

Peter R. Bodnar, M.D, PLLC - Notice of Privacy Practices

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 LET US KNOW IF YOU HAVE ANY QUESTIONS.

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 within Peter R. Bodnar, M.D, PLLC and how we may disclose it to others outside our office. This notice also describes the rights you have concerning your own medical information.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

Treatment: We may use your medical information to provide you with medical service and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, nurses, technicians, emergency service and medical transportation providers, and other involved with your care. We may also use and disclose your medical information 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.

Patient Roster: Our office prints a daily roster that contains personal information specific to your appointment. This includes your name, birth date, type of visit, patient phone number, doctor, indication (reason for visit) and insurance name. These rosters are placed in strategic areas of the office where our staff will be utilizing this information during your appointment. We make special effort to ensure that this information is only available to authorized personnel and is not visible to the public.

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 care or to someone who helps pay for your care. If you do not want Peter R. Bodnar, M.D, PLLC to disclose your medical information, please inform the medical assistant when you are placed in an exam room.

Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you or to obtain prior authorization for these services. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

Office 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 office. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example; we may look at your medical record to evaluate whether our office personnel, your doctor, or other health care professionals did a good job.

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 a patient's medical information. For instance, we are required to report child or elder abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases.

Public Health: We also may report certain medical information for public health purposes. For instance, we are required to report communicable diseases to the State of Arizona.

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 also may 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 office. 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 Peter R. Bodnar, M.D, PLLC or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare and the Board of Medical Examiners. These agencies need medical information to monitor our office for compliance with state and federal laws.

Effective Date: October 1, 2011

Revised:

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.

Military, Veteran, 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. **Peter R. Bodnar, M.D, PLLC** also discloses medical information to federal officials for intelligence and national security purposes or for presidential Protective Services.

Judicial Proceedings: **Peter R. Bodnar, M.D, PLLC** may disclose medical information if the office is ordered to do so by a court of if the office receives a subpoena or search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Information and Additional Protection: Certain types of medical information have additional protection under state and federal law. For instance, medical information about communicable diseases and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for serious mental illness is treated differently than other types of medical information. For those types of information, **Peter R. Bodnar, M.D, PLLC** required to get your permission before disclosing that information to others in many circumstances.

Other Uses and Disclosures: If **Peter R. Bodnar, M.D, PLLC** wishes to use or disclose your medical information for a purpose that is not discussed in the Notice, the office will seek your permission. If you give your permission to the office, you may take back that permission at anytime 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 **Peter R. Bodnar, M.D, PLLC** 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.) 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 your care. To request your medical information, write to **Peter R. Bodnar, M.D, PLLC – 6544 E. Carondelet Dr. - Tucson, AZ 85710** 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: **Peter R. Bodnar, M.D, PLLC – 6544 E. Carondelet Dr. - Tucson, AZ 85710**. You can also speak with your health care providers in private outside the presence of other patients- just ask them.

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 stopping at the front desk or by writing to **Peter R. Bodnar, M.D, PLLC**.

DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your privacy rights of how **Peter R. Bodnar, M.D, PLLC** uses or discloses your medical information. If you have a concern, please contact **Peter R. Bodnar, M.D, PLLC**. If for some reasons the office 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?

Peter R. Bodnar, M.D, PLLC is 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 the Notice, or have further questions about how **Peter R. Bodnar, M.D, PLLC** may use and disclose your medical information, please contact **Peter R. Bodnar, M.D, PLLC**.

Patient Signature

Date

Effective Date: October 1, 2011
Revised: