

**Sierra Vista Internal Medicine,  
PLLC**

75 Colonia De Salud, Suite 200A  
Sierra Vista, Arizona 85635

**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.

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Sierra Vista Internal Medicine understands the importance of keeping your personal and health information private. We are required by law to maintain the privacy of your protected health information (PHI) and are required to provide you with notice of our legal duties and privacy practices. Our office will not use or disclose your health information except as described in this Notice.

**Examples of Uses and Disclosures of Health Information**

**Treatment:** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record and to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment:** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated.

**Health care operations:** Your health information may be used as necessary to support the day-to-day activities and management of Sierra Vista Internal Medicine. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality of care.

**Law enforcement:** Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

**Public health reporting:** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the State's public health department.

**Medical Examiners, Funeral Directors, and Organ Donation Agencies:** Your health information may be disclosed to medical examiners and funeral directors for identification purposes, to determine cause of death, or to perform other duties as authorized by law. We may also provide your health information to organ donation agencies in the event you consent to organ or tissue donation.

**Appointment reminders:** Your health information will be used by our staff to contact you to remind you of appointments.

**Information about treatments:** Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

**Research:** Your health information may be disclosed to researchers to determine if you meet the criteria to participate in a clinical research study, and we may contact you about participation.

**Other uses and disclosures require your authorization:** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

## **Individual Rights**

You have certain rights under the federal privacy standards. These include:

**Access:** You have the right to inspect and obtain a copy of your protected health information. As permitted by federal regulation, we require that such requests be submitted in writing. Please note that we will charge reasonable fees associated with providing you access and copies.

**Restriction requests:** You may request that we place additional restrictions on the use and disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in a need for your emergency treatment). If we feel that your restriction request may limit our ability to provide you with quality healthcare, we will recommend that you seek medical treatment with another healthcare provider or facility.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended, we do not maintain the information, or the information is already accurate and complete.

**Additional rights:** You have the right to receive confidential communications concerning your medical condition and treatment, the right to receive an accounting of how and to whom your protected health information has been disclosed, and the right to receive a printed copy of this notice.

## **The Sierra Vista Internal Medicine Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

## **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulation. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

## **Complaints & Contact Person**

If you need further information or would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Privacy Officer/Administrator  
Sierra Vista Internal Medicine  
75 Colonia de Salud., Ste. 200A  
Sierra Vista, AZ 85615  
520-458-8145

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address listed above. Complaints we received are used to evaluate and improve our services. You will not be penalized or otherwise retaliated against for filing a complaint.

You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint upon request.

## **Additional Information**

Additional information on federal privacy standards and HIPAA<sup>1</sup> can be easily obtained from the United States Department of Health & Human Services by visiting their website at [www.hhs.gov](http://www.hhs.gov).

## **Effective Date**

This notice is effective on or after April 22, 2003.

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<sup>1</sup> HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996.