

NOTICE OF PRIVACY PRACTICES

Effective Date: 3-29-2021

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.

Valley Perinatal Services LLC ("we" and "us") respects your privacy. We understand that your health information is sensitive. This Notice of Privacy Practices ("Notice") outlines our legal duties and privacy practices with respect to health information. We are required by law to provide you with a copy of this Notice and to notify you following a breach of your unsecured health information. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, and treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

We will abide by the terms of the Notice. We reserve the right to make changes to this Notice as permitted by law. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Each version of the Notice will have an effective date listed on the first page. If we change this Notice, you can access the revised Notice on our website (<https://www.valleyperinatal.com/>) or from the receptionist.

Uses and Disclosures of Your Health Information

The following categories describe the ways that we may use and disclose your health information without your written authorization.

Examples of Use and Disclosures of Health Information for Treatment, Payment, and Health Operations:

For treatment:

- We may use or disclose your health information to provide you treatment or services and to manage and coordinate your medical care. For example, health information obtained by a technologist, physician or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide health information to others providing your care. This will help them stay informed about your care.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

For payment:

- We may use and disclose your health information to obtain payment for the services we provide to you. For example, we request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care.
- If you have paid out of pocket in full for your services, you have the right to ask that your health information with respect to that service not be disclosed to a health plan for purposes of payment or health care operations.

For health care operations:

- We may use your health information to assess quality and improve our services.
- We may use and disclose your health information to review the qualifications and performance of our health care providers and to train our staff.
- We may use and disclose your health information to conduct or arrange for services, including:
 - medical quality review by your health plan;
 - accounting, legal, risk management, and insurance services;
 - audit functions, including fraud and abuse detection and compliance programs.

We may also disclose your health information to third party "business associates" that perform various services on our behalf, such as transcription, billing, and collection services. In these cases, we will enter into a written agreement with the business associates requiring them to protect the privacy of your health information.

We may also use and disclose your protected health information without your authorization as follows:

- **Patient Directory.** We may keep brief information about you in our directory. Unless you tell us otherwise, we may disclose where you are in our facility and your general health condition (for example "stable" or "good") to anyone who asks for you by name.
- **Notification of Family and Others.** If you verbally agree to the use or disclosure and in certain other situations, we may make the following uses and disclosures of your health information. We may disclose certain health information to your family, friends, and anyone else whom you identify as involved in your health care or who helps pay for your care; the health information we disclose would be limited to the health information that is relevant to that person's involvement in your care or payment for your care. We may also make these disclosures after your death as authorized by Arizona law unless doing so is inconsistent with any prior expressed preference. We may use or disclose your information to notify or assist in notifying a family member, personal representative, or any other person responsible for your care regarding your location, general condition, or death. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to assist in disaster relief efforts.



- **Minors.** We may disclose the Protected Health Information of minor children to their parents or legal guardians when such disclosure is permitted or required by law.
- **With Medical Researchers** for a research project.
- **To Funeral Directors/Coroners/Medical Examiners** consistent with applicable law to allow them to carry out their duties.
- **To Organ Procurement Organizations (tissue donation and transplant)** or persons who obtain, store, or transplant organs, eyes, or tissues.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To Comply with Workers' Compensation Laws** if you make a workers' compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law:**
 - to prevent or reduce a serious, immediate threat to the health or safety of a person or the public
 - to public health or legal authorities
 - to protect public health and safety
 - to prevent or control disease, injury, or disability
 - to report vital statistics such as births or deaths
- **To Report Suspected Abuse or Neglect** to public authorities. We only make this disclosure if you agree or when we are required or permitted by law to make the disclosure.
- **To Correctional Institutions** if you are in jail or prison, as necessary to your health and the health and safety of others.
- **For Law Enforcement** specific purposes, such as reporting certain types of injuries.
- **For Health and Safety Oversight Activities.** For example, we may share health information to authorities and agencies for oversight activities allowed by law, including audits, investigations, inspections, licensure and disciplinary actions, or civil, administrative, and criminal proceedings, as necessary for oversight of the health care system, government programs, and civil rights laws, including with the Department of Health.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- **To The Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or in the course of certain administrative or judicial proceedings, for example as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.
- **Data Breach Notification Purposes.** We may use or disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Required by Law.** We may disclose your health information when required by law to do so.

Please be aware that Arizona and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose certain of your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV, STD, or other communicable disease-related information without obtaining your written permission, except as permitted by Arizona law. We may also be required by law to obtain your written permission to use and/or disclose your mental illness, developmental disability, or alcohol or drug abuse treatment records or your genetic test results.

Other Uses and Disclosures of Protected Health Information

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization. Some examples include:

- **Marketing:** We will not use or disclose your health information for marketing purposes without your written authorization except as otherwise permitted by law.
- **Sale of Your Health Information.** We will not sell your health information without your written authorization except as otherwise permitted by law.

If you change your mind after authorizing a use or disclosure of your health information, you may withdraw your permission by revoking the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before we receive your decision or any actions that we have taken based upon your authorization. To revoke an authorization, you must notify us in writing at 9440 E Ironwood Square Dr., Scottsdale, AZ 85258.

Your Health Information Rights

This section describes your rights regarding the health information we maintain about you. All requests or communications to us to exercise your rights discussed below must be submitted in writing to Valley Perinatal at 9440 E Ironwood Square Dr., Scottsdale, AZ 85258. You have a right to:

- **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. A paper copy of this Notice can be obtained from the receptionist at the Valley Perinatal office you receive services from and is also available at our website at <https://www.valleyperinatal.com/>.
- **Right to Request Restrictions.** You have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or health care operations activities. However, we are not required to agree to your requested restriction, unless that restriction is regarding disclosure of health information to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. If we agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.



- **Right to Request Confidential Communications.** You have the right to request that we communicate your health information to you in a certain manner or at a certain location. For example, you may wish to receive information about your health status through a written letter sent to a private address. We will grant reasonable requests. We will not ask you the reason for your request.
- **Right to Inspect and Copy.** You have the right to inspect and receive a copy of your health information. We may charge you a fee as authorized by law to meet your request. You may request access to your health information in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity and where you would like us to send the copy. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** You have a right to request that we amend or correct your health information that you believe is incorrect or incomplete. For example, if your date of birth is incorrect, you may request that the information be corrected. To request a correction or amendment to your health information, you must make your request in writing and provide a reason for your request. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures we make of your health information. Please note that certain disclosures need not be included in the accounting we provide to you. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.
- **Request that you be allowed to see and get a copy of your protected health information.** If your health information is maintained in an electronic format you may request that an electronic copy of your record be given to you or to a person to whom you direct the disclosure. You should make this request in writing.

Questions or Concerns

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact our Privacy Officer at 480-756-6000.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint. You may deliver a written complaint to the Privacy Officer at our office, 9440 E Ironwood Square Dr., Scottsdale, AZ 85258. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Patient Acknowledgement of Receipt of Notice of Privacy Practices

By signing, you acknowledge that we have provided you with this form of our privacy practices.

Signature of Patient or Patient's Personal Representative

Date

If signed by personal representative, state authority: _____