

Stellar Medical Group
| 9197 W Thunderbird Rd, Suite 101, Peoria, AZ, 85381 |
| Ph.(623) 900-5181 Fax(623) 900-5290 |
| www.stellarmgaz.com |
Effective Date: 05/01/2024

NOTICE OF 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 CAREFULLY.**

At **Stellar Medical Group (“Practice”)**, we understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive directly from one of our physicians. We need this record to provide you with quality care and to comply with certain legal requirements. **This Notice of Privacy Practices (“Notice”)** applies to all the records of your care generated by Practice.

This Notice will tell you about the ways in which Practice **may use and disclose your protected health information (“PHI”)**. This Notice also describes your rights and certain obligations Practice has regarding the use and disclosure of PHI. Practice will abide by the terms of this notice. We may revise this notice at any time. The new notice will be posted in our office in a prominent location. You can request a copy of our most current notice at any time. Revisions to the notice will be effective for all health care information this office maintains: past, present, or future. Protected health information, about you, is obtained as a record of your contacts or visits for healthcare services with Stellar medical Group. This information is called protected health information. Specifically, “Protected Health Information” is information about you, including demographic information (i.e., name, address, phone, etc.) that may identify you and relates to your past, present or future physical or mental health condition and related health care services. Stellar Medical Group is required to follow specific rules required by law on maintaining the confidentiality of your protected health information, how our staff uses your information, and how we disclose or share this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your protected health information. It also describes how we follow those rules and use and disclose your protected health information to provide your treatment, obtain payment for services you receive, manage our health care operations and for other purposes that are permitted or required by law. If you have any questions about this notice, please contact our Privacy Manager Melissa Wheeler at PH: (623)900-5181

Regulatory Requirements.

Practice is required by law to maintain the privacy of your PHI, to provide individuals with notice of Practice’s legal duties and privacy practices with respect to PHI, and to abide by the terms described in the Notice currently in effect. Following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions with our staff.

Rights.

You have the following rights regarding your PHI:

1. Restrictions.

You may request that Practice restrict the use and disclosure of your PHI . You may revoke an authorization, at anytime, in writing, except to the extent that your physician or our office has taken an action in reliance on the use or disclosure indicated in the authorization. To request restrictions, you must make your request in writing to our Privacy Officer using the applicable Practice form. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the restrictions to apply, for example, disclosures to **your spouse**.

2. Alternative Communications.

You have the right to request that communications of PHI to you from Practice be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, instead of your home address. Your requests must be made in writing using Practice’s form and sent to the Privacy Officer. Practice will accommodate your reasonable **requests**.

3. Inspect and Copy.

Generally, you have the right to inspect and copy your PHI that Practice maintains, provided you make your request in writing to Practice's Privacy Officer. If you request copies of your PHI, we may impose a reasonable fee to cover copying and postage. If we deny access to your PHI, we will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional (who was not involved in the initial denial decision) designated as a reviewing official. If Practice does not maintain the PHI you request and if we know where that PHI is located, we will tell you how to redirect your request.

4. Amendment.

If you believe that your PHI maintained by Practice is incorrect or incomplete, you may ask us to correct your PHI. Your request must be made in writing, and it must explain why you are requesting an amendment to your PHI. We can deny your request if your request relates to PHI: (i) not created by Practice; (ii) not part of the records Practice maintains; (iii) not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, we will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Practice's denial attached; and (iii) complain about the denial.

5. Accounting of Disclosures.

You generally have the right to request and receive a list of the disclosures of your PHI we have made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to April 14, 2003). The list will not include disclosures made at your request, with your authorization, and does not include certain uses and disclosures to which this Notice already applies, such as those: (i) for treatment, payment and health care operations; (ii) made to you; (iii) for Practice's patient list; (iv) for national security or intelligence purposes; or (v) to law enforcement officials. You should submit any such request to Practice's Privacy Officer. Practice will provide the list to you at no charge, but if you make more than one request in a year you will be charged a fee of the costs of providing the list.

6. Right to Copy of Notice.

You have the right to receive a paper copy of this notice upon request. To obtain a paper copy of this notice, please contact the Privacy Officer at the address and contact information stated at the end of this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

Practice may use or disclose your PHI for the purposes described below without obtaining written authorization from you. In addition, Practice and the members of its medical and allied health professional staff who participate in the organized health care arrangement described below may share your PHI with each other as necessary to carry out their treatment, payment and health care operations related to the organized health care arrangement.

1. For Treatment.

Practice may use and disclose PHI while providing, coordinating or managing your medical treatment, including the disclosure of PHI for treatment activities of another health care provider. We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that is involved in your care and treatment. For example, we would disclose your protected health information, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose protected health information to other physicians who may be involved in your care and treatment. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results for exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. And, we may contact you to provide information about health-related benefits and services offered by our office.

2. For Payment.

Practice may use and disclose PHI to bill and collect payment for the health care services provided to you. For example, Practice may need to give PHI to your health plan to be reimbursed for the services provided to you. Practice may also disclose PHI to its business associates, such as billing companies, claims processing companies and others that assist in processing health claims. Practice may also disclose PHI to other health care providers and health plans for the payment activities of such providers or health plans.

3. Appointment Reminders

We may use and disclose your information to remind you of appointments. We may also mail you a reminder for follow-up visits.

4. For Health Care Operations.

Practice may use and disclose PHI as part of its operations, including for quality assessment and improvements, such as evaluating the treatment and services you receive and the performance of staff and physicians in caring for you, patient surveys, provider training, underwriting activities, compliance and risk management activities, planning and development, credentialing and peer review activities, and health care fraud and abuse detection or compliance, and management and administration. Practice may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants and others for review and learning purposes, to help make sure Practice is complying with all applicable laws, and to help Practice continue to provide quality health care to its patients.

5. Business Associates

We may share your health information with other individuals or companies that perform various activities for, or on behalf of, our office such as after-hours telephone answering, billing, or quality assurance. Our Business Associates agree to protect the privacy of your information.

6. As Required by Law and Law Enforcement.

Practice may use or disclose PHI when required to do so by applicable laws and when ordered to do so in a judicial or administrative proceeding. Practice may also use or disclose PHI upon a properly documented and limited request from law enforcement agencies.

7. For Public Health Activities and Public Health Risks.

Practice may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, or notifying a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

8. For Health Oversight Activities.

Practice may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs and compliance with civil rights laws.

9. Coroners, Medical Examiners and Funeral Directors.

Practice may disclose PHI to coroners, medical examiners and funeral directors for the purpose of identifying a decedent, determining a cause of death or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

10. Research.

Under certain circumstances, Practice may use and disclose PHI for medical research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication with those who received another, for the same condition.

11. To Avoid a Serious Threat to Health or Safety.

Practice may use and disclose PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

12. To The Food and Drug Administration.

Practice may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products: to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

13. For Worker's Compensation

Your protected health information may be disclosed by the Practice as authorized to comply with worker's compensation laws and other similar legally-established programs

14. Disclosures to You or for HIPAA Compliance Investigations.

Practice may disclose your PHI to you or to your personal representative and is required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Practice must disclose your PHI to the secretary of the United States Department of Health and Human Services (the "Secretary") when requested by the Secretary in order to investigate Practice's compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996.

15. Accounting of Disclosures

You have the right to receive an accounting of disclosures. This means you may request a list of certain disclosures Practice has made of your records. Upon your request, we will provide this information to you.

16. Disclosures to Individuals Involved in Your Health Care or Payment for Your Health Care.

Unless you object, Practice may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care.

17. For Military Activity and National Security

When the appropriate conditions apply, practice may use or disclose protected health information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or; (3) to foreign military authority if you are a member of that foreign military services.

18. In Case of Abuse or Neglect

Practice may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

OTHER USES AND DISCLOSURES.

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which with some limitations; you have the right to revoke your authorization in writing. If you revoke your authorization, Practice will no longer use or disclose PHI about you for the reasons covered in your written authorization. Please understand that Practice is unable to recover any disclosures already made with your authorization, and that Practice is required to retain records of the care provided to you.

1.To Others Involved in Your Healthcare

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, **that you identify**, your protected health information that directly relates to that person's involvement in your health care. If you are to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

RIGHT TO FILE A COMPLAINT.

At Practice, we value the relationships we develop with our patients, our patients' privacy, and the trust our patients' have in us. As such, we make every effort to remedy any issues or concerns you may have. If you have questions about this notice, please contact Practice's Privacy Officer:

Stellar Medical Group

Melissa Wheeler

Ph: (623)900-5181

You also have the right to file a complaint with the secretary of the Department of Health and Human Services, Office for Civil Rights. You will not be penalized for filing a complaint. You may contact the Office for Civil Rights at:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Toll-free: (800) 368-1019

TDD toll-free: (800) 537-7697

Website: <https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This Acknowledgement of Receipt of Notice of Privacy Practices applies to, Stellar Medical Group

I acknowledge receipt and have read and understand the Notice of Health Information Practices regarding my providers participation in The Network, the statewide Health Information Exchange (HIE), or I previously received this information and decline another copy.

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice of Privacy Practices. You may refuse to sign this acknowledgement, if you wish. Thank you.

**I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE
Stellar Medical Group
NOTICE OF PRIVACY PRACTICES.**

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy Practices from this patient but it could not be obtained because.

- ☐ The patient refused to sign.
- ☐ We were unable to communicate with the patient.
- ☐ Other (Please provide specific details) _____

Employee Name (print): _____ Initials: _____

Date: _____