



ARIZONA TRANSPLANT ASSOCIATES, PC

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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.

We are committed to protecting the confidentiality of your medical information, and are required by law to do so, known as the HIPAA Privacy Rule. Protected health information is the information we create and obtain in providing our services to you. The health information about you is documented in a medical record and on a computer. This office will not use or disclose your health information except as described in this notice. Please review it carefully and let us know if you have questions.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

TREATMENT: We may use your medical information to provide you with medical services. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physicians to have access to our office medical records to assist in your treatment at this office and for follow-up care.

We may use and disclose your health information by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

We may also use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you. We may leave a message on an automated answering device or person answering the phone; no personal health information will be disclosed during this recording or message other than date, time and information needed for your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

FAMILY MEMBERS AND OTHERS INVOLVED IN YOUR CARE: We may disclose your medical information to a family member or friend who is responsible for your medical care, or to someone who helps to pay for your care. If you do not want this office to disclose, you must notify the receptionist and/or staff. In the event of a disaster, we may disclose information about you to help locate a family member or friend in a disaster.

PAYMENT: We may use and disclose information about you to get paid for medical services we provide to you. We submit requests for payment to your health insurance company which include information that identifies your diagnosis, and the procedures. For example, your health insurance company requests health information from us regarding medical care given to you before they will pay us for your treatment.

CLINIC OPERATIONS: We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients or to run this office. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

REQUIRED BY LAW: Federal, state or local laws do NOT require patient consent to disclose information which is REQUIRED to be reported. For instance, we are required to report child abuse, neglect and domestic violence. Public policy has determined that these types of needs outweigh the Patient's right to privacy.

We may disclose certain medical information for public health purposes. For example, we are required by law to report communicable diseases to the state.

We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials or to the court in response to a search warrant or other court order. We may disclose information about you to law enforcement officials and others to prevent a serious threat to health or safety.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

ORGAN AND TISSUE DONATION: We may disclose medical information to organizations that handle organ donation or transplantation.



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MILITARY VETERANS, NATIONAL SECURITY AND OTHER GOVERNMENT PURPOSES: If you are a member of the armed forces, we may release information about you as required by military command authorities or to the Department of Veterans Affairs. We may also disclose medical information to federal officials for intelligence and national security purposes, for Presidential Protection Services or to the Department of State for its security issues.

WHAT ARE YOUR RIGHTS?

RIGHT TO REQUEST YOUR MEDICAL INFORMATION: You have the right to look at your own medical information and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care; excluding psychotherapy notes. To request your medical information, submit a written authorization; Attn: Privacy Officer, 2218 N. 3rd Street, Phoenix, AZ 85004. If you request a copy of your information, we may charge you our cost of \$24.50 to copy the information; for charts over 25 pages there is an additional charge of \$.20 per page. The law requires us to keep the original record.

RIGHT TO REQUEST TO AMEND OR SUPPLEMENT INFORMATION ABOUT YOUR THAT YOU BELIEVE IS INCORRECT OR INCOMPLETE: If you see information about you and believe that some of the information is incorrect or incomplete, you may ask us to amend your record as long as the information was generated from our practice. You may submit a written request providing us with a reason that supports your request for amendment; Attn: Privacy Officer, 2218 N. 3rd Street, Phoenix, AZ 85004.

RIGHT TO REQUEST RESTRICTIONS ON HOW THE CLINIC WILL USE OR DISCLOSE YOUR MEDICAL INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS: You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate this office. We are NOT required to agree to your request, but if we do agree, we will comply with that agreement unless that information is necessary to provide you emergency treatment or required by law. If you want to request a restriction, submit your written request describing your request; Attn: Privacy Officer, 2218 N. 3rd Street, Phoenix, AZ 85004.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request us to communicate with you in a way that you feel is more confidential. We will accommodate reasonable requests including alternative addresses or alternative means. For example, you can ask us not to call your home, but to communicate only by mail. To do this, submit your request in writing; Attn: Privacy Officer, 2218 N. 3rd Street, Phoenix, AZ 85004. You can ask to speak with your health care provider in private, outside the presence of other patients.

RIGHT TO A COPY OF THE PATIENT'S NOTICE OF PRIVACY PRACTICES: You have the right to a paper copy of the Notice at any time. You may obtain a copy of this Notice from the front receptionist.

CHANGES TO THIS NOTICE

We may amend or revise our practices concerning how we will use or disclose patient medical information, or how we will implement patient rights concerning their information. We will reserve the right to change this Notice and to make the provisions in our new notice effective for all information about you we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices upon request.

WHICH HEALTHCARE PROVIDERS DOES THIS NOTICE COVER?

This Notice of Privacy Practices applies to this office and its personnel, students, and trainees. The notice also applies to other health care providers who come to this office to care for patients such as physicians, emergency service providers, medical transportation companies and other health care providers not employed by Arizona Transplant Associates, PC, unless these other health care providers give you their own Notice that describes how they will protect your medical information. This office may share your medical information with these providers for their treatment, payment, and health care operations. This arrangement is only for sharing information and not for any other purpose.

DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights or how this office uses or discloses your medical information. If you have a concern, please contact our Privacy Officer, 2218 N. 3rd Street, Phoenix, AZ 85004. If for some reason we cannot resolve your concern, you may also file a complaint with the federal government by contacting the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. We will not penalize you or take any retaliatory action against you in any way for filing a complaint with the federal government.

This clinic is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how this office may use and disclose your medical information, please contact our Privacy Officer.