



## **HIPAA Notice of Patient Information Practices Privacy Information**

Heart One Associates is required by law to protect the privacy of your personal health information, provide this notice about our information practices, and follow the information practices that are described.

### **Uses and Disclosures of Health Information**

Heart One Associates uses your personal health information primarily for treatment; obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that we provide.

Heart One Associates may also use or disclose your personal health information (PHI) without prior authorization for public health purposes, auditing purposes, and emergencies. We also provide information when required by law.

Please note that we may occasionally update our practices regarding the use, disclosure, and patient rights of medical information. We reserve the right to change this notice and apply it to all medical information we maintain.

**Breach Notification:** You have the right to be notified in writing following a breach of your unsecured medical information.

### **Patient's Rights**

You have the right to review or obtain a copy of your PHI at any time.

### **Notice and Acknowledgement**

I \_\_\_\_\_ acknowledge that I have received and read the Notice of Health Information Practices. I understand that my healthcare provider participates in Health Current, Arizona's health information exchange (HIE). I understand that my health information may be securely shared through the HIE unless I complete and return an Opt-Out Form to my healthcare provider.

**Patient Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_