



## **NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used, disclosed, and how you can get access to your information.

### **Your Rights:**

You have the right to:

- Get a copy of your medical record upon written request. Photocopy fee will apply.
- Request reasonable corrections be made to your medical record.
- Request how we communicate with you.
- Ask us to limit the information we share with others.
- Get a list of those with whom we've shared your information.
- Obtain a copy of this privacy notice.
- Choose someone to act on your behalf.
- File a complaint if you believe your privacy rights have been violated.

### **Your Choices:**

You have some choices in the way that we use and share information as we:

- Discuss your condition with family or friends.
- Provide disaster relief recovery information.
- Include you in a hospital directory.
- Provide mental health care services.
- Market our services to you.

### **Our Uses & Disclosures:**

We may use and share your information as we:

- Provide medical treatment for you.
- Run our organization.
- Bill your insurance for payment.
- Assist with public health/safety issues.
- Do research.
- Comply with state and federal law.
- Respond to organ and tissue donation requests.
- Work with medical examiner or funeral director.
- Address worker's compensation, law enforcement, or government requests.
- Respond to lawsuits and legal action.

### **Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing

For detailed information regarding this policy, please visit our website at [www.camelbackwomenshealth.com](http://www.camelbackwomenshealth.com). We can change the terms of this notice, and the changes will apply to all information we have about you. A new notice will be available upon request, in our office, and on our web site.

Privacy Officer for Camelback Women's Health:  
Laura Sue Fein; Practice Manager  
11209 N Tatum Blvd, Suite 255  
Phoenix, AZ 85028  
602-494-5050

I have read the above and understand my rights, my choices, and the responsibilities of Camelback Women's Health in regards to my protected health information.

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Printed Name of Patient

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Signature of Patient/Guardian

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Date

Rev. 09/2017