

DC Canyon
Health and Wellness
Dr. Michelle Coats

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. PLEASE REVIEW IT CAREFULLY.

Our Healthcare Practice takes patient privacy matters seriously. We work hard to meet and exceed all existing rules and regulations and will work to keep you informed regarding our office policies and your personal rights regarding privacy.

We are required by federal and state law to maintain the privacy of your health information. We are also required to give you this NOTICE about our privacy practices, our duties, and your rights concerning your personal health information. We must follow the privacy practices described in the notice while it is in effect. This notice takes effect on June 29, 2005, and will stay in effect until we replace it, at which time we will issue a notice to you the patients indicating a new activation date. This is in accordance with the privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA Privacy Regulations”). You may request a copy of our Notice at any time, and may request additional copies, as needed by contacting our office.

Use and Disclosure of Your Medical Information

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you. Information about you is also available to the staff at the office. We will exercise our judgment in only distributing the minimum necessary information needed when sending health information to any outside associations.

For Payment: Your health information will be sent to third party payers for insurance collection and, when applicable, to collection agencies for assistance to us receiving payment for services rendered. The information on or accompanying the bill may include your medical information. We will use our professional judgment and experience with common practices to make decisions on what information to disclose to insure payment.

For Business Operations: Your medical information may be used and disclosed for our health care operations. These activities may include conducting quality reviews, assessing practitioner performance, evaluation or business costs, conducting training programs, licensing, accreditation, and certain certification activities we need to serve you.

Family, Friends, Personal Representative and Others: We may disclose your health information to a family member, friend, or other persons to the extent necessary to help with healthcare or with payment for healthcare. You may however request that we do not disclose to anyone other than yourself, of which we will abide. You may inform this office of the persons you would like your information disclosed to and we will abide by your request. We will use our professional judgment on the information disclosing your health information that it is directly relevant to the person's involvement in your healthcare.

Marketing Health-Related Services: We will not use health information for marketing communications without your written authorization. Under federal privacy rules we may send you updated information about our practice or healthcare system, send you information regarding programs and products we offer to further enhance your care and treatment, send reminders notices for appointments, and offer small nominal gifts from time to time. We will never provide your name to and outside organization for marketing.

Business Associates: We contract with individuals and entities (business associates) to perform various functions on our behalf, which involves the use and/or disclosure of your health information. Business associates must agree in writing to appropriately safeguard your information.

When the Law Requires Us to Disclose: We may disclose your health information to government agencies or others, as required by law. Examples of this may include, but are not limited to, law enforcement, required state agency reporting, or coroners seeking to confirm identity. Additionally we disclose to military authorities for purposes such as national security.

Abuse and Neglect: We may disclose your health information to appropriate authorities that are authorized to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, we may disclose your information to a government entity authorized to receive such information if we believe that you have been a victim of abuse, neglect, or domestic violence.

Patients Rights

Access to Records: You have a right to look at copies of your health information, with limited exceptions. You may request photocopies and copies of x-rays. We will use the format you request, unless we are unable to practically do so. You must make your request in writing to our office. We can provide you with forms to do this, or you may do it by writing a letter specifying exactly what you want to view. If we provided photocopies we will charge you a set amount for each page copied. If you wish to receive x-ray duplicates we will charge you a set fee per film copied. Check with the office for current fee schedule. If you request an alternate format we will charge you per the expenses we incur to satisfy your request. You may prefer to ask for a summary rather than receive all the pages in your file. We can prepare a summary depending on what you are seeking to obtain. The fee for summation will vary depending on the amount of

time it took to compile the information. The hourly rate for summation is also on our current fee schedule.

We have up to 30 days, and sometimes longer, to respond, depending on what is required to meet your request.

Open Bay Treatment: This office utilizes an open bay therapy room where some health information may be discussed and there is a potential that somebody else may overhear the information. If you do not feel comfortable in this situation please let the staff or myself know immediately and we will make other arrangements to give you the treatment you need or will arrange to not discuss your condition in that room.

List of Disclosures: You have the right to receive a list of all the times we or our business associates shared your health information for purposes other than treatment, payment, and health care operations and other specified exceptions.

Restrictions: You have the right to place additional restrictions on our use or disclosure of your health information. We are not required to agree to these restrictions, however, if we do agree, we abide by our agreement, except in certain emergency situations.

Communications to You: You may request we communicate with you about your health information by alternative means or to alternative locations, when you make the request in writing. You must specify the alternative means or locations and provide satisfactory explanation how payments will be made under the alternative means or location.

Amendment of your Records: You have the right to request that we amend your health information when requested in writing. We may deny your request, however, we will note in your records your request to amend and the reason. We cannot delete anything from the formal record but we can add addendums to the record that may be able to meet your amendment request.

Electronic Notice of this Information: If you received this notice electronically (via e-mail), and wish to receive a paper copy, you have the right to obtain a paper copy by making a request in writing to this office.

Questions and Complaints

If you have any questions about this notice or if you think we may have violated your privacy right, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit a request involving any of your rights by writing to the following address: DC Canyon Health and Wellness 15027 W. Bell Rd, Suite 100 Surprise, AZ 85374.

We support your right to protect the privacy of your health information. You can be assured there will be no retaliation of any kind if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.