

**SOUTHWEST SHOULDER ELBOW & HAND CENTER, P.C.
(SWH)**

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR OBLIGATIONS

Southwest Shoulder Elbow & Hand Center, P.C. (SWH) is required by law to maintain the privacy of your personal health information, provide this notice about our legal duties and privacy practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

SWH 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. For example, SWH may use your personal health information to contact you to provide appointment reminders, or we may disclose health information to other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

SWH may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information in response to a subpoena, discovery request or other lawful process or when required by law.

In any other situation, SWH policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

SWH may change its policy at any time. When changes are made, a new Notice of Privacy Practices will be made available to you by the front office at your next visit. You may also request an updated copy of our Notice at any time.

PATIENT'S RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. SWH will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

CONCERNS AND COMPLAINTS

If you are concerned that SWH may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our Practice Administration at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Southwest Shoulder Elbow & Hand Center, P.C. please visit us online at www.swhand.com

**Southwest Shoulder Elbow & Hand Center, P.C.
4727 East Camp Lowell Drive, Tucson, AZ 85712
(520) 290-4263**

PATIENT COPY: PLEASE READ & RETAIN FOR YOUR RECORDS