

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

Ponderosa Pediatrics is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. We will not use or disclose your health information except as described in this Notice.

If you consent, Ponderosa Pediatrics is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and healthcare operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, medical history, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes:

- A nurse or medical assistant obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.

Example of use of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company

(or other business associate helping us obtain payment) requests health information from us regarding medical care given. We will provide information to them about you and the care given, which may include copies or excerpts of your medical record, which are necessary for payment of your account. For example, a bill sent to your health insurance company may include information that identifies your diagnosis and the procedures and supplies used.

Example of use of your health information for healthcare operations:

We obtain services from our insurers or other business associates (an individual or entity under contract with us to perform or assist us in a function or activity that necessitates the use or disclosure of health information) such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical transcription, medical review, legal services, public health and research services, and insurance. We will share health information about you with our insurers or other business associates as necessary to obtain these services. We require our insurers and other business associates to protect the confidentiality of your health information.

Your Health Information Rights

The health and billing records we maintain are the physical property of Ponderosa Pediatrics. The information in it, however, belongs to you. You have a right to:

- * Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to our office. We are not

required to grant the request, but we will comply with any request granted;

- * Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice") by making a request at our office;
- * Request that you be allowed to inspect and copy your health record and billing record. You may exercise this right by delivering the request in writing to our office using the form we provide to you upon request;
- * Appeal a denial of access to your protected health information except in certain circumstances;
- * Request that your healthcare record be amended to correct incomplete or incorrect information by delivering a written request to our office using the form we provide to you upon request. (The physician or other healthcare provider is not required to make such amendments);
- * File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- * Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- * Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we give you upon request; and,

* Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to our office.

If you want to exercise any of the above rights, please contact the **Practice Administrator at 2120 Centerpointe West Dr., Prescott AZ 86301 (telephone 928-443-1111)**, in person or in writing, during normal hours. He will provide you with assistance on the steps to take to exercise your rights.

You have the right to review this Notice before signing the consent authorizing use and disclosure of your protected health information for treatment, payment, and healthcare operations purposes.

Our Responsibilities:

- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Maintain the privacy of your health information as required by law.
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive

a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the **Practice Administrator at 2120 Centerpointe West Dr., Prescott AZ 86301 (telephone 928-443-1111)**.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to **Practice Administrator at 2120 Centerpointe West Dr., Prescott AZ 86301**. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address is

The US Dept. of Health & Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington DC 20201
(202) 619-0257 Toll Free: 1-877-696-6775

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) or Office of Civil Rights (OCR) as a condition of receiving treatment from this office.

We cannot, and will not, retaliate against you for filing a complaint with HHS or OCR.

If you do not receive the service you feel you deserve, please call the Practice Administrator at (928) 443-1111.

Board Certified in Pediatrics

Ponderosa Pediatrics
Where Kids Come First



Notice of Privacy Practices for Protected Health Information

2120 Centerpointe West
Prescott, AZ 86301

Tel (928) 778-4581

Fax (928) 776-1872

M - F 8:00 am to 5:00 pm

Sat 8:00 am - 12:00 pm