



NOTICE OF PRIVACY PRACTICES

Effective Date: January 2025

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT. PLEASE REVIEW CAREFULLY.

This Notice of Privacy Practices explains how we protect your health information, your rights regarding your medical records, and how we may use and disclose your protected health information (PHI) in compliance with federal and Arizona state laws.

1. Your Rights Regarding Your Health Information

You have the right to:

- **Access Your Medical Records** – Request to view or obtain copies of your health records.
- **Request Corrections** – Ask for amendments if information is incorrect or incomplete.
- **Request Confidential Communications** – Specify how and where you prefer to be contacted.
- **Request Restrictions on Disclosures** – Ask us to limit how your information is shared. While we will consider all requests, we may not be able to comply in certain cases.
- **Receive a List of Disclosures** – Request a record of certain disclosures we have made of your PHI.
- **File a Complaint** – 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 & Human Services.

2. How We May Use and Disclose Your Health Information

We may use and disclose your PHI without your written authorization for:

- **Treatment** – Sharing with healthcare providers involved in your care.
- **Payment** – Billing and insurance-related purposes.
- **Healthcare Operations** – Quality assurance, training, and compliance activities.

We may also disclose your information as required by law, including:

- **Public Health and Safety** – Reporting diseases, abuse, neglect, or threats to health and safety.
- **Legal and Law Enforcement Purposes** – Compliance with subpoenas, court orders, or government requests.

- **Workers' Compensation** – As necessary to process claims related to workplace injuries.

Your written authorization is required for uses and disclosures not covered by this notice, such as:

- Marketing or sale of health information.
- Most uses of psychotherapy notes.

3. Our Responsibilities

We are required by law to:

- Maintain the privacy and security of your PHI.
- Notify you in the event of a breach involving your health information.
- Provide you with this notice of our legal duties and privacy practices.
- Follow the terms of this notice.

4. Complaints and Contact Information

If you believe your privacy rights have been violated, you may file a complaint with:

Optima Medical Privacy Officer

compliance@optimamedicalaz.com

Or contact the **U.S. Department of Health & Human Services (HHS), Office for Civil Rights (OCR)** at www.hhs.gov/ocr/privacy/hipaa/complaints or call **1-800-368-1019**.

Arizona residents may also file a complaint with:

Arizona Department of Health Services (ADHS)

Website: www.azdhs.gov | Phone: (602) 542-1025

There will be no retaliation for filing a complaint.