Arizona Endocrinology Center

Phone (602) 439-9000 Fax (602) 978-5233
15640 N. 28th Drive
Phoenix, AZ 85053

Chet Monder, MD.
Rohit Dwivedi, MD.
Carrie A. Phillips, MD.
Meera C. Menon, MD.
Helen Y. Kang, MD.
Maja Davidson, MD.
Amanda Sherwin, RD.

Phone (480) 878-5319 Fax (480) 912-3815
3530 S. Val Vista Drive Ste. C202
Gilbert, AZ 85297

Stefan Hasinski, MD.
Richard O. Dolinar, MD.
Radhika Vattikuti, MD.
Hyun-Suk Chong, MD.
Yasmin Akhunji, MD.
Anh Nguyen, MD.

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.

1. I understand and agree that Arizona Endocrinology Center (the "Company") may transfer my Protected Health Information (PHI) electronically, or by other means, for the purposes of carrying out my treatment, receiving payment for services, or other healthcare operations.
2. Examples of these transfers may include, but are not limited to the following:
    a. Facsimile or U.S. mail to my referring physician, primary care physician, insurance carrier, Medicare, Medicaid, Industrial Case Manager, attorney involved in my case, licensing, or accrediting agency.
    b. Billing software vendor and/or EMR vendor.
    c. Electronic billing clearing house or agency.
    d. Credit card transactions.
    e. To public health authorities and health oversight agencies that are authorized by law to collect information.
    f. Lawsuits and similar proceedings in response to a court or administrative order.
    g. If required to do so by a law enforcement official.
    h. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
    i. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
    j. To federal officials for intelligence and national security activities authorized by law.
    k. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
    l. Via the internet for transcription purposes.
    m. Contact me by telephone regarding appointment reminders or missed appointments.
3. I understand that I may request, except in the case of a Workman's Compensation Claim, a copy of the summary of the "Health Insurance Portability and Accountability Act of 1996" published by the United States Department of Health and Human Services prior to signing this consent.
4. I understand that I have the following individual rights regarding the transfer and use of my PHI:
    a. I may request, in writing, except in the case of a Worker's Compensation Claim, that my PHI only be transferred via U.S. mail or place other restrictions on its use and disclosure, but that the Company is not required to agree to these restrictions.
    b. I, or my legal representative, may obtain copies of my PHI and this Notice except in the case of a Worker's Compensation Claim by contacting the clinic in writing.
    c. I may request an accounting of disclosures, but not uses of PHI for treatment, payment or healthcare operations.
    d. I may request amendments to incorrect or incomplete PHI.
5. I understand that the Company is required by Federal law to maintain the privacy of my PHI, provide me with this Notice, comply with the terms of this Notice and revise this Notice only as set forth below.

6. I understand that the Company reserves the right to amend uses and disclosures of PHI and, while under active care, I will be notified of such changes and that after discharge from care, I may inquire as to any changes made to privacy policies and that a revised Notice will be provided.
7. I understand that if I believe that my privacy rights have been or are being violated that I may file a complaint.
    a. I may file a complaint in writing to the Company or the U.S. Department of Health and Human Services, Office of Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, CA 94102, and that the Company may not retaliate against me for filing a complaint.
    b. A copy of the patients rights was provided for me to read.
8. I understand that a standard fee schedule is available upon request.
9. I agree that the Patients' Rights Notice was made available to me and I have read and understand this notice.
10. By signing below, I agree that I have read and understand the above information and agree to allow the Company to transfer documents regarding my care as described above.
11. **A secure phone number that a detailed message can be left at:_____**

Please contact our Privacy Officer/Practice Administrator, at the above phone number, if you have any questions regarding this notice.

Print Name_____Signature_____Date_____