

Arizona Urology Specialists, PLLC

Notice of Privacy Practices Consent to Use Protected Health Information (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information; please review carefully.

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law (the Health Insurance Portability and Accountability Act of 1996 or HIPAA) to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights concerning your PHI
- Our obligation concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

At the Arizona Urology Specialists, PLLC we strive to keep your information confidential, and may use and disclose your PHI in the following ways:

- **Treatment:** Our practice may use your PHI to treat you.
- **Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us.
- **Health Care Operations:** Our practice may use and disclose your PHI to operate our business.
- **Appointment Reminders:** Our practice may use your PHI to contact you and remind you of an appointment.
- **Treatment Options:** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
- **Health-Related Benefits and Services:** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- **Release of Information to Family/Friends:** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you, with your permission.
- **Disclosures Required By Law:** Our practice will disclose your PHI when we are required to do so by federal, state or local law.

We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment for the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

The following categories describe scenarios in which we may use or disclose your identifiable health information:

- **Public Health Risks:** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law.
- **Lawsuits and Similar Proceedings:** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.
- **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official.
- **Deceased Patients:** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
- **Organ and Tissue Donation:** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement, or transplantation.
- **Research:** We may use and disclose your PHI for research purposes in certain limited circumstances with your permission.
- **Serious Threats to Health or Safety:** Our practice may use and disclose your PHI 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.
- **Military:** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- **National Security:** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
- **Appointment Reminders, Marketing and Treatment Alternatives:** We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not disclose your health information without your written authorization.
- **Sign In Sheet:** We may use and disclose your health information by having you sign in when you arrive at our offices. We may also call you by name when we are ready to see you.
- **Language Translation:** Our practice may disclose your PHI to language translators if you do not speak English and require the services of a translator.
- **Inmates:** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
- **Workers Compensation:** Our practice may release your PHI for workers compensation and similar programs.

YOUR RIGHTS REGARDING YOUR PHI:

- **Confidential Communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. Our practice will accommodate reasonable requests. You do not need to give a reason for your request
- **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
- **Inspection and Copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. All requests must be submitted in writing to the Arizona Urology Specialists, PLLC and we are permitted to charge for the cost of the copy. Copies will be provided within 30 days for information stored onsite and 60 days for information stored offsite.

We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment for the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

- **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment. Our practice may deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. Our practice has 60 days to respond to your request for an amendment.
- **Accounting of Disclosures.** All of our patients have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment, or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. Our practice has 60 days to provide the accounting of disclosures.
- **Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact the Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Our practice has 30 days to investigate the complaint; our practice has 60 days to provide a written response to the individual who submitted the privacy complaint.
- **Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

ADDITIONAL NOTICE REGARDING YOUR PHI:

- Tests and films ordered by a physician outside of Arizona Urology Specialists, PLLC that are admitted into your electronic medical record might not be reviewed or pertain to the services you are receiving from Arizona Urology Specialists, PLLC.
- Arizona Urology Specialists, PLLC operates under the following DBA's in which your PHI will be shared: Arizona Prostate Cancer Center, Arizona Urology Specialists Pathology Lab, Affiliated Urologists, Canyon State Urology, Scottsdale Center for Urology, Phoenix Urological Surgeons, Urology Arizona and Urology Associates.

Arizona Urology Specialists, PLLC Notice of Privacy Practices

I have received a copy of the Arizona Urology Specialists, PLLC Notice of Privacy Practices. I understand that the Arizona Urology Specialists, PLLC must change its policies and procedures from time to time as necessary and appropriate to comply with changes in the law. The Arizona Urology Specialists, PLLC reserves the right to change a privacy practice and the related policies and procedures that are contained in the Arizona Urology Specialists, PLLC Notice of Privacy Practices, and all material changes will be reflected in a revised Notice of Privacy Practice that will be effective for all protected health information that Arizona Urology Specialists, PLLC maintains. I understand that I can contact the Arizona Urology Specialists, PLLC at any time to obtain a written copy of the Notice of Privacy Practices that is in effect.

Patient Acknowledgement: _____

If you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Officer, at Arizona Urology Specialists, PLLC 602-557-0058.

We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment for the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.



Notice of Limited English Proficiency Compliance

Please be sure to advise our front office staff of your needs with regards to a translator and/ or Resources

OUR COMMITMENT TO YOUR UNDERSTANDING

Our practice is dedicated to providing assistance for limited English proficiency (LEP) person when identified. We are required by law (The Title VI of the Civil Rights Act of 1964) to make reasonable effort to provide translation for LEP persons.

We realize that these laws are complicated, but we must obtain the following import information.

1. Do you have Limited English Proficiency?
 - If yes, what language are you proficient?
2. Do you have your own reliable, competent and proficient translator?
 - If no, Arizona Urology Specialists, PLLC will provide you with a list of resources to obtain a reliable proficient translator.
 - If Yes, you fully agree that your translator is competent, reliable and proficient and will accompany you to all visits regarding your care with Arizona Urology Specialists, PLLC. You further have been notified of your rights under the Notice of Privacy Practices and have given permission to Arizona Urology Specialists, PLLC to disclose your Protected Health Information with your translator(s) to properly communicate with you.

We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment for the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.



Patient Portal Authorization Agreement

Purpose of this Form:

Arizona Urology Specialists, PLLC offers secure electronic access to your medical records and secure electronic communications between our office and you for those patients who wish to participate. Secure Messaging can be a valuable communication tool, but certain precautions should be used to minimize risks. In order to manage these risks, we have imposed some terms and conditions to participate. Your authorized signature will demonstrate that you have been informed of these risks and conditions of participation and that you accept the risks and agree to the conditions of participation.

How the Secure Portal Works:

A secure web portal is a webpage that uses encryption (a form of electronic security) to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log into the portal site. Using the connection channel between your computer and the website, you can read, view, or send information on or from your computer. It is automatically encrypted in transmission between the website and your computer.

How to Participate:

You may compose, pick up, and reply to secure messages or view information sent to you through the patient portal. Once you have reviewed, agreed to, and signed our policies and procedures regarding the use of the Patient Portal, we will assign you a username and password.

You may then login to the patient portal through our website at www.arizonaurologyspecialists.com or directly by going to <https://www.healthportalsite.com/UAPhoenix>.

Protecting Your Private Health Information and Risks:

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, no transmission system is perfect. We will do our best to maintain electronic security. Keeping messages secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to have access to it. You are responsible for ensuring that we have your current email address and you agree to inform us immediately if that changes. Protect your username and password information as you would protect your banking information. If you believe someone has learned your password, you should immediately to the website and change it. You agree not to share you your username and password with unauthorized persons and to maintain that username and password in a secure place at all times. Access to the patient portal is free service but we reserve the right to change this policy if needed. We strive to keep all of our protected health care information completely confidential. Please read our Notice of Privacy Practices for additional information on uses and disclosures.

Conditions of Participating in the Patient Portal:

Access to the secure web portal is a service, and we may suspend or discontinue it at any time and for any reason. If we do suspend or discontinue this service, we will notify you as promptly as we reasonably can. You agree to not hold Arizona Urology Specialists or any of its staff or physicians liable for network or security infractions beyond their control. By acknowledging this agreement, you understand the policies and procedure, agree to comply with them and all your questions have been answered to your satisfaction. If you do not understand, or do not agree to comply with our policies and procedures, do not sign this agreement and do not request a username and password. If you have any questions, we will gladly provide more information.

We cannot, and will not, require you to waive your rights under the Privacy Rule including the right to file a complaint with the Secretary of Health and Human Services as a condition of receiving treatment for the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.