Donni Fleischaker
PRIMARY CARE & PEDIATRICS

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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 IT CAREFULLY.

Donni Fleischaker Primary Care & Pediatrics ("we," "us," or "our") is required by law to maintain the privacy of your protected health information (PHI), to provide you this Notice of our legal duties and privacy practices, and to follow the terms of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

- **Treatment** — to provide, coordinate, and manage your care with our providers, staff, and other clinicians, labs, and pharmacies involved in your treatment.
- **Payment** — to bill and obtain payment from you, your insurer, or other payers, including verifying coverage and obtaining prior authorizations.
- **Health care operations** — for quality improvement, staff training, scheduling, appointment reminders, and general business operations.
- **As required or permitted by law** — for public health activities, reporting of communicable diseases, suspected abuse or neglect, health oversight, legal proceedings, and to avert a serious threat to health or safety.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Most uses and disclosures of psychotherapy notes, uses for marketing, and any sale of PHI require your written authorization. Other uses not described in this Notice will be made only with your written authorization, which you may revoke in writing at any time.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- Request to inspect and obtain a copy of your medical record.
- Request that we correct information you believe is incorrect or incomplete.
- Request restrictions on certain uses and disclosures.
- Request confidential communications by alternative means or at an alternative location.
- Receive an accounting of certain disclosures we have made.
- Obtain a paper copy of this Notice upon request.
- Be notified in the event of a breach of your unsecured PHI.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be penalized or retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised Notice effective for information we already have as well as information we receive in the future. The current Notice will be posted in our office and available on request.

To exercise any of your rights or ask questions about this Notice, contact our office at 3201 W Peoria Ave, Ste D804, Phoenix, AZ 85029, or 602-569-5437.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have been offered a copy of this Notice of Privacy Practices.

PATIENT / GUARDIAN NAME	SIGNATURE	DATE