

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE READ CAREFULLY.

Arizona Focal Prostate Center is required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA) to provide confidentiality for all medical records and other individually identifiable health information in our possession. This Notice is to inform you of those uses and disclosures of confidential information that may be used by Arizona Focal Prostate Center, and of your individual rights and Arizona Focal Prostate Center's legal duties with respect to confidential information.

Ways in which we may use and disclose your protected health information:

We may use and disclose at our discretion your medical records for each of the following purposes only: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services.
- **Payment** means activities such as obtaining payment for the health care services provided to you from your insurance or another third-party payer.
- **Health care operations** include the business aspects of running a practice.

We may contact you to provide appointment reminders or other services that may be of interest to you. We will disclose your protected health information to any person you identify that is involved in payment for your care.

We will use and disclose your protected health information when required by federal, state, or local law. These situations are as follows: (a) If you threaten grave bodily harm or death to yourself or another person, we are required by ethical standards to inform the intended victim and/or appropriate law enforcement agencies; (b) if we are required by a court of law (court order) to turn over records to the court of if we are ordered to testify regarding those records; (c) if a regional or national emergency or situation occurs which requires the release of protected health information for the health and security of the citizens of the state of Arizona and/or the United States of America.

Any other uses and disclosures will be made only with your written authorization. You will be provided with an authorization form upon request. A separate form will be needed for each release of information. The authorization of release of records is valid until it expires or is revoked. You may revoke authorization in writing at any time, except to the extent that we may have already taken actions relying upon your previous authorization.