

**AZ EYE HEALTH**  
8575 E. Princess Drive #105  
Scottsdale, AZ 85255  
(480) 585-0001

**PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN OBTAIN THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

AZ Eye Health is required by law to maintain the privacy of your health information and to provide you with notice of their legal duties and privacy practices with respect to your health information.

**How AZ Eye Health May Use or Disclose Your Health Information**

1. **Treatment.** AZ Eye Health may use or disclose your health information for treatment to schedule an appointment, testing or examining your eyes, prescribing glasses, contact lenses, prescribing eye medications; in the co-management of patients; or in the need to refer you to another doctor or medical facility.
2. **Payment Functions** AZ Eye Health may use or disclose health information to determining eligibility for plan benefits, payment for treatment and services, determine plan responsibility for benefits, preparing and sending bills, collection efforts, and to coordinate benefits.
3. **Health Care Operations.** AZ Eye Health may use and disclose health information including, but not limited to, administrative and managerial functions, financial or billing audits, activities relating to benefit coverage; internal quality assurance; submitting claims; participation in managed care plans, personnel decisions, defense of legal matters, business planning, legal services, fraud and abuse detection programs: and storage of our records.
4. **Other Uses and Disclosures.** AZ Eye Health may use and disclose your protected health information for the following purposes: call or write to remind you of an appointment, inform you of potential treatment alternatives, options, and health related benefits or services that may be of interest to you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.
5. **Required by Law** As required by law, AZ Eye Health may use and disclose your health information. AZ Eye Health may disclose medical information pursuant to a court order in judicial or administrative proceedings; to report information related to victims of abuse, neglect, or domestic violence; or to assist law enforcement officials in their law enforcement duties.
6. **Public Health.** As required by law, AZ Eye Health may disclose your health information to public health authorities to prevent or control disease, injury or disability, or for other health oversight activities.
7. **Coroners, Medical Examiners and Funeral Directors.** AZ Eye Health may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person.
8. **Organ and Tissue Donation.** Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.
9. **Health and Safety.** AZ Eye Health may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
10. **Government Functions.** AZ Eye Health may disclose your health information for military, national security, prisoner and government benefits purposes.
11. **Worker's Compensation.** AZ Eye Health may disclose your health information as necessary to comply with worker's compensation or similar laws
12. **Disclosures to Plan Sponsors.** AZ Eye Health may disclose your health information to the sponsor of your group health plan or managed care plan provider of administering benefits under the plan.

## When AZ Eye Health May Not Use or Disclose Your Health Information

Except as described in this Privacy Notice, AZ Eye Health will not use or disclose your health information without written authorization from you. If you do authorize AZ Eye Health to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

### Statement of Your Health Information Rights

1. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. AZ Eye Health is not required to agree to the restrictions that you request.
2. **Right to Request Confidential Communications.** You have the right to receive your health information through alternative means. AZ Eye Health is not required to agree to your request.
3. **Right to Inspect and Copy.** You have the right to inspect and copy your health information. If you request a copy of the information, AZ Eye Health may charge you a reasonable fee to cover the copy expense.
4. **Right to Request a Correction.** You have the right to request that AZ Eye Health amend your health information. AZ Eye Health is not required to change your health information.
5. **Right to Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your health information. AZ Eye Health will provide one list per 12 month period free of charge; AZ Eye Health may charge you for additional lists requested within the same 12 month period.
6. **Right to Paper Copy.** You have a right to receive a paper copy of this Privacy Notice at any time.
7. **Right to Revoke Permission.** You have the right to revoke your authorization to use or disclose your health information at any time, except to the extent that action has already been taken.

### AZ Eye Health's Obligations under This Notice

AZ Eye Health is required by law to:

1. Maintain the privacy of your health information.
2. Provide you with a notice of its legal duties and privacy practices with respect to your health information.
3. Abide by the terms of this Notice.
4. Notify you if AZ Eye Health is unable to agree to a requested restriction on how your information is used or disclosed.
5. Accommodate reasonable requests you may have to communicate health information by alternative means.
6. Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted by law.

AZ Eye Health reserves the right to amend this Privacy Notice at any time in the future and to make the new Notice provisions effective for all health information that AZ Eye Health maintains. Revised Notices will be distributed to you on your next visit.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with:

**ATTN: Privacy Officer**  
**8575 E. Princess Drive #105**  
**Scottsdale, AZ 85255**