include dates before December 1st 2012. This list must include the date of each disclosure, who received the disclosed information, a brief description of the information disclosed and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we may choose to not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement and/or corrections, and certain health oversight activities. A request for an accounting of disclosures may not be fulfilled in some instances because there are no disclosures made by the provider

that fall within HIPAA's reporting requirement. To request an accounting of disclosure, you must submit your request in writing to our privacy staff

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you, even for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Staff at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

If you receive certain medical devices (for example, life supporting devices used outside our facility), you may refuse to release your name, address, telephone number, social security number or other identifying information for purposes of tracking the medical device.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only discuss your condition in a private room or contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website: Idealphysicianweightloss.com To obtain a paper copy of this notice, please request one in writing from our Privacy staff at the address below.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Ideal physician Weight Loss PLLC or with the Secretary of the Department of Health and Human Services. To file a complaint with Ideal physician Weight Loss PLLC, contact our Privacy Staff, who will provide you with the necessary assistance and documents at the address and phone number listed below. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your permission, thereafter we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

EXCEPTIONS TO NOTICE REQUIREMENT

Despite the general rules described above, Ideal physician Weight Loss PLLC may use or disclose your PHI without providing you with this Notice to carry out treatment, payment or health care operations in certain circumstances. For instance, an emergency treatment situation or other circumstance may cause us to be unable to provide you with the Notice prior to providing treatment, in which case this Notice will be provided to you as soon as reasonably practicable after such circumstance. In some cases other persons are legally authorized to acknowledge receipt of this Notice on behalf of a patient.

Again, if you have any questions or concerns or a complaint regarding your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA) or the information in this notice, please contact our Privacy staff

Privacy Staff:

at

Ideal Physician Weight Loss
Desert Ridge Medical Plaza
20950 N. Tatum Blvd. Suite 380
Phoenix, AZ 85050

Main line 480 419 2292

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