

JENNIFER FONTIUS, MD
Family Medicine

NOTICE OF PRIVACY PRACTICES & PATIENT RIGHTS

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. This Notice also describes the rights you have concerning your protected health information (PHI). We are committed to protecting the confidentiality of your medical information and are required by law to do so. Please read it carefully and let us know if you have questions. A copy of the Notice is available upon request.

USES & DISCLOSURES OF HEALTH INFORMATION

TREATMENT: We may use your PHI to provide you with medical services and supplies. We may disclose your PHI to others who need this information to treat you, such as other medical providers, nurses, technicians, therapists, emergency service and transport providers, medical equipment providers, and others involved in your care. We may also use and disclose your information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, to tell you about health-related services available to you, or to perform follow-up calls to monitor your care.

FAMILY MEMBERS & OTHERS INVOLVED IN YOUR CARE: We may disclose your PHI to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We may also disclose it to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want this office to disclose your information to a family member or others, you must notify the office staff.

PAYMENT: We may use and disclose your PHI to get paid for the medical services and supplies we provide you.

CLINIC OPERATIONS: We may use and disclose your PHI if it is necessary to improve the quality of the care we provide to patients or to run this office. We may use your information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning.

RESEARCH: We may use or disclose your PHI for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

REQUIRED BY LAW: We may use and disclose information about you as required by law, such as for judicial and administrative proceedings pursuant to legal authority; to report abuse, neglect or domestic violence; to assist law enforcement in their legal duties; to assist public health agents avert a serious threat to the health or safety of you or another person. We are also required by law to report births, deaths, and communicable diseases to the state of AZ.

DECEDENTS: Health information may be disclosed to funeral directors or coroners to enable them to carry out the lawful duties.

ORGAN/TISSUE DONATION: Your health information may be used or disclosed for cadaveric organ, eye, or tissue donation purposes.

MILITARY, VETERANS, NATIONAL SECURITY & OTHER GOVERNMENT FUNCTIONS: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veteran Affairs. This office may also disclose information to federal officials for intelligence and national security purposes. We may disclose information to a government agency that oversees this office or its personnel, such as the AZ Department of Health, the federal agencies that oversee Medicare, or the Board of Medical Examiners. These agencies need medical information to monitor this office's compliance with state and federal laws.

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WORKER'S COMPENSATION: Your medical information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

INFORMATION WITH ADDITIONAL PROTECTION: Certain types of medical information have additional protection under state or federal law. This information includes but is not limited to: communicable diseases and HIV/AIDS, drug and alcohol abuse and treatment, genetic testing, and serious mental illness. For these types of information, this office is required to get your permission before disclosing that information to others in many circumstances.

OTHER USES & DISCLOSURE: If this office wishes to use or disclose your PHI for a purpose not discussed in this Notice, this office will seek your permission. If you give your permission to this office, you may revoke that permission at any time unless we have already relied on your permission to use or disclose the information. If you would ever like to revoke your permission, please notify the office in writing.

YOUR HEALTH INFORMATION RIGHTS

ACCESS: You have the right to review or get copies of your health information (the law requires that we keep the original documents). This includes your medical and billing records, and other records we use to make decisions about your care. To request your medical information, please submit your request in writing to our office. If you request a copy of your information, we will charge you a reasonable cost-based fee for expenses such as copying and staff time.

AMENDMENT: If you examine your medical information and believe that some of the information is incorrect or incomplete, you may submit a written request to our office to amend your record.

ALTERNATE COMMUNICATION: You have the right to request in writing that we communicate with you about your PHI by alternate means or to alternative locations.

CHANGES TO THIS NOTICE

We may periodically change our practices concerning how we use or disclose PHI, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in your new Notice effective for all PHI we maintain. If we change these practices, we will publish a revised Notice. You can get a copy of our current Notice at any time by contacting our office staff.

QUESTIONS & COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact our office. Please tell us about any problems or concerns you have with your privacy rights or how this office uses or discloses your PHI. If you have a concern, please contact the office manager. If for some reason we cannot resolve your concern, you may also file a complaint with the U.S. Department of Health and Human Services.