



Effective Date: September 23, 2013

**NOTICE OF PRIVACY PRACTICES**

CORONADO INTERNAL MEDICINE, P.C.

JEFF MAYER, M.D.

**THIS NOTICE DESCRIBES HOW WE MAY USE AND DISCLOSE (SHARE) YOUR HEALTH INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

Dr. Mayer and his staff understand that information about you and your health is personal. We are dedicated to maintaining the privacy of the medical information we create or receive about you. Health information that identifies you ("protected health information," or "health information") includes your medical record and other information relating to your care or payment for care. All employees, volunteers, trainees, students, and business associates of Coronado Internal Medicine are expected to follow this notice. Anyone who violates these rules and policies is subject to sanctions, including discipline and termination.

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by this office are kept confidential. HIPAA gives you, the patient, significant rights to control and understand how your health information is used.

**Our office policy requires that you acknowledge being given a copy of our Notice of Privacy Practices.** Please sign the attached form and return it to the front office staff. If you have any questions about the Notice or the Acknowledgment, please ask our staff.

**This Notice of Privacy Practices, which is presented to you only at your first visit, is accessible at all times in our office.** If you would like a copy, please ask our staff.

The following sections describe different ways that we may use and disclose your Health Information. For these specific ways, we do **NOT** require your permission to share your Health Information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the categories described below and on the next several pages.

Some information, such as certain drug and alcohol information, HIV/AIDS information, genetic information, and mental health information, is entitled to special restrictions related to its use and disclosure. Other uses and disclosures not described in this Notice will be made only if we have your written authorization.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following sections describe different ways that we use and disclose your health information. **Your authorization for these types of disclosures is NOT required.**

We may use or disclose your Health Information to provide you with the services and **treatment** you require or request, to **collect payment** for those services, and to conduct other related **health care operations** otherwise permitted or **required by law**.

We are required under HIPAA to limit such uses or disclosures to the minimum amount of Health Information that is reasonably required to provide those services or complete those activities.

**FOR TREATMENT.** We may use Health Information about you to provide you with medical and mental health treatment or services. We may disclose health Information about you to doctors, nurses, technicians, students, or other health system personnel who are involved in taking care of you in the healthcare system. For example, a doctor in an emergency room treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. We may also share Health Information about you with other doctors, hospitals, and providers who are treating you, to those whom we refer you, or those with whom we need to consult about your care.

**FOR PAYMENT.** We may use and disclose Health Information about you so that the treatment and services you receive from Coronado Internal Medicine or from other entities, such as an ambulance company, may be billed to you and payment may be collected from you, an insurance company, or a third party. For example, Coronado Internal Medicine contracts with an outside company to handle billing paperwork. We need to disclose certain health information to that company so we can receive payment for our services from you or your insurance company.

**FOR HEALTH CARE OPERATIONS.** We may use and disclose Health Information about you for our business operations. For example, your Health Information may be used to review the quality and safety of our services, for business planning, and for planning, management, and administrative services. We may contact you about alternative treatment options for you or about other benefits or services we can provide. We may also use and disclose your health information to an outside company that performs services for us such as accreditation, legal, billing, computer, or auditing services. These outside companies are called “business associates,” and are required by law to keep your Health Information confidential. We may also disclose information to doctors, nurses, technicians, medical and other students, and other health system personnel for performance improvement and educational purposes.

**HEALTH-RELATED BENEFITS AND SERVICES.** We may use and disclose Health Information to tell you about health-related benefits or services that may be of interest to you.

**APPOINTMENT REMINDERS.** We may contact you via phone to remind you that you have an appointment at Coronado Internal Medicine.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.** We may release medical information to anyone involved in your medical care, such as a friend, family member, or personal representative. We may also give information to someone who helps pay for your care. Unless there is a specific written request made to and agreed to by Coronado Internal Medicine, we may also notify anyone involved in your care about your location (such as a hospital) and general condition (stable, fair, etc.). We may disclose information about you to an organization participating in disaster relief (such as the Red Cross) so that your family can be notified about your condition, status, and location.

**AS REQUIRED BY LAW.** We will disclose Health Information about you when required to do so by federal or state law, and for the following purposes:

**TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose health Information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety, or to the health and safety of the public or another person. Any disclosure would be to someone able to help stop or reduce the threat.

**ORGAN AND TISSUE DONATION.** If you are an organ donor, we may release your Health Information to organizations that obtain, bank, or transplant organs, eyes, or tissue, as necessary to facilitate organ or tissue donation and transplantation.

**MILITARY AND VETERANS.** If you are or were a member of the armed forces, we may release health Information about you to military command authorities as authorized or required by law.

**WORKERS' COMPENSATION.** We may use or disclose Health Information about you for Workers' Compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

**PUBLIC HEALTH DISCLOSURES.** We may disclose Health Information about you for public health activities such as:

- preventing or controlling disease (such as tuberculosis), injury, or disability;
- reporting vital events such as births and deaths;
- reporting the abuse or neglect of children, elders, and dependent adults;
- reporting adverse events or surveillance related to food, medications, or defects or problems with products;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;

**ABUSE AND NEGLECT REPORTING.** We may disclose your Health Information to a government authority that is permitted by law to receive reports of abuse, neglect, or domestic violence.

**HEALTH OVERSIGHT ACTIVITIES.** We may disclose Health Information to governmental, licensing, auditing, and accrediting agencies, such as the Arizona Department of Health Services or the Center for Medicare and Medicaid Services, as authorized or required by law.

**LAWSUITS AND OTHER LEGAL PROCEEDINGS.** We may disclose Health Information courts, attorneys, and court employees in the course of conservatorship, writs, and certain other judicial or administrative proceedings. We may also disclose Health Information about you in response to a court or administrative order, or in response to a subpoena, discovery request, warrant, or other lawful process.

**CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS.** We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine cause of death. We may also disclose medical information about patients of Coronado Internal Medicine to funeral directors, as necessary to carry out their duties.

**INMATES.** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release Health Information about you to the correctional institution as authorized or required by law.

**LAW ENFORCEMENT.** If asked to do so by law enforcement, and as authorized or required by law, we may release Health Information :

- To identify or locate a suspect, fugitive, material witness, certain escapees, or missing person;
- About a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death suspected to be the result of criminal conduct;
- About criminal conduct at Coronado Internal Medicine;
- In case of a medical emergency, to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES.** As required by law, we may disclose Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities. We will only provide this information after the Privacy Officer has verified the validity of the request.

**OTHER USES AND DISCLOSURES OF HEALTH INFORMATION.** We will disclose Health Information about you when required to do so by federal, state, or local laws that are not specifically mentioned in this Notice. For example, we may disclose Health Information as part of a lawful request in a government investigation.

### **SITUATIONS THAT REQUIRE YOUR AUTHORIZATION**

For uses and disclosures not generally described above, we must obtain your authorization. For example, the following uses and disclosures will be made only with your written permission:

- Uses and disclosures for marketing purposes
- Most uses and disclosures of psychotherapy notes
- Other uses and disclosures not described in this Notice

If you authorize us to use or disclose your Health Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose Health Information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. This means we are unable to take back any disclosures we have already made with your authorization.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Your Health Information is the property of Coronado Internal Medicine. You have the following rights regarding the Health Information we maintain about you.

**RIGHT TO INSPECT AND COPY.** Your Health Information is a group of records we maintain that includes medical and billing records about you. You have the right to inspect and obtain a copy of the Health Information that may be used to make decisions about your care **except for** (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (3) Health Information maintained by us, to the extent to which the provision of access to you would be prohibited by law; (4) if the information was obtained from someone other than a health care provider, and if access would compromise an individual providing information under a promise of confidentiality.

If we have the information in electronic format, then you have the right to get your Health Information in electronic format if it is possible for us to do so. If not, we will work with you to agree on a way for you to get the information in an acceptable format, such as a paper copy.

To inspect and/or receive a copy of your Health Information, you must submit your request in writing to Medical Records, Coronado Internal Medicine, 6365 E. Tanque Verde Road, Suite 210, Tucson, Arizona, 85715. An authorization form is available from at the front office. We reserve the right to charge a fee to cover the cost (for paper, postage) of providing your Health Information records to you.

We may deny your request to inspect and/or to receive a copy of your Health Information in certain limited circumstances. If you are denied access to your Health Information, in most cases, you may have the denial reviewed. Another licensed health care professional chosen by Coronado Internal Medicine will review your request and the denial. 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 REQUEST AN AMENDMENT OR ADDENDUM.** If you feel that the Health Information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by Coronado Internal Medicine.

**Amendment.** To request an amendment, your request must be made in writing and submitted to Dr. Jeff Mayer, Coronado Internal Medicine, 6365 E. Tanque Verde Road, Suite 210, Tucson, Arizona, 85715. A form is available from the front office for your use. You must be specific about the information that you believe to be incorrect or incomplete, and you must provide a reason that supports the request.

**RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction or limitation on the Health Information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

To request a restriction, you must make your request in writing to Medical Records, Coronado Internal Medicine, 6365 E. Tanque Verde Road, Suite, 210, Tucson, Arizona, 85715. A form is available from our front office staff for your use.

**Your request must contain the following information: (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 limits to apply.**

**We are not required to agree to your request *except*** in the limited circumstance described below. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency care or to comply with the law.

**We are legally required to accept certain requests not to disclose health information to your health insurance plan for payment or health care operations purposes as long as you have paid out-of-pocket, in full, and in advance of the particular service included in your request.** If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, then you must pay in full for the related services. **It is important to make this request and pay before receiving the care so that we can work to fully accommodate your request. We will comply with your request unless otherwise required by law.**

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about your Health Information in a certain way or at a certain location. For example, you can ask that we only contact you at work, rather than at home, and only by mail (instead of by phone). We will not ask you the reason for your request. We will work to accommodate all reasonable requests.

Your request must be made in writing and sent to Medical Records, Coronado Internal Medicine, 6365 E. Tanque Verde Road, Suite, 210, Tucson, Arizona, 85715. Your request must specify how or where you wish to be contacted. A form is available from our front office staff for your use

**RIGHT TO BE NOTIFIED OF A BREACH.** Coronado Internal Medicine is committed to protecting your Health Information. If we or one of our Business Associates discovers a breach of unsecured Health Information about you, we will notify you in accordance with applicable state and federal laws.

**RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to receive a paper copy of this Notice. You may ask us for a copy at any time.



We may deny your request for an amendment if it is not in writing, we cannot determine from the request the information you are asking to be changed or corrected, or your request does not include a reason to support the change. We may also deny your request if you ask us to amend information that:

- Was not created by Coronado Internal Medicine;
- Is not part of the Health Information kept by or for Coronado Internal Medicine;
- Is not part of the information which you would be permitted to inspect and copy;
- Coronado Internal Medicine believes to be accurate and complete

If we deny any part of your request, we will provide you with a written explanation of our reasons for doing so. Copies of all requests and denials will be included in your medical record.

If we accept your request for an amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received your Health Information prior to the amendment.

**Addendum.** An addendum must be in writing and submitted to Dr. Jeff Mayer, Coronado Internal Medicine, 6365 E. Tanque Verde Road, Suite 210, Tucson, Arizona, 85715. An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to receive a list of certain disclosures we have made of your Health Information with outside parties. Your request must state a time period that is within six (6) years from the date of your request. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved, and you may choose to cancel or change your request at that time before any costs are incurred.

We are not required to provide accountings of disclosures that were done for the following purposes: (1) treatment, payment, or healthcare operations; (2) disclosures for which we received your authorization; (3) disclosures to you; (4) to a facility or persons involved in your care; (5) for national security or intelligence purposes; (6) to correctional institutions; (7) any disclosures occurring prior to April 14, 2003. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law.

To request this accounting of disclosures, you must submit your request in writing to Privacy Officer, Coronado Internal Medicine, 6365 E. Tanque Verde Road, Suite 210, Tucson, Arizona, 85715. A form is available from the front office staff for your use.

## **CHANGES TO OUR PRIVACY PRACTICES OR THIS NOTICE**

We reserve the right to change Coronado Internal Medicine's privacy practices and this Notice. We reserve the right to make the revised or changed Notice effective for Health Information we already have about you, as well as information we receive in the future. We have a summary of the current Notice posted in the waiting room area, and copies of the full version available at all times at the front desk. The Notice contains the most current effective date on the first page, in the top right-hand corner.

**QUESTIONS OR COMPLAINTS.** We welcome your comments about our Notice and privacy practices. If you have any questions about this Notice, please contact Privacy Officer, Coronado Internal Medicine, 6365 E. Tanque Verde Road, Suite 210, Tucson, Arizona, 85715, Phone (520) 885-2072.

If you believe your privacy rights have been violated, you may file a complaint with Coronado Internal Medicine or with the Secretary of Health and Human Services, Office for Civil Rights. Upon request, the Privacy Officer will provide you with the current address. We will not retaliate against you for filing any complaint with us or with the Department of Health and Human Services.

**CORONADO INTERNAL MEDICINE**  
Jeffrey S. Mayer, M.D.

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT**

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I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have the right to privacy regarding my protected health information. I understand that this information will be used to carry out treatment, payment, and health care operations.

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I hereby acknowledge that I have been presented with a copy of the **Notice of Privacy Practices** for Coronado Internal Medicine, P.C., containing a more complete description of the uses and disclosures of my protected health information and my individual rights with respect to my protected health information.

Patient name printed: \_\_\_\_\_

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

I have attempted to obtain the patient's signature in acknowledgment of this **Notice of Privacy Practice Acknowledgment**, but was unable to do so as documented below:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Reason:

## AUTHORIZATION TO DISCLOSE PERSONAL HEALTH INFORMATION TO PEOPLE INVOLVED IN MY MEDICAL CARE

Under HIPAA privacy laws, we are allowed to disclose your health information to people involved in your medical care, such as spouses, children, family members, and friends. Sometimes we know who those people are; for example, if your spouse is in the exam room while Dr. Mayer speaks to you about your health, we are allowed to assume your spouse is involved in your medical care, and we can disclose your health information to your spouse without your authorization. Often, however, we do not know the people with whom we can discuss your health information.

To maintain the privacy of your health information, we would appreciate knowing the names and contact information of the people involved with your medical care (and those who might be paying for your care).

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

**I authorize Coronado Internal Medicine to disclose ANY and ALL personal health information to the person(s) I have named on this form. I understand that my personal health information may be re-disclosed by the person(s), and may no longer be protected by law.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This Authorization to Disclose Personal Health Information will be in effect for 1 YEAR. You have the right to take back ("revoke") your authorization at any time, in writing, except to the extent that Coronado Internal Medicine has already acted based on your permission. If you would like to revoke your authorization, please ask the front office staff for a new HIPAA Privacy Form.**

**If a person has medical power of attorney for you, please provide this office with a copy of that legal document, and contact information for that person.**

Coronado Internal Medicine, P.C.  
Jeff Mayer, M.D.

### FINANCIAL POLICY

Thank you for choosing Dr. Mayer to provide your primary medical care. Please read the following financial policy carefully. **If you have any questions, please do not hesitate to ask our staff.**

We accept cash, personal checks, and credit cards (VISA and MasterCard ONLY) for payment on your account. **If your bank returns your check unpaid for any reason, a \$25.00 returned check fee will be charged to your account.**

If you have insurance which we do **not** contract with, you will be expected to make a full payment on the day of your visit. If Dr. Mayer is considered an "out-of-network" provider for your insurance, you will be responsible for any out-of-network fees, coinsurance, or deductible.

If your insurance is one we do contract with, this office will submit a claim for payment directly to your insurance company. To do so, however, we must have a copy of your current insurance card (back and front). Any applicable co-pay will be collected at the time of check-in. **If you are unable to pay your co-pay on the day of service, and we have to send you a bill for the co-pay, an amount equal to 10% of your co-pay will be charged to your account as a service fee.**

You are responsible for paying for any services that are not considered a "covered benefit" by your insurance. For example, some insurance policies do not cover services that are "preventive medicine," such as annual physicals. **If Dr. Mayer provides you with a service that your insurance carrier denies payment for, you are responsible for paying the full amount.**

If you do not have insurance coverage, payment in full is due at the time of the visit. A payment plan may be arranged for patients who may need extra time to pay. Please ask to speak with the Office Manager.

If your account becomes delinquent, you will be responsible not only for charges incurred, but also any costs involved in collection on your account. These costs include, but are not limited to, interest charges, rebilling fees, court costs, attorney fees, and collections costs. A collection agency may be used to collect on delinquent accounts. **Insurance benefits are a matter between you and your insurance company. You are ultimately responsible for the payment on your account.**

**I have read and understand the financial policy set forth, and have been given the opportunity to ask questions about this policy. I understand my responsibility for payment of my account with Coronado Internal Medicine, P.C. I have provided to the best of my ability information that is accurate, current, and complete.**

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Patient/Responsible Party Signature

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Date