

NOTICE OF PRIVACY POLICY FOR PROTECTED HEALTH INFORMATION (PHI)

The offices of Queen Creek Primary Care and Chandler Family Care are dedicated to protecting your “nonpublic personal health information”. This notice is to tell you how and why we collect that information and who has access to that information.

HOW WE COLLECT YOUR INFORMATION

Your personal demographic information, such as name, address, birth date, social security number and medical insurance information is obtained from you. This is why we ask you to fill out the patient information sheet and why we ask for a copy of your insurance card and picture identification. This insures that the information we collect is correct. The information is scanned into your Electronic Medical Record (EMR) and the original copy is destroyed.

If you came to our practice through a hospital encounter, we may obtain that information from the hospital. However you may be asked to fill out a release authorization for additional medical records as deemed necessary for your health care.

WHY WE COLLECT THIS INFORMATION

We collect this information so that we can treat your medical condition and obtain payment from your health insurance company.

MAINTAINING ACCURATE AND TIMELY INFORMATION

To insure that the information we maintain is accurate, each time you visit this office you will be asked if any of your information has changed, at which time you may be asked to fill out another patient information sheet with signature and date. This information is scanned into your (EMR) and the original copy is destroyed.

WHO HAS ACCESS TO THIS INFORMATION

Any person or persons you designate in writing, people directly involved in your medical care, people creating and maintaining your medical record, and those entities that need your information to process health care claims and obtain payment for our services have access to your Protected Health Information (PHI).

Entities such as Governmental Oversight Agencies, Judicial and Administrative Proceedings, Law Enforcement Agencies, Coroners and Medical Examiners, and Organ Procurement Organizations may obtain copies of your PHI. These agencies are mandated by Law and this practice has no jurisdiction over such entities.

HOW WE PROTECT YOUR INFORMATION

We release your information only to those you designate or to those needing your information for medical care or insurance processing purposes. We maintain physical electronic, and procedural safeguards so that no one but persons involved in your healthcare or entities who need this information for claims processing have access to PHI.

YOUR RIGHTS

You have the right to inspect your PHI. You also have the right to amend any errors you may find in your record. If you leave this practice, your PHI will continue to receive the protection outlined in this notice.

COMPLAINT /COMMENTS

If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health Services, at 200 Independence Ave. S.W. Room 509F, HHH building, Washington DC 20201. You may also contact the Privacy officer at this office at 480-882-9993.

Our Practices reserve the right to amend our privacy policy as dictated by law, without sending you a copy of the amendment. Any changes to this policy will be posted in our offices.

THIS NOTICE EFFECTIVE AND REVISED APRIL 20, 2022