

**Mountain View Gastroenterology**  
**Debra J. Polson, M.D.**

**Notice of Privacy Practices (NPP)**

To our patients, this notice describes how health information about you, as a patient of Debra J. Polson, M.D. may be used and disclosed to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This is a requirement of the Health Information Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH act).

**Our commitment to your privacy**

Our office is dedicated to maintaining the privacy of your health information as required by law. We are required to abide by the terms of this Notice of Privacy Practices and we may change the terms of our notice, at any time. The following are circumstances that may require using or disclosing your health information:

**1.) Uses and Disclosures of Protected Health Information (PHI)**

- Treatment – Coordination or management of your health care with another provider, physicians who may be treating you or physicians you are being referred to.
- Payment – To complete a claim form to obtain payment from an insurer before it approves or pays for health care services, reviewing services provided for medical necessity and/or approval for hospital or facilities admission, billing and collections activities.
- Healthcare Operations – are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. Such as billing or transcription services.
- Public Health, Abuse or Neglect, and Health Oversight – When necessary to reduce or prevent a serious threat to your health or safety or to alert a person who may have been exposed to a disease or may be a risk for contracting or spreading a disease. Or oversight agency for activities such as audits, investigations, and inspections authorized by law. To an authorized public health authority to receive reports of child abuse or neglect, victim of abuse, neglect or domestic violence may receive protected health information will be made with the consistent of applicable federal and state laws.
- Other Authorizations Required by Law, including; legal proceedings and law enforcement; Worker’s Compensation; PHI related to Inmates; Military, National Security and Intelligence Activities; for the Protection of the President; certain approved research purposes; organ donation; for use by coroners, medical examiners and funeral directors; or any other reason such a disclosure would be required by law.

## 2.) Your rights regarding your health information

- 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 and laboratory results that are subject to law that prohibits access to protected health information. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records. You must submit a request or fill out a medical release form provided from our office.
- You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care such as family members or 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.
- You may ask us to amend your health information if you believe it is incorrect or incomplete and as long as we maintain this information. To request an amendment, your request must be made in writing and submitted to us at our address below. You must provide us with a reason that supports your request for amendment.
- Confidential communications – We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled, specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.
- Our office will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.
- Right to copy of this notice. You have the right to obtain a paper copy of this Notice of Privacy Practices (NPP), upon request. To obtain a copy of this notice, contact our office or request from our front desk.

## 3.) Complaints

- You may file a complaint with our office or with the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with our office, contact our office manager at 520-320-1369. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

If you have any questions regarding this notice or our health information privacy policies, please contact our office manager at 520-320-1369. Or in writing to 3040 N. Swan Road, Suite #C, Tucson, AZ 85712.

**\*This notice published and effective on 9/23/2013.**