



Arizona Natural Medicine Physicians, PLLC

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We Listen. We Care. We Change Lives.™

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NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by me in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used, HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, I have prepared this explanation of how I am required to maintain the privacy of your health information and how I may use and disclose your health information.

I. 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.

II. I HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). I am legally required to protect the privacy of your PHI, which includes information that can be used to identify you and that I've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. I must provide you with this Notice about my privacy practices, as such Notice must explain how, when, and why I will "use" and "disclose" your PHI. A "use" of PHI occurs when I share, examine, utilize, apply, or analyze such information within my practice; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of my practice. With some exceptions, I may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. And, I am legally required to follow the privacy practice described in this Notice. However, I reserve the right to change the terms of this Notice and my private policies at any time. Any changes will apply to PHI on file with me already. Before I make any important changes to my policies, I will promptly change this Notice and post a new copy of it in my office. You can also request a copy of this Notice from me, or you can view a copy of it in my office.

III. HOW I MAY USE AND DISCLOSE YOUR PHI. I will use and disclose your PHI for many different reasons. For some of these uses or disclosures, I will need your prior authorization; for others, however, I do not. Listed below are the different categories of my uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operation Do Not Require Your Prior Written Consent. I can use and disclose your PHI without your consent for the following reasons:

- 1. For Treatment.** I can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist in order to coordinate your care.
- 2. To Obtain Payment for Treatment.** I can use and disclose your PHI to bill and collect payment for the treatment and services provided by me to you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care service that I have provided to you. I may also provide PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.
- 3. For Health Care Operations.** Health care operations are activities that relate to the performance and operation of my practice. Examples of health care operation are quality assessment and improvement activities, business-related matters such as audits and administrative services, case management, and care coordination. I may also provide your PHI to my accountants, attorneys, consultants, or others to make sure I am complying with applicable laws.
- 4. Other Disclosures.** I may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as I try to get your consent after treatment is rendered, or if I try to get your consent but you are unable to communicate with me (for example, if you are unconscious or in severe pain) and I think that you would consent to such treatment if you were able to do so.



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B. **Certain Uses and Disclosure Do Not Require Your Consent.** I can use and disclose your PHI without your consent or authorization for the following reasons:

1. **Child Abuse.** I am required to report PHI to the appropriate authorities when I have reasonable ground to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
2. **Adult and Domestic Abuse.** If I have the responsibility for the care of an incapacitated or vulnerable adult, I am required to disclose PHI when I have a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred.
3. **Health Oversight Activities.** If my licensing or credentialing board is conducting an investigation, where I may be required to disclose PHI upon receipt of a subpoena from the board.
4. **Judicial and Administrative Proceedings.** When federal, state, or local law; judicial or administrative proceedings; or, law enforcement requires disclosure. For example, I may make a disclosure to applicable official when a law requires me to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.
5. **Serious Threat to Health of Safety.** If you communicate to me an explicit threat of imminent serious physical harm of death to a clearly identified or identifiable victim(s) and I believe you have the intent and ability to carry out such a threat, I have a duty to take reasonable precaution to prevent the harm from occurring. This precaution may include disclosing information to the potential victim and/or police, and disclosing information in order to initiate hospitalization procedure. If I believe there is an imminent risk that you will inflict serious harm on yourself, I may disclose PHI in order to protect you.
6. **Workers Compensation.** I may provide PHI as authorized by and to the extent necessary to comply with laws in relation to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
7. **For Specific Government functions.** I may disclose PHI to military personnel and veterans in certain situations. And I may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
8. **Appointment reminder and health related benefits or services.** I may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits I offer.

C. **Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

1. Disclosure to family, friends, or others. I may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. **Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in sections III A, B, and C above, I will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future use and disclosures (to the extent that I haven't taken any action in reliance on such authorization) of your PHI by me.

IV. **PATIENT'S RIGHTS REGARDING PHI.** You have the following right with respect to your PHI.

- A. **Right to Request Limits on Uses and Disclosures of your PHI.** You have the right to ask that I limit how I use and disclose your PHI, I will consider your request, but I am not legally required to accept it. If I accept your request, I will put any limits in written and abide by them except in emergency situations. You may not limit the uses and disclosures that I am legally required or allowed to make.
- B. **Right to Receive Confidential Communication by Alternative Means and at Alternative Locations.** You have the right to ask that I send information to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). I must agree to your written request so long as I can easily provide the PHI to you in the format you requested.
- C. **Right to See and Get Copies of Your PHI.** You have the right to inspect or obtain a copy (or both) of PHI in my medical and billing records used to make decisions about you for as long as the PHI is maintained in the record.



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Instead of providing the PHI you requested, I may provide you with a summary or explanation of the PHI as long as you are in agreement. I may deny your access to PHI under certain circumstance, but in some cases you may have this decision reviewed. On your request, I will discuss with you the detail of the request and denial process. There will be a nominal charge for the copying of PHI for which you request. You have the right to ask for those

- D. **fees before or at the time of your request.** I will respond to you within 30 days of your written request. **Right to Amend.** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process. If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that I correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. I will respond within 60 days of receiving your request to correct or update your PHI. I may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by me, (iii) not allowed to be disclosed, or (iv) not a part of my records. My written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If I approve your request, I will make the change to your PHI, inform you that I have done it, and inform others that need to know about the change to your PHI.
- E. **Right to Get a List of Disclosures I have made.** You have the right to get a list of instances in which I have disclosed your PHI. This list will not include uses of disclosures that you have already consent to, such as those made for treatment, payment, or health care operation, directly to you or to your family. This list also won't include uses and disclosure made for national security purposes, to corrections or law enforcement personnel, or disclosure made before April 15, 2003.
- V. **PHYSICIAN'S DUTIES.** I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practice with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect. If I revise my policies and procedures during the time that you are in treatment with me, I will provide you with my revised notice and/or access to my revised policy.
- VI. **HOW TO COMPLAIN ABOUT MY PRIVACY PRACTICES.** If you have any questions about this notice or any complaints about my privacy practice, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact your individual provider.
- VII. **EFFECTIVE DATE OF THIS NOTICE.** This notice went into effect on April 14, 2003.



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NOTICE OF PRIVACY PRACTICES - SIGNATURE PAGE

I hereby acknowledge that I have been provided information of how my personal health information may be used in accordance with HIPPA federal regulations. I will be provided with a copy of the "Notice of Privacy Practices" by Arizona Natural Medicine Physicians, PLLC Db a Arizona Natural Medicine® at my request or I may access this information @ www.aznaturalmedicine.com.

Date _____

Patient Name (Printed) _____

Parent or Legal Guardian if applicable (Printed) _____

Patient Signature (or Parent or Legal Guardian if Patient is a minor)

Witness Signature

OFFICE USE ONLY

Copy of Notice of Privacy Practices provided on _____ Received by _____

—Or—

I attempted to obtain the patient's signature in acknowledgement of this Notice of Privacy Practices Acknowledgement but was unable to do so as documented below:

Name: _____ Date: _____

Reason: _____