



Sunrise Women's Healthcare
4540 East Baseline Road - Suite 114
Mesa, Arizona 85206

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

We are living in a fast paced world with rapidly changing technologies and the practice of medicine is much more complex than it used to be. Part of what this means to you, as the patient, is that your records may be kept in different formats and are often used in many ways. We'd like to take this information you have entrusted to us.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 require us to provide this notice to you. We are required to follow the terms of this Notice of Privacy Practices. We may, however, change the terms of our notice at any time. A New Notice will be effective for all protected health information that we maintain at that time. We will be happy to provide you with a copy of the Notice of Privacy Practices upon request.

USES AND DISCLOSURES OF INFORMATION

We may use and disclose protected health information (PHI) for *treatment, payment and health care operations*. For example

TREATMENT:

We will create and maintain a medical record in which we document your health issues and the treatment rendered. We may provide a copy of your medical records to another health care provider that is involved in your treatment or receive and use laboratory or other test results in our effort to provide you with quality care. We may also discuss your PHI with a family member, friend or other person involved in your care.

PAYMENT:

We may share your PHI with those providing billing services for us in order to obtain appropriate payment. For example, we may provide a copy of your visit record, when requested by your insurance company, to assist them in making a proper determination for payment.

HEALTH CARE

OPERATIONS:

In order to provide efficient and quality care, we may periodically use or disclose your PHI to auditors or consultants as they assist us in evaluating and improving our services. We may call you with an appointment reminder and leave this information on your answer machine. We may use or disclose your PHI to our business associates who perform some of the necessary functions for operating this clinic. We shall endeavor, at all times when business associates are used, to advise them of their continued contractual obligation to maintain the privacy of your medical records.

You may ask us to restrict further use and disclosure of your protected health information for treatment, payment, or health care operations (with the exception of uses or disclosures required by law). While we are not required to agree to such a request, if we believe the request is reasonable and agree to the restriction, we would be bound by the restriction.

INDIVIDUAL RIGHTS:

Your rights regarding your health information:

1. **Confidential Communications:** You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We accommodate reasonable request.
2. **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, with the exceptions of psychotherapy notes. You must submit your request in writing (contact our Front Office for the form) we may charge a fee for this service but will notify you in advance, if a fee will be charged.
3. **Amendments:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing (contact our Front Office for the form). You must provide us with a reason that supports your request for amendment. We may deny your request if the information was not created by us, we believe the information is complete and accurate or other reasons as defined by HIPAA.
4. **Accounting of Disclosures:** You may ask us to provide you with an accounting of any disclosures of your PHI not covered by this notice or an authorization that you have signed. Your request must be in writing (contact our Front Office for the form). We may charge a fee if more than one request is made in a 12 month period. You will be notified in advance if a fee will be charged.



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4. **Accounting of Disclosures:** You may ask us to provide you with an accounting of any disclosures of your PHI not covered by this notice or an authorization that you have signed. Your request must be in writing (contact our Front Office for the form). We may charge a fee if more than one request is made in a 12 month p period. You will be notified in advance if a fee will be charged.
5. **Right to a copy of this notice:** You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. Contact our Front Office to obtain a copy.
6. **Right to file a complaint:** If you have questions or a problem about how we have handled your PHI or feel that your rights have been violated, you can request and complete our complaint form. You may also file a complaint with the Secretary of the Department of Health and Human Services. We will not penalize you or retaliate against you if you file a complaint.

OUR RESPONSIBILITIES:

We take our responsibilities for protecting your health information very seriously. Our responsibilities include:

1. We will abide by the terms of the this Notice
2. We will provide you with a copy of this Notice upon request.
3. We will use appropriate measures to safeguard and maintain the privacy of your PHI as required by law.
4. We will reasonably accommodate your requests for restrictions on our use or disclosure of PHI. We reserve the right to determine the reasonableness of the request. We will notify you if we are unable to accommodate your request.
5. Where possible and reasonable, we will accommodate your request for confidential communications. We reserve the right to determine the reasonableness of the request.
6. We welcome your suggestions and recommendations for improving our services and obligations under this Notice. Please feel free to write down your comments or suggestions and give them to our Office Manager.

FURTHER INFORMATION

If you require further information, please contact our Office Manager at (480-497-2229) BABY

EFFECTIVE DATE OF THIS NOTE:

December 13, 2010