

Desert Willow Pediatrics
Joy Peskin MD, FAAP
6369 E Tanque Verde Rd, Ste 190
Tucson AZ 85715

Notice of Privacy Practices

To our patients: This notice describes how the protected health information (PHI) about you, as a patient of this practice, may be used and disclosed and how you can get access to your PHI. This is required by the Privacy Regulations created as a result of the Health Insurance 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.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES. THE FOLLOWING CIRCUMSTANCES MAY REQUIRE US TO USE AND 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 proceedings in response to a court or administrative order.
3. If required to do so by law enforcement officials.
4. When necessary to reduce, or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to prevent the threat.
5. If you are a member of the U.S. or foreign military forces (including veteran) 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 under the custody of a law enforcement official.
8. For Workmen's Compensation and similar programs.
9. Physicians and staff may use or disclose your PHI in order to treat you or assist others in treatment. Additionally, we may disclose your health PHI to others that may assist in your care.
10. Our practice may use your PHI to bill and collect payment for the services you receive from us. We may provide your insurer with details regarding your treatment to determine if your insurer will cover pay for your treatment. We may also use and disclose this information to obtain payment from third parties that may be responsible for such costs.
11. We may need to use and disclose your PHI to be able to run our practice at the highest clinical standards and as effectively as possible. This could be used to evaluate the performance of our physicians and staff to determine if our treatment plans are effective or if there are other services which we could be offering. We may also compare our clinical data with other practices, review it with medical students, medical faculty, and technicians, and to others for teaching and learning purposes. We will strive to remove information that identifies you from this medical information.
12. Disclosure required by law. Our practice will use and disclose your PHI when we are required to do so by federal, state, and/or local law.
13. Appointment reminders. We will strive to call you by telephone for appointment reminder purposes. Please advise us if you do not want to be notified by telephone and leave appointment reminder messages at your home, possibly on your answering machine, or with any co-worker at your place at work.

OUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

1. You can request that our office practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care, such as family members and friends. We are not required to agree to your request, however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Joy Peskin MD, FAAP. A fee will be assessed for any copying of such medical records.
4. You may ask us to amend your PHI if you believe it is incorrect or incomplete, as long as the information is kept by or for our practice. To request an amendment, your request must be submitted in writing to Joy Peskin MD, FAAP.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us for a copy of this Notice at any time. To obtain a copy of this Notice, please notify the staff of Desert Willow Pediatrics.
6. Right to file a complaint. If you believe that 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 with our office, please contact our practice manager or Joy Peskin MD, at (520)751-4124. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

Telephone: (520)751-4124; Fax: (520)751-0337