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## Notice of Health Information Practices

**This notice describes how your medical information may be used and disclosed to others, and how you can be kept informed about such use and disclosure. Please read this carefully.**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is recorded. Typically, this record is a document describing your symptoms, examination and test results, diagnoses, treatment, and a plan for future care of treatment. This information often referred to as your health (or medical) record. Your health record serves many purposes:

- ★ Basis for planning your care and treatment
- ★ Means of communication among health professionals who contribute to your care
- ★ Legal document describing the care you received
- ★ Means by which you or a third-party payor (such as a health insurance company) can verify that the billed services were actually provided
- ★ A tool for educating health professionals
- ★ A source of data for medical research
- ★ A source of information for public health officials charged with improving the health of the nation
- ★ A quality assurance (QA) tool which we use to continually improve the care we render and the outcomes we achieve

Reviewing your own health record and knowing how this information is used is important because:

- ★ You can ensure its accuracy by correcting any errors that may be introduced into the record
- ★ You can understand who, what, when, where and why others may access this information
- ★ You can make more informed decisions when authorizing disclosure of this information to others

### Your Health Information Rights

Although your health record is the physical property of Arizona Breast Cancer Specialists, the information belongs to you. You have the right to:

- ★ Request a restriction on certain uses and disclosures of your information
- ★ Obtain a paper copy of the notice of information practices upon request
- ★ Inspect and copy your health record
- ★ Request amendments to your health information.
- ★ Obtain an accounting of disclosures of your health information
- ★ Request communications of your health information by alternative means or at alternative locations
- ★ Revoke your authorization to use or disclose health information except to the extent that action has already been taken

## Arizona Breast Cancer Specialists Responsibilities

This organization is required to:

- ★ Maintain the privacy of your health information
- ★ Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- ★ Abide by the terms of this notice
- ★ Notify you if we are unable to agree to a requested restriction
- ★ Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

### Examples of Disclosures for Treatment, Payment and Health Operations:

- ★ **We will use your health information for treatment. For Example:** Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your referring physician, primary care provider, and other relevant healthcare providers with information useful and/or necessary for the care they provide to you during treatment or in the future.
- ★ **We will use your health information for submitting payment claims to you or to the applicable third-party payors (such your health insurance company) for the medical services we provide.**
- ★ **We will use your health information for regular health operations. Examples include:**

**Quality Assurance:** Our physicians or office staff may use information in your health record to assess the care and outcomes you and others like you received. This information can be used in efforts to continually improve the quality and effectiveness of the healthcare and service we provide to our patients.

**Collaborating Healthcare Entities:** There are some services provided in our organization through contacts with business associates. Examples include radiology departments or laboratories. When these services are contracted, we may disclose your health information to our business associate so that they can perform the service we've requested for you and bill you or your third-party payer for those services. To protect your health information, however, we require that these business associates appropriately safeguard your information.

**Communication with Family, Partners, etc:** Health professionals using their best judgment may disclose to a family member, other relative, close personal friend or any other person your health information relevant to that person's involvement in your care, or payment related to your care.

**Research:** We may disclose information to researchers when their research has been approved by an Institutional Review Board (an independent 'watchdog' committee that oversees all research we conduct) that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

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

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**If you believe that your privacy rights have been violated, you may contact Arizona Breast Cancer Specialists at any time at 480-922-4200 and ask for the Privacy Officer. Arizona Breast Cancer Specialists will render a fair judgment in regards to your complaint and your health care will not be affected by any concerns or complaints you bring to our attention.**