

## **Notice of Privacy Practices for Protected Health Information The Office of J. David Gibeault, M.D.**

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND HOW YOU GET ACCESS  
TO THIS INFORMATION  
PLEASE REVIEW IT CAREFULLY.*

This office is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. This office will not use or disclose your health information except as described in this Notice.

If you consent, the office is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment and healthcare operations. Protected health information is the information we create and obtain in providing services to you. Such information may include documenting your symptoms, medical history, examination and test results, diagnoses, treatment and applying for future care or treatment. It also includes billing documents for those services.

Examples of uses of your health information for treatment purposes are:

- A nurse or medical assistant obtains treatment information about you and records it in a health record.
- During the course of your treatment, the physician determines he will need to consult with another specialist in the area. He will share the information with such specialist to obtain his/her input.

Example of use of your health information for payment purposes:

- We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests health information from us regarding medical care given. We will provide information to them about you and the care given, which may include copies or excerpts of your medical record which are necessary for

payment of your account. For example, a bill sent to your health insurance company may include information that identifies your diagnosis, and the procedures and supplies used.

Example of use of your health information for healthcare operations:

- We obtain services from our insurers or other business associates (an individual or entity under contract with us to perform or assist us in a function or activity that necessitates the use or disclosure of health information) such as quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical transcription, medical review, legal services, and insurance. We will share health information about you with our insurers or other business associates as necessary to obtain these services. We require our insurers and other business associates to protect the confidentiality of your health information.

### **Other Disclosures and Uses**

#### *Notification of Family/Friends:*

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

#### *Deceased Persons*

We may disclose your health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

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### *Workers Compensation*

If you are seeking compensation through Workers Compensation, we may disclose your health information to the extent necessary to comply with laws relating to Workers Compensation.

### *For Specialized Governmental Functions*

We may disclose your health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

### *Other Uses*

Other uses and disclosures of your health information besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

The office is required to:

- Accommodate your reasonable requests regarding methods to communicate health information to you. (Phone messages, written notices, etc.) We may contact you to provide you with appointment reminders, with information about treatment and services.

- We reserve the right to amend, change or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

## **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Leticia, Office Manager, at (520) 577-1200. Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Leticia. You may also file a complaint by mailing or

emailing it to the Secretary of Health and Human Services, Washington, D.C.

We cannot and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services, (HHS) or Office of Civil Right (OCR) as a condition or receiving treatment from the office. We cannot and will not, retaliate against you for filing a complaint with HHS or OCR.