

**NEIL SINGER, M.D., PLLC**  
**2155 W. State Route 89A, Suite 105**  
**(928) 204-4901**

## **NOTICE OF PRIVACY PRACTICES**

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AS WELL AS HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR PERSONAL HEALTH INFORMATION IS IMPORTANT TO US.**

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**OUR OBLIGATIONS:** We are required by law to:

- Maintain the privacy of your protected health information
- Provide you with this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice this is currently in effect. This Notice takes effect on 01/01/2017 and will remain in effect until replaced.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain including health information we created or received before we made the changes.

You may request an additional copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI (personal health information):**

**Treatment:** We may use or disclose your PHI to another physician, laboratory, health care service, etc., in order to manage and coordinate your medical care.

**Payment:** We may use and disclose your PHI to obtain payment for services that we have provided to you.



**Healthcare Operations:** We may use and disclose your PHI in connections with our own healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conduction training programs, accreditation, and certifications licensing, or credentialing activities.

**Appointment reminders/Treatment alternatives/Health-Related Benefits and Services:** We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or contact you to tell you about possible treatment options or alternative or health related benefits and services that may interest you.

**Persons involved in your care or payment for your care:** We may use or disclose health information to a member of your family, other relative, or any other person that you identify as being directly involved in your health care. If you are unable to agree or object to this use or disclosure, we will use our professional judgment to disclose your PHI to the person or persons directly involved in your healthcare.

**Research:** We may use and disclose your PHI for research purposes, but we will only that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Your PHI will not be removed from this practice nor will they be allowed to take a copy of any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. We will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to : (1) use the data set only for the purposes for which it is being provided, (2) ensures the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

**AS REQUIRED BY LAW:** We will disclose PHI about you when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI when necessary to help prevent a serious threat to your health or safety or to the health or safety of others. Your PHI will only be disclosed to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose PHI to our business associates who perform services to our practice, such as billing services, EHR Software Associates, etc. All of our businesses associates are obligated, under contract to us, to protect the privacy and security of your PHI.

**Organ and Tissue Donation:** If you are an organ or tissue donor, we may use or disclose your PHI to the organizations that handle procurement or transplantation, such as an organ donation bank, in order to facilitate organ or tissue donation and transplantation.



**Military and Veterans:** If you are a member of our Armed Forces, we may disclose your PHI as required by military authorities. We may also disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation:** We may use or disclose PHI for workers' compensation or any other similar organization that provides benefits for work-related injuries or illnesses.

**Public Health Risks:** We may disclose for the follow public health risks: (1) a person subject to the jurisdiction of the FDA (Food and Drug Administration) for the purposes of the quality, safety or effectiveness of an FDA regulated product or activity, (2) prevent or control disease, injury or disability, (3) report births and deaths, (4) report child abuse or neglect, (5) report reactions to medications or problems with products, (6) notify patients of recalls of products that they may be using, and (7) a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

**Abuse, Neglect, or Domestic Violence:** We may disclose PHI to all appropriate government authorities if we believe that a patient has been the victim of abuse, neglect or domestic violence and the patient agrees or we are required or authorized by law to do so.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. The activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. These oversight activities may include, audits, investigations, inspections, and licensure.

**Data Breach Notification:** We may use or disclose your PHI to provide legally required notices of all unauthorized access to or disclosures of your PHI.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose PHI in response to a court or other administrative order. We will also disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.

**Law Enforcement:** We may disclose PHI, so long as the applicable legal requirements are met for law enforcement purposes only.

**Military Activity and National Security:** We may release PHI if you are involved with the military, national security, or intelligence activities so authorized officials may carry out their legal duties under the law.

**Coroners, Medical Examiners, and Funeral Directors:** We may release PHI as it may be necessary to identify a deceased person or to determine his/her cause of death. We may also release PHI to funeral directors as necessary for their duties.



**Inmates or Individuals in Custody:** If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may disclose PHI to that facility or law enforcement official: (1) if the facility is providing you with health care, (2) to protect your health and safety or the health and safety of others, and (3) the safety and security of the all at the facility.

#### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY OBJECT AND OPT OUT**

**Individuals Involved in your care of payment of your care:** patients should always notify us in writing as to who we may not disclose PHI to.

**Payment for your care:** Under HIPAA, you can exercise your right in writing that we do not disclose information about services received when you pay in full out of pocket for the service you received and you refuse to file a claim with your health plan.

**Disaster Relief:** We may disclose PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with the opportunity to agree or object to such a disclosure whenever we can do so.

#### **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

- Most uses and disclosures of psychotherapy notes
- Use and disclosure of PHI for marketing purposes
- Disclosures that constitute a sale of your PHI

#### **YOUR RIGHTS REGARDING YOUR PHI**

**Inspect and copy:** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you if you need this information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request. We will comply with the outcome of the review.

**Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format, you have the right to request an electronic copy of your records or request that they be transmitted to another individual or entity. If your PHI is not readily producible in the form or format your request, your record will be provided to you in a readable hard copy form.

**Receive a Notice of a Breach:** you have the right to be notified upon a breach of any of your unsecured PHI that occurs by this practice or by one of our Business Associates.



**Request Amendments:** If you feel that your PHI is incorrect or incomplete, you may request in writing to the Privacy Officer that we amend the information. You must tell us the reason for your request. We may deny your request for amendment which you will be informed of in writing. You then have the right to file a statement of disagreement with us and then we will need to discuss with further the reason for the denial to your request.

**Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways in order to preserve your privacy. You may ask that we mail you at a particular location any PHI information that you request. You may ask us to use a particular telephone number whenever we need to discuss your PHI with you. You must make these requests in writing and be very specific as to where and how you would like us to communicate with you.

**Accounting of Disclosures:** You have the right to ask for a list of certain disclosure we made of PHI for purposes other than treatment, payment and healthcare operations, or for which you provided written authorization. Your request for this list must be made in writing to the Privacy Officer.

**Request Restrictions:** You have the right to request a restriction or limitation of the PHI we use or disclose about you for treatment, payment, or healthcare operations. We are not required by federal regulation to agree to your request. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. Your request must be in writing to the Privacy Office, be specific about the restriction or limitation requested and to whom you want the restrictions or limitations to apply to.

**COMPLAINTS OR QUESTIONS:** If you believe that your privacy rights have been violated, or you disagree with a decision we made about access to your PHI, or in response to a request you made to amend or restrict the use or disclosure of your PHI, or how we can or where we can communicate with you, please submit your complaint in writing to the Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services. To file a complaint, you can do so in writing to Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. You can also do so by going to the website of the Office for Civil Rights, [www.hhs.gov/ocr/hippa/](http://www.hhs.gov/ocr/hippa/). You will not be penalized for filing a complaint nor will there be any retaliation in any way by this practice if you chose to do.

We support your right to the privacy of your Personal Health Information.

Neil Singer, M.D.  
Privacy Officer

January 10, 2018

**NEIL SINGER, M.D., PLLC**  
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**NOTICE OF PRIVACY PRACTICES CONSENT AND ACKNOWLEDGEMENT**

I have read the Notice of Privacy Practices provided to me by Neil Singer, M.D., PLLC, and have been given the opportunity to discuss the privacy practices at Neil Singer, M.D., PLLC. I understand that the practice may, at its discretion, change the terms and conditions of this Notice. Any questions I may have had have been answered to my satisfaction. I understand the content of the Notice of Privacy Practices and have been provided with a copy of the same. I hereby give consent to Neil Singer, M.D., PLLC to use and/or disclose my Protected Health Information (PHI) for the purpose of treatment, payment, and healthcare operations.

I acknowledge that I have the right to request how my PHI is to be used/and or disclosed to carry out treatment, payment, and healthcare operations. I further acknowledge that Neil Singer, MD., PLLC is not required to agree to my requested restrictions, but should it choose to do so, it will be bound by such agreement.

The Consent and Acknowledgement shall continue in force and effect from the date of signing and as long as I am patient of Neil Singer, M.D., PLLC.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

STAFF INITIALS AND

DATE: \_\_\_\_\_

The Notice of Privacy Practices was provided to the above named patient; however he/she did not acknowledge receipt for the following reason:

\_\_\_\_\_ Refused                      \_\_\_\_\_ Did not Understand                      \_\_\_\_\_ Other

January 10, 2018