



Small Valley Healthcare Partners

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NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you can access this information under federal regulations. Please review it carefully.

At Small Valley Healthcare Partners (“Practice”), we recognize that your medical information is personal and confidential. We are dedicated to protecting your medical information and create records of the care and services you receive from our physicians. These records are essential for providing quality care and meeting legal requirements. This Notice of Privacy Practices (“Notice”) applies to all records generated by our Practice. It explains how we may use and disclose your protected health information (PHI), your rights regarding this information, and our obligations concerning its use and disclosure.

Regulatory Requirements

The Practice is required by law to safeguard your PHI, provide notice of our privacy practices, and adhere to the terms outlined in this Notice.

Your Rights

You have the following rights regarding your PHI:

1. **Restrictions:** You may request restrictions on the use and disclosure of your PHI. To do so, submit a written request to our Privacy Officer specifying the information you wish to limit, the type of limitation (use, disclosure, or both), and to whom the restriction should apply, such as a specific individual.
2. **Communication, including SMS (Text) Messaging:** We collect communication preferences and consent during your first appointment and as needed. Communication consent including SMS consent is not shared with third parties. By opting into SMS, you agree to receive communication regarding your appointment, treatment plan, and other standard healthcare operations. You may opt out at any time.
3. **Alternative Communications:** You may request that communications of PHI be made through specific means or at certain locations, like your work address instead of your home address. Submit this request in writing to the Privacy Officer. We will accommodate reasonable requests.
4. **Inspect and Copy:** You generally have the right to inspect and copy your PHI maintained by the Practice. Requests must be made in writing to the Privacy Officer. We may charge a reasonable fee for copying and postage. If access is denied, we will provide a written explanation and information on how to have the denial reviewed. If we do not maintain the requested PHI, we will direct you to the appropriate location.
5. **Amendment:** If you believe your PHI is incorrect or incomplete, you may request an amendment in writing, explaining why you believe a change is necessary. We may deny your request if it pertains to PHI not created by the Practice, not part of our records, not subject to inspection, or is accurate and complete. If denied, we will provide a written explanation and allow you to file a statement of disagreement or request that any future disclosures include your request and our denial.
6. **Accounting of Disclosures:** You have the right to request a list of disclosures of your PHI made within the last six years, excluding disclosures made prior to April 14, 2003. This list will not include certain disclosures such as those for treatment, payment, health care operations, or required by law. Submit your request to the Privacy Officer. While the first request within a year is free, additional requests may incur a fee.
7. **Right to Copy of Notice:** You have the right to obtain a paper copy of this Notice upon request. Contact the Privacy Officer at the address provided at the end of this Notice.

How We May Use and Disclose Your Medical Information

The Practice may use or disclose your PHI for the following purposes without your written authorization:

- **For Treatment:** To provide, coordinate, or manage your medical care, including disclosures for treatment by other health care providers.

- **For Payment:** To bill and collect payment for health care services, including disclosures to your health plan or business associates assisting with claims processing.
- **For Health Care Operations:** For activities such as quality assessment, staff performance evaluation, patient surveys, training, and compliance activities. PHI may be shared with staff, consultants, and others involved in these operations.
- **As Required by Law and Law Enforcement:** When mandated by laws, judicial or administrative proceedings, or properly documented requests from law enforcement agencies.
- **For Public Health Activities:** To government officials for purposes such as disease control and public health notifications.
- **For Health Oversight Activities:** To government agencies for audits, investigations, inspections, and other necessary monitoring activities.
- **Coroners, Medical Examiners, and Funeral Directors:** To assist with identifying decedents, determining causes of death, or carrying out related duties.
- **Research:** For medical research purposes, such as comparing treatments.
- **To Avoid a Serious Threat to Health or Safety:** To law enforcement or other appropriate individuals to prevent or reduce serious threats to health or safety.
- **Specialized Government Functions:** For military, national security, or intelligence activities, and protective services for authorized persons.
- **Disclosures to You or for HIPAA Compliance Investigations:** To you or your representative, and to the Secretary of the U.S. Department of Health and Human Services for investigating compliance with privacy regulations.
- **Patient List, Marketing:** Unless you object, we may use some of your PHI for maintaining a patient list and marketing purposes.
- **Disclosures to Individuals Involved in Your Care:** Unless you object, we may disclose PHI to individuals involved in your health care or payment for your care.

Other Uses and Disclosures

Uses and disclosures of your PHI not described above will require your written authorization. You may revoke this authorization in writing, and we will cease using or disclosing your PHI for the reasons covered in the authorization. However, we cannot recover any disclosures already made and are required to retain records of the care provided.

Right to File a Complaint

We value your privacy and strive to address any concerns. You may submit complaints regarding privacy rights to:

Privacy and Security Officer
 Small Valley Healthcare Partners
 Phone: 520-878-8233
 Fax: 520-540-2266

You also have the right to file a complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights, without facing penalties. Contact the Office for Civil Rights at:

Michael Leoz, Regional Manager
 Office for Civil Rights
 U.S. Department of Health and Human Services
 90 7th Street, Suite 4-100
 San Francisco, CA 94103
 Customer Response Center: (800) 368-1019
 Fax: (202) 619-3818
 TDD: (800) 537-7697
 Email: ocrmail@hhs.gov

For further questions about this Notice of Privacy Practices or your privacy rights, please contact our Privacy and Security Officer.