HIPAA Notice of Privacy Practices

**********Please read this form in its entirety there a 2 (two) signatures required in on this form********

NOTICE OF PRIVACY PRACTICES FOR: Tucson Bariatric

This notice describes how medical information about you may be used and discussed and how you can get access to this information. Please review it carefully

Privacy Policy

Tucson Bariatric understands that your medical health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

How We Use Your Protected Health Information

When you receive care from our physicians, we may use your health information for treating you, billing the services and conducting our normal business know as health care operations. Examples of how we use your information include:

Treatment

We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with a specialist who will assist in your treatment. Some health records, including some confidential communications with a mental health professional and some substance abuse records, may have additional restrictions and disclosure under state and federal laws.

Payment

We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or other third parties. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice to approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company or Medicare.

Healthcare Operations

We use health information to improve the quality of care, train staff, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities. For example, we may use your health information to evaluate the quality of treatment and services provided by our physicians, nurse practitioner and other health care workers.

Other Uses of Your Protected Health Information

We may also use your health information to:

· Recommend alternative treatment

· Tell you about health services and products that may benefit you

· Share information with family or friends involved in your care or payment for your care, when appropriate

· Share information with third parties who assist us with treatment, payment, and health care operations.

· Remind you of an appointment

· Contact you to provide you with office education materials such as news letters or research participation request.

Sharing Your Protected Health Information

There are limited situations when we are permitted or required to disclose health information without your signed consent. These situations are:

· For public purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law. Reporting births and deaths and reporting to drugs and problems with medical devices

· To protect victims of abuse, neglect or domestic violence

· For health oversight activities such as investigations, audits and inspections

· For law enforcement purposes

· For lawsuits and similar proceedings

· When otherwise required by law

· When requested by law enforcement as required by law of court order

· To coroners, medical examiners and funeral directors

· For organ and tissue donation

· For research under strict federal guidelines

· To reduce or prevent a serious threat to public health and safety

· For workers' compensation or other similar programs if you are injured at work and

· For specialized government functions such as Intelligence and national security

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement (with limited exceptions as provide by federal regulations)

Your Individual Rights

The following are statements of your rights with respect to your protected health information.

· **You have the right to inspect and copy your protected health information (fees may apply)** – under federal law, however, you may not inspect or copy the following records: Psychotherapy note, information compiled in reasonable anticipation of or used in a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or another person, or information that was obtained under a promise of confidentiality.

· **You have the right to request a restriction of your protected health information** – This means you may ask not use or disclose any part of your protected health information and by law we must comply when the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction request and to whom you want the restriction to apply. By law, you may not request that we restrict the disclosure of your PHI for treatment purposes.

· **You have the right to request to receive confidential communications** – You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you agreed to accept this notice alternatively i.e. electronically.

· **You have the right to request an amendment to your protected health information** – If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

· **You have the right to receive an accounting of certain disclosures** – You have the right to receive an accounting of all disclosers except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations; required by law, that occurred prior to April 14, 2003, or six years prior to the date of this request.

· You have the right to obtain a paper copy of this notice from us even if you agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your Complaint. **We will not retaliate against you for filing a complaint**.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by terms of the notice currently in effect. If you have questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at our main phone number.

Our Privacy Responsibilities

Tucson Bariatric is required by law to:

- Maintain the privacy of your health information
- Provide this notice that describes the ways we may use and share your health information
- Follow the terms of the notice

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in our office. You may also request a copy of any notice from our office manager.

Our Organization

This notice describes the privacy practices of Tucson Bariatric, including employees and volunteers. This notice also describes the privacy practices of affiliated providers while they are performing services on behalf of Tucson Bariatric, unless they provide you with a notice of their specific privacy practices. Affiliated providers are not employed by Tucson Bariatric but are authorized to provide services to patients. Affiliated providers may have different privacy practices from those described in this notice. For more information about the privacy practices of affiliated providers, please contact them directly.

Contact Us

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your protected health information, contact: Tucson Bariatric s' office manager at (520)-319-6000

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of you Notice of Privacy Practices. I also understand that this practice has the right to change its notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of Notice of Practices.

Michelle Nelson

******Keep Scrolling there is more to complete******

PATIENT CONSENT HIPAA

Michelle Nelson

ASSIGNMENT OF INSURANCE BENEFITS:
I hereby authorize direct payment of my insurance benefits to Tucson Bariatric or the physician individually for services rendered to my dependents or me by the physician or under his/her supervision. I understand that it is my responsibility to know my insurance benefits and whether or not the services I am to receive are a covered benefit. I understand and agree that I will be responsible for any co-payment or balance due that Tucson Bariatric is unable to collect from my insurance carrier for whatever reason.

AUTHORIZATION TO RELEASE NON-PUBLIC PERSONAL INFORMATION:
I certify that I have received and read a copy of the Tucson Bariatric Patient Information Privacy Policy/HIPAA. I hereby authorize Tucson Bariatric or the physician individually to release any of my or my dependent's medical or incidental non-public personal information that maybe necessary for medical evaluation, treatment, consultation, or the processing of insurance benefits.

LAB/X-RAY/DIAGNOSTIC SERVICES:
I understand that I may receive a separate bill if my medical care includes lab, x-ray, or other diagnostic services. I further understand that I am financially responsible for any co-pay or balance due for these services if they are not reimbursed by my insurance for whatever reason.

AUTHORIZATION TO MAIL, CALL OR E-MAIL:
I certify that I understand the privacy risks of the mail, phone calls, and email. I hereby authorize a Tucson Bariatric representative or my physician to mail, call, or e-mail me with communications regarding my healthcare, including but not limited to such things as appointment reminders, referral arrangements, and laboratory results, I understand that I have the right to rescind this authorization at any time by notifying Tucson Bariatric to that effect in writing.

I wish to be contacted in the following manner (check all that apply)

☐ Home Telephone: _____ ☐ Permission to leave a message with detailed info ☐ Leave Name/Doctor with call back number **ONLY**

☐ Work Telephone: _____ ☐ Permission to leave a message with detailed info ☐ Leave Name/Doctor with call back number **ONLY**

☐ Cell Phone: _____ ☐ Permission to leave a message with detailed info ☐ Leave Name/Doctor with call back number **ONLY**

☐ **When unable** to contact me by phone, written communication may be sent to my home address.

I have received and reviewed the NOTICE OF PRIVACY PRACTICES provided by Tucson Bariatric. I have also stated the means of communication that I prefer to remind me of my appointment, communicate test results, and follow up visits.

Michelle Nelson

_____