

**Joseph A. Longo III, M.D.    3300 N 75<sup>th</sup> St.    Scottsdale, AZ 85251**

**Phone: 480-941-5656**

**Fax: 480-990-2015**

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how health information about you may be used and disclosed and your access to your Health Insurance and Portability and Accountability Act of 1996 (HIPAA)

### **OUR COMMITMENT TO YOUR PRIVACY:**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following information: Use and disclosure of your health information.

The following circumstances may require us to use or disclose your health information:

- 1) To public health authorities and health oversight agencies that are authorized by law to collect information.
- 2) Lawsuits and similar legal proceedings in response to a court or administrative order.
- 3) If required to do so by a law enforcement official.
- 4) As necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another person or the general public. We will only make disclosures to a person or representative of an organization to facilitate prevention of the threat.
- 5) If you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- 6) To federal officials for intelligence and national security activities authorized by law.
- 7) To correctional institutions or law enforcement officials if you are an inmate or in the custody of a law enforcement official.
- 8) For worker's compensation and similar programs.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

- 1) Communications; you can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For example, you can request that we contact you at home and not place of employment. We will accommodate reasonable requests.
- 2) You can request a restriction in our use and disclosure of your health information for the treatment, payment or health information to only certain individuals involved in your care or payment for your treatment, such as family members and friends. We are not required to agree with your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when information is needed to facilitate your medical care.

- 3) You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care, including patient medical record and billing records, but not including psychotherapy records. You must submit your request in writing to Joseph A. Longo III, M.D., P.C. 3300 N 75<sup>th</sup> St. Scottsdale, AZ 85251.
- 4) You may ask to amend your health information if you believe it is incorrect or incomplete as long as the information is maintained and kept by our office. To request an amendment, please submit your request to Joseph A. Longo III, M.D., P.C. 3300 N 75<sup>th</sup> St. Scottsdale, AZ 85251.
- 5) Right to a copy of this notice; you are entitled to receive a copy of this notice of privacy practices. You may request a copy of this notice at any time.
- 6) 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, it must be received by Joseph A. Longo III, M.D., P.C. 3300 N 75<sup>th</sup> St. Scottsdale, AZ 85251 in writing. You will not be penalized in any way for filing a complaint.
- 7) Right to an authorization for the use and disclosures; Our practice will obtain written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. If a disclosure of your protected health information was made for a reason other than treatment, payment or health care operations, you have the right to receive and accounting of the disclosure.
- 8) I consent to my medication history to be viewed by Longo Orthopedics and Joseph A. Longo III, M.D..

If you have any questions regarding this notice or our health information privacy policies, please contact the office of Joseph A. Longo III, M.D., P.C. at (480) 941-5656.

Your signature below acknowledges your receipt of a copy of Joseph A. Longo III, M.D., P.C. Notice of Privacy Practice.

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Signature

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Date

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Printed name