

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

This Privacy Notice applies to all patients of Sunrise Family Medicine, PLLC (hereinafter referred to as: "Provider," "Facility," "We," or "Us"). Your child and their health information will be herein in this article be referred to as you, they, them, etc, and the guardian signing this form understands that they will be reviewing to understand and accept the terms in this article on behalf of the minor.

We are committed to protecting the confidentiality of your medical information and are required by law to do so. This Notice describes how we may use your medical information and how we may disclose it to others. This Notice also describes the rights you have concerning your own medical information. Please review carefully and let us know if you have questions.

**HOW MAY WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?**

Treatment:

We may use your medical information:

- To provide you with medical services and supplies.
- To disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, healthcare professionals, students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care.
- To contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

Family Members and Others Involved in Your Care:

We may disclose your medical information:

- To a family member or friend who is involved in your medical care or to someone who helps to pay for your care.
- To disaster relief organizations to help locate a family member or friend in a disaster. If you do not want us to disclose your medical information to family members or others who will visit you, please notify us in writing.

Business Associates:

There may be activities provided for our organization through contracts with outside businesses. Examples include transcription services and collection agencies. Under such contracts, we may disclose your health information to these businesses to perform the job we have asked them to do. These contracts also require the businesses to protect the health information we disclose to them. Provider Operations:

We may use and disclose your medical information:

- If it is necessary to improve the quality of care we provide to patients or to run the Facility.
- To conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning.

## Research:

We may use or disclose your medical information:

- For research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

## Required by Law:

Federal, state, or local laws sometimes require us to disclose patients' medical information.

- For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases.
- We also are required to give information to the Arizona Workers' Compensation Program for work-related injuries.

## Judicial Proceedings:

If you are involved in a lawsuit or a dispute

- We may disclose health information about you in response to a court or administrative order.
- We may also disclose health information about you in response to a subpoena, discovery request or other lawful process.

## Public Health:

We also may report certain medical information for public health purposes.

For example, we may undertake these activities:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report communicable diseases as required by the State of Arizona
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- We will only make this disclosure subject to certain requirements when mandated or authorized by law.

## Public Safety:

- We may disclose medical information for public safety purposes in limited circumstances.
- We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena.
- We may also disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the Facility.
- We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

#### Health Oversight Activities:

We may disclose medical information to a government agency that oversees the Provider or its personnel, such as the Arizona Department of Health Services, the Arizona Medical Board or the Board of Nursing. These agencies need medical information to monitor the Provider's compliance with state and federal laws.

#### Coroners, Medical Examiners and Funeral Directors:

We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

#### Organ and Tissue Donation:

We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

#### Military, Veterans, National Security and Other Government Purposes:

If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The Provider may also disclose medical information to federal officials for intelligence and national security purposes or for presidential protective services.

#### Information with Additional Protection:

Certain types of medical information have additional protection under state or federal law.

For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, we are required to get your permission before disclosing that information to others in many circumstances.

#### Other Uses and Disclosures:

If the Provider wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your permission.

If you give your permission to us, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information.

If you would ever like to revoke your permission, please notify us in writing.

## WHAT ARE YOUR RIGHTS?

### Right to Request Your Medical Information:

- You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record for a minimum of 6 years from the date of the last date of service). This includes your medical record, your billing record, and other records we use to make decisions about your care.
- To request your medical information, write to us. If you request a copy of your information, we may charge you for our costs to copy the information. We will tell you in advance what this copying will cost. Your records are also available directly to you on your patient portal. You can also look at your records at the Facility at no cost.

### Right to Request Amendment of Medical Information:

If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, write to us. Please note that we may deny the request if we did not create the information or if the record is accurate and complete.

### Right to Get a List of Certain Disclosures of Your Medical Information:

You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to us. We will provide the first list to you free, but we will charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

### Right to Request Restrictions on How the Provider Will Use or Disclose Your Medical Information for Treatment, Payment, or Healthcare Operations:

You have the right to ask us not to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the Facility. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to us and describe your request in detail.

### Right to Request Confidential Communications:

You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, write to us. You may also ask to speak with your healthcare providers in private outside the presence of other patients.

### Right to a Paper Copy:

If you have received this notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the notice from our website, or you may obtain a paper copy of the notice at the Facility.

## CHANGES TO THIS NOTICE

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current notice of Privacy Practices at any time by downloading it from our website or requesting a paper copy at the Facility.

## WHICH HEALTHCARE PROVIDERS ARE COVERED BY THIS NOTICE?

This Notice of Privacy Practices applies to the Provider and its personnel, volunteers, students, and trainees. The notice also applies to other healthcare providers that come to the Facility to care for patients, such as physicians, physician assistants, therapists, other healthcare providers not employed by the Provider, emergency service providers, and medical transportation companies. The Provider may share your medical information with these providers for treatment purposes, to get paid for treatment, or to conduct healthcare operations. These healthcare providers will follow this notice for information they receive about you from the Provider. These other healthcare providers may follow different practices at their own offices or facilities.

## DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights or how we use or disclose your medical information. If you have a concern, please contact us at (520) 222-6257

If for some reason the Provider cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

## DO YOU HAVE QUESTIONS?

We are required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how we may use and disclose your medical information, please contact us at (520) 222-6257

Effective date: updated 1/1/2024

## ACKNOWLEDGEMENT

I acknowledge I have read and understood this Notice of Privacy Practices. I am signing on behalf of my child/the minor.

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Signature: Name Child, Name of Parent/Guardian

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Date