

Print

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. THIS NOTICE IS EFFECTIVE AS OF SEPTEMBER 1, 2005. PLEASE READ CAREFULLY.**

Southwest Orthopaedic Surgery Specialists, PLC is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with the notice of our legal duties and privacy practices with respect to protected health information. The physicians and staff members of Southwest Orthopaedic Surgery Specialists, PLC are required by law to abide by the terms of this notice.

### **HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED:**

We will use your medical information as part of rendering patient care. The physicians, nurses, and support staff, in the course of your treatment, may use this information. In order to process your payment for services rendered, our business office may use your medical information. Additionally, administrative personnel reviewing the quality of the care you receive may use your medical information.

Southwest Orthopaedic Surgery Specialists, PLC may also use and/or disclose your health information in accordance with federal and state laws for the following purposes:

#### Appointment Reminders

We may contact you to provide appointment reminders.

#### Treatment Information

We may contact you with information about treatment alternatives or health-related benefits and services that may be of interest to you.

#### Disclosure to Department of Health and Human Services

We may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of our compliance with relevant laws.

#### Family and Friends

We will not disclose any of your medical information to family members, other relatives or close personal friends, even if the medical information is directly relevant to that person's involvement with your care, unless we obtain written consent to do so.

#### Notification

Unless you object, we may use or disclose your health information to notify a family member, a personal representative or another person responsible for your care, your location, your general condition or death.

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## Disaster Relief

We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

## Health Oversight Activities

We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

## Abuse or Neglect

We may disclose your medical information when it concerns abuse, neglect, or violence to you in accordance with federal and state law.

## Legal Proceedings

We may disclose your medical information in the course of certain judicial or administrative proceedings.

## Law Enforcement

We may disclose your medical information for law enforcement purposes or other specialized government functions.

## Coroners, Medical Examiners and Funeral Directors

We may disclose your medical information to a coroner, medical examiner or a funeral director.

## Organ Donation

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

## Research

We may use or disclose your medical information for certain research purposes if an Institutional Review Board or a privacy board has altered or waived individual authorization, the review is preparatory to research, or the research is an only decedent's information.

## Public Safety

We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

## Workers Compensation

We may disclose your health information as authorized by laws relating to workers' compensation.

## Business Associates

We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

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**AUTHORIZATIONS:**

We will not use or disclose your medical information for any other purpose without your written authorization. Once authorization is given, you may revoke authorization in writing at any time. To request a Revocation of Authorization form, you may contact:

**Southwest Orthopaedic Surgery Specialists, PLC.**  
**3395 N. Campbell Ave.**  
**Tucson, AZ 85719**  
**(520) 327-9677**

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

You have the following rights with respect to your medical information:

- You may ask us to restrict certain uses and disclosures of your medical information. We are not required to agree to your request, but if we do, we will honor it.
- You have the right to receive communications from us in a confidential manner.
- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your records.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point. You have the right to receive an accounting of the disclosures of your medical information made by Southwest Orthopaedic Surgery Specialists, during the last six years, except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized, and certain other specific disclosure types.
- You have the right to request a paper copy of this Notice of Privacy Practices regarding protected health information. You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights.

**TO FILE A COMPLAINT:**

If you choose to file a complaint regarding the use of your health information in connection with Southwest Orthopaedic Surgery Specialists, you will not be retaliated against in any way. To file a complaint, please contact our business office by mail or telephone.

**Southwest Orthopaedic Surgery Specialists, PLC.**  
**3395 N. Campbell Ave.**  
**Tucson, AZ 85719**  
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**REVISION OF NOTICE OF PRIVACY PRACTICES:**

We reserve the right to change the terms of this notice, making any revisions applicable to all the protected health information we maintain. If we revise the terms of this notice, we will post the revised notice at Southwest Orthopaedic Surgery Specialists, PLC and will make paper copies of the revised Notice of Privacy Practices available upon request.

**ACKNOWLEDGMENT:**

I hereby acknowledge that I have received and had an opportunity to ask questions concerning this Notice of Privacy Practices provided by Southwest Orthopaedic Surgery Specialists, PLC.

<b>Patient Name</b> (Please PRINT Full Name)	<b>Date</b>	<b>Patient Signature</b>
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Sign and date below for a patient that is a minor:

<b>Parent/Guardian Name</b> (PRINT Name)	<b>Date</b>	<b>Signature of Parent or Legal Guardian</b>
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**How did you hear about Southwest Orthopaedic Surgery Specialists, PLC ?**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Physician Referral | <input type="checkbox"/> Magazine Ad |
| <input type="checkbox"/> Green Valley News  | <input type="checkbox"/> Phone Book  |
| <input type="checkbox"/> Friend or Family   | <input type="checkbox"/> Jewish Post |
| <input type="checkbox"/> Website            | <input type="checkbox"/> Other _____ |

**Which Southwest Orthopaedic Surgery Specialists provider are you are receiving care from?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Ario B. Kiarash, M.D. | <input type="checkbox"/> Domingo Cheleuitte, M.D. | <input type="checkbox"/> Jason. M. Humphrey, P.A.-C. |
|--|---|--|