

Notice of Patient Privacy Practices

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.

Understanding Your Health Record/Information

Any time you receive services from Medicine Reviews PLLC, a record of our visit is made. This record may contain the following information:

- past medical history
- current and past medicinal treatments
- lab results
- recommendations made to you or your healthcare provider to improve or monitor the efficacy and safety of a treatment.

This information, referred to as your health or medical record, may be used by Medicine Reviews PLLC in order to:

- create a Care Plan
- bill a third-party payor for services provided, such as your health insurance company
- communicate with other healthcare providers, such as your doctor
- provide treatment and/or condition-related educational resources
- comply with the law (we will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that we're complying with federal privacy law)
- prepare a legal document describing services provided
- educate other healthcare professionals
- provide information to public health officials involved with improving the health of this country, state and nation
- contribute data for medical research
- improve care planning and positive health outcomes
- schedule follow-up visits and provide reminders for such visits in advance

Your Health Information Rights

When it comes to your health information, you have certain rights, which include:

- Obtaining an electronic or paper copy of your medical record
 - A copy or summary of your health information can be provided to you, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Requesting a correction of your medical record
 - We may say “no” to your request, but we’ll explain why in writing within 60 days.
- Requesting confidential communications
 - You can ask us to contact you in a certain way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- Asking us to limit what we use or share
 - You can ask us not to use or share certain health information for treatment, payment or our operations
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.
- Getting a list of those with whom we’ve shared information
 - You have a right to request an “accounting of disclosures,” which is a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- Getting a copy of this privacy notice
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choosing someone to act for you
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information
 - We will make sure the person has this authority and can act for you before we take any action
- Filing a complaint if you feel your rights are violated
 - You can complain if you feel we have violated your rights by contacting us using the information below
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
 - We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
 - If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes

- Sale of your information

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site.

This Notice of Privacy Practices applies to the following organizations:

Medicine Reviews PLLC
10552 E. Boundary Rd
Hereford Arizona 85615
www.MedicineReviews.org

Privacy & Security Officer: Robert Moore
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520-727-1208