



Agave Family Physicians, PLLC

Maricopa Professional Village

21300 North John Wayne Parkway, Suite 123

Maricopa, Arizona 85239

(520) 494-7778

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

OUR COMMITMENT TO YOUR PRIVACY

We are committed to protecting the confidentiality of your medical information and are required by the Health Insurance Portability and Accountability Act (HIPPA) of 1996 to do so. This notice describes how we may use and disclose your protected health information for treatment, payment, health care operations and other purposes permitted or required by law. This notice also describes your rights regarding your protected health information and we encourage you to review it carefully.

WAYS IN WHICH WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Treatment. Our practice may use your protected health information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests) and we may use the results to help us reach a diagnosis. We might use your protected health information in order to write a prescription for you or we might disclose your protected health information to a pharmacy when we order a prescription for you. Many of the people who work for our practice including, but not limited to, our doctors and nurses may use or disclose your protected health information in order to treat you or to assist others in your treating you, such as your spouse, your children or your parents. Finally, we may also disclose your protected health information to other health care providers for purposes related to your treatment.

Payment. Our practice may use and disclose your protected health information in order to bill and collect payment for the services or items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits) and we may provide your insurer with details regarding your treatment to determine if your insurer will cover (or pay for)

your treatment. We also may use and disclose your protected health information to obtain payment from third parties that may be responsible for such costs. Also, we may use your protected health information to bill you directly for services or items. We may disclose your protected health information to other health care providers or entities to assist in their billing and collection efforts.

Health Care Operations. Our practice may use and disclose your protected health information to operate our business. For example, our practice may use your protected health information to evaluate the quality of care you receive from us, or to conduct cost-management and business planning activities for our practice. We may disclose your protected health information to other health care providers and entities to assist in their health care operations.

Appointment Reminders. Our practice may use and disclose your protected health information to contact you to remind you of an appointment.

Treatment Options. Our practice may use and disclose your protected health information to inform you of potential treatment options or alternatives.

Release Of Information To Family Or Friends. Our practice may release your protected health information to a friend or family member that is involved in your care. For example, a parent or guardian may ask that a baby sitter bring their child to the office for treatment of a cold. In this example, the baby sitter may have access to this child's medical information.

Disclosures Required By Law. Our practice will use and disclose your protected health information when we are required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION UNDER SPECIAL CIRCUMSTANCES

Public Health Risks. Our practice may disclose your protected health information to public health authorities that are authorized by law to collect information for the purpose of :

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence).

However, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information

- notifying your employer, under limited circumstances, of workplace injury or illness or medical surveillance.

Health Oversight Activities. Our practice may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include: investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits And Similar Proceedings. Our practice may use and disclose your protected health information in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your protected health information in response to a discovery request, subpoena or other lawful process by another party involved in the dispute but only if we have made an effort to inform you of the request or to obtain an order protecting the information sought by the party.

Law Enforcement. We may release protected health information if asked to do so by a law enforcement official :

- regarding a crime victim in certain situations if we are unable to obtain the person's agreement
- concerning a death that we believe may have resulted from criminal conduct
- regarding criminal conduct at our offices
- in response to a warrant, summons, court order, subpoena or similar legal process
- to identify or locate a suspect, material witness, fugitive or missing person
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Deceased Patients. Our practice may release protected health information to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Organ And Tissue Donation. If you are an organ donor, our practice may release your protected health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.

Serious Threats To Health Or Safety. Our practice may use and disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety, the health and safety of another individual or the public.

Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. Our practice may disclose your protected health information, as required by law, to appropriate authorities if you are a member of U.S. or foreign military forces (including veterans).

National Security. Our practice may disclose your protected health information to federal officials for intelligence and national security authorities as required by law. We also may disclose your protected health information to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

Inmates. Our practice may disclose your protected health information to correctional institutions or law enforcement officials if you are an inmate or in the custody of a law enforcement official. Disclosure for these purposes would be necessary for the institution to provide health care services to you, for the safety and security of the institution, and/or to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. Our practice may release your protected health information for workers' compensation and similar programs.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Confidential Communications. You have the right to 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. In order to request a type of confidential communication, you must make a written request to Agave Family Physicians, Attention HIPPA Compliance Officer, 21300 North John Wayne Parkway, Suite 123, Maricopa, Arizona, 85239, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your protected health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your protected health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request. However, if we do agree, we are bound by our agreement, except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your protected health information, you must make your request

in writing to Agave Family Physicians, Attention HIPPA Compliance Officer, 21300 North John Wayne Parkway, Suite 123, Maricopa, Arizona, 85239. Your request must describe in a clear and concise fashion:

- the information you wish restricted
- whether you are requesting to limit our practice's use, disclosure or both
- to whom you want the limits to apply

Inspection And Copies. You have the right to inspect and obtain a copy of the protected health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Agave Family Physicians, Attention HIPPA Compliance Officer, 21300 North John Wayne Parkway, Suite 123, Maricopa, Arizona, 85239, in order to inspect and/or obtain a copy of your protected health information. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy your protected health information under certain limited circumstances. However, you may request a review of our denial. Another licensed health care professional chosen by us will conduct the reviews.

Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Agave Family Physicians, Attention HIPPA Compliance Officer, 21300 North John Wayne Parkway, Suite 123, Maricopa, Arizona, 85239. You must provide us with a reason that supports your request for an amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: accurate and complete, not part of the protected health information kept by or for the practice, not part of the protected health information which you would be permitted to inspect and copy, or not created by our practice (unless the individual or entity that created the information is not available to amend the information).

Accounting Of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your protected health information for purposes not related to treatment, payment or operations. Use of your protected health information as part of the routine patient care in our practice is not required to be documented (for example, the doctor sharing information with the nurse or the billing department using your information to file your insurance claim). In order to obtain an accounting of disclosures, you must submit your request in writing to Agave Family Physicians, Attention HIPPA Compliance Officer, 21300 North John Wayne Parkway, Suite 123, Maricopa, Arizona, 85239. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14,

2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.

Right To A Paper Copy Of This Notice. You are entitled to receive a paper copy of our Notice Of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, send your request to Agave Family Physicians, Attention HIPPA Compliance Officer, 21300 North John Wayne Parkway, Suite 123, Maricopa, Arizona, 85239, or visit our office.

Right To File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, send your written complaint to Agave Family Physicians, Attention HIPPA Compliance Officer, 21300 North John Wayne Parkway, Suite 123, Maricopa, Arizona, 85239. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Right To Provide An Authorization For Other Uses And Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your protected health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your protected health information for the reasons described in the authorization. *Please note: We are required to retain records of your care.*

If you have any questions regarding this notice or our health information privacy policies, please contact our HIPPA Compliance Officer at (520) 494-7778.

We reserve the right to change our practices and to make new provisions effective for all health information we maintain. Our practice will post our current notice in a visible location at all times. A copy of this notice is available upon request.