



HIPAA PRIVACY POLICY 2017

DeRosa Medical HIPAA Notice of Information Practices and Privacy Statement

Revised: January 2017

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 AND REPORT ANY GRIEVANCE TO:

Linda Bivins
Chief Administrative Officer
DeRosa Medical, P.C.
9377 E. Bell Rd. Suite 143
Scottsdale, AZ 85260

The Health Insurance Portability & 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 us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the Patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

We have prepared this “HIPAA Notice of Privacy Practices Statement” to explain how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records for each of the following purposes: treatment, payment, and health care operations.

How we collect information about you:

DeRosa Medical and its employees and volunteers collect data through a variety of means including but not necessarily limited to numbers, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone, (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in the strictest confidence.

What we do not do with your information:

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about patients who receive our services that is considered patient confidential information and is restricted by law.

How we may use and disclose your Information:

Information is only used as is reasonably necessary to process your health information documents or to provide you with health services which may require communication between DeRosa Medical, other health care providers, medical product or service providers, pharmacies, insurance companies, and other providers as necessary to: verify that your medical information is accurate; or to determine the type of medical supplies or any health care services you need; or to obtain or purchase any type of medical supplies, devices, medications or insurance.

If you apply or attempt to apply to receive services through us by providing fraudulent information that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals.

DeRosa Medical may use and disclose your Individually Identifiable Health Information (IIHI) in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties, including family members who are listed as responsible parties. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts.

Information we do not collect:

We do not use cookies on our website to collect data from our patients. Financial information that is collected is used only to bill the user for products and services, but is never released to anyone without a “need to know,” for any reason.

Your Health Information Rights:

Although your health record is the physical property of the healthcare facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information;
- Obtain a paper copy of the notice of privacy practices;
- Inspect and copy your health care record;
- Obtain an accounting of disclosures of your health information;
- Request confidential communication;
- Amend your healthcare record;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources:

Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of DeRosa Medical, P.C. We reserve the right to use non-identifying information about clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Right to a Paper Copy of this Notice:

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, you may visit our website at www.derosamedical.com

Right to File a Complaint:

If you believe your privacy rights have been violated, you may file a complaint with DeRosa Medical or with the Secretary of the Department Health and Human Services. To file a complaint with DeRosa Medical, contact Linda Bivins at lbivins@derosamedical.com. All complaints must be submitted in writing. You will not be penalized for filing a complaint.