



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
**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.**

Information regarding your health care is protected by two federal laws: the **Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2. Both Federal and state laws govern how information is used and stored, what information is disclosed, and who gets this information.**

This notice is solely for your information. You do not need to take any action. This notice of our privacy practices describes generally how we may use and disclose your Protected Health Information (PHI) and how we protect the security and confidentiality of your PHI. This notice also explains your rights regarding PHI.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

We may disclose medical information to a health oversight agency for activities authorized by law including audits, investigations, inspections and licensure. Demographic information will be kept without your name attached, and reported to the State Departments. Except in specified circumstances we will use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. Information will be kept for six (6) years after you have received services.

MediMin, Inc. may disclose PHI to notify the appropriate government authority if we believe you have been the victim of abuse or neglect. We will only make this disclosure if you agree or when required or authorized by law. MediMin may also disclose PHI in response to a court order or court-ordered subpoena; in response to a law enforcement official's request about criminal conduct that occurred on our premises; and in emergencies to report a crime, the location of a crime or victims of the crime, or the identity, description or location of the person who committed the crime. MediMin may release PHI for national security reasons, such as protection of the President of the United States or for national security activities. Certain provisions of Arizona law may be more stringent than HIPAA or may be, in the future, determined to be more stringent than HIPAA. If such provisions are more stringent than HIPAA, then according to HIPAA, we must comply with the more stringent provisions of Arizona law.

We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment. We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the state of Arizona. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients or recalls of products they are using.

WHAT ARE YOUR RIGHTS?

Right to Request Restrictions on the Use or Disclose of Your Medical Information: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

Right to Request Confidential Communications: You have the right to ask us to communicate with you in a way that you feel is more confidential. You have the right to ask that we send you information at an alternative address or by alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

Right to Request Your Medical Information: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying and postage.

Right to Request Amendment of Your Medical Information: If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

Right to Get a List of Certain Disclosures of Your Medical Information: You have a right to get a list of when, to whom, for what purpose and what content of your PHI has been released other than in instances of disclosure for treatment, payment and operations, or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes; to law enforcement officials or correctional facilities. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six (6) years. There will be no charge for up to one such list each year. There may be a charge for more than one request per year.

Persons involved in your care: We may disclose information about you to a person you identify if that person is involved in your care.

All other uses and disclosures of your PHI will be made only with your written authorization. We are required by law to maintain the privacy of PHI, and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this notice, but we reserve the right to change the terms of this notice, and to make the new notice provisions effective for all PHI we maintain. If we change this notice, a revised notice will be available upon your request. You may request a copy of the new notice from any MediMin staff. It is also posted in our waiting room.

DO YOU HAVE CONCERNS OR COMPLAINTS?

If you believe your privacy rights have been violated, you may submit a complaint in writing to MediMin Corporate, Compliance Department, 17750 W. Elliot Rd. #1, Goodyear, Arizona 85338. You also may file a written complaint with the secretary of the US Department of Health and Human Services, 200 Independence Avenue SW, Washington DC, 20201 within 180 days of when you knew or should have known that the act or omission complained of occurred. We will take no retaliatory action against you if you submit a complaint.



RECEIPT OF NOTICE OF PRIVACY PRACTICES

I understand I have the right to review MediMin's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my Protected Health Information (PHI) that may occur during my examination, diagnosis, treatment, payment of my bills, or in the performance of healthcare operations by MediMin. My Protected Health Information means health information, including my demographic information (name, address, phone number and others), that is collected from me and created or received by my healthcare providers or health insurer. This PHI relates to my past, present or future physical or mental health condition that identifies me, or there is a reasonable basis to other potential releases of my PHI that may occur with or without my authorization and my rights regarding my health information.

MediMin reserves the right to change the privacy practices that are described in the Notice. MediMin will provide me with a copy of any revisions to the Notice. The Notice is posted in its waiting area and on the company's website. I may obtain a revised Notice by visiting the company's website, calling the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next visit.

I understand that I have the right to request restrictions on how my PHI is used or disclosed to carry out treatment, payment or healthcare operations. MediMin is not required to agree to the requested restrictions; however, if there is an agreement, the restriction is binding on MediMin until the agreement is terminated.

By signing this form, I consent to MediMin's use and disclosure of Protected Health Information about me for treatment, payment and healthcare operations and I acknowledge receipt of MediMin's Notice of Privacy Practices.

Printed Patient/Guardian Name

Date

Patient/Guardian Signature

MediMin Representative

Clinic ID:

Clinic Location: