



GRANITE PEAKS GASTROENTEROLOGY

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.

Granite Peaks Gastroenterology, PC is required by law to maintain the privacy of your health information and to provide you with this notice of its legal duties and privacy practices with respect to your medical information. We are required to comply with rights and standards set out in this Notice.

Here are examples of the ways that we may use or disclose your protected health information ("PHI"):

For treatment. To try to provide you with quality care, we keep records of office visits, procedures and other care we provide you. We may also request your PHI from other doctors, such as your primary care doctor, to ensure that our care meets your needs. Sometimes, we may also provide your PHI to other medical providers, if we believe good care requires us to consult with or involve other physicians or specialists.

For payment. We use your PHI to bill and collect for the medical services we provide. For example, we will use your PHI to verify your insurance eligibility or coverage and to submit bills and claims to your insurer or other payers, such as Medicare. We may also contact payers to give them notice or get prior approval for medical services we intend to provide to you.

For health care operations. We will use your PHI for general health care operations, for example, reviewing and improving our quality of care, training our staff, enhancing customer services, managing our costs, responding to audits or interacting with other medical providers.

We may use or disclose your PHI to provide other services, including:

Alternative treatments. We may use your PHI to recommend or inform you of additional or alternative treatments that we believe may benefit you.

Appointments. We may use your PHI to remind you of appointments. If you do **not** want us to remind you, please tell the scheduler or any staff member.

Research. We may use your PHI to notify others involved in medical research that you may want to participate in clinical trials of new medications or devices. You will be given a separate right to consent or refuse to participate in any such research.

Family, friends & caregivers. When appropriate we may share your PHI with family members, friends or caregivers, or those who may help you pay for your medical services.

Business associates. We may share your PHI with others who help us run our medical practice. They must follow our privacy practices and have the same duty to keep your PHI confidential as we do.

Uses or disclosure required by law. We are required by law to make certain disclosures without your authorization, such as reporting communicable diseases, illnesses and work injuries, disclosures to protect victims of abuse, exploitation or neglect, reporting required by coroners, medical examiners or law enforcement, or courts, or for organ or tissue donation.

All other uses or disclosures of your PHI not set out in this Notice require your separate signed authorization. You can *revoke* your authorization at any time by giving us a signed statement.

YOUR INDIVIDUAL RIGHTS. Under federal law, you have the following rights:

- The right to request restrictions on how we use or share your PHI. We will seriously consider any such request, but we are not required to agree to it.
- The right to receive your PHI from us by alternative means or at alternative locations;
- The right to inspect your PHI (at no charge).
- The right to get paper copies of any or all of your PHI. The first request for copies will be complimentary. You may also request your records in a different format that you choose, such as electronic email copies or PDFs.
- The right to amend or add to your PHI.
- The right to receive from us an accounting of all the disclosures we have made of your PHI for any period of time (within the 6 years prior to your request). Your right to an accounting does not include disclosures of your PHI we have made for purposes of treatment, payment or operations. The first accounting will be complimentary.
- The right to receive a paper copy of this Notice of Privacy Practices, even if you have already received an electronic version.
- You have the right to complain if you believe your privacy rights have been violated. You will not be retaliated against if you complain.
- To file a complaint, you may contact either:

Sara Evans, Privacy Officer
Granite Peaks Gastroenterology
9829 South 1300 East, Suite 300
Sandy, UT 84094
Tel: (801) 619-9000 extension 204
Fax: (801) 619-9001

or the Secretary of Health and Human Services at the following address:

Secretary of Health & Human Services
Region VIII Office of Civil Rights
US Department of Health & Human Services
1961 Stout Street, Room 1185 FOB
Denver, CO 80294-3538
Telephone: (303) 844-2024
Fax: (303) 844-2025
TDD: (303) 844-3439

This Notice is effective March 1, 2012. We also retain the right to amend this Notice in the future, at which time, you will be given a new Notice and asked to acknowledge your receipt of it. Any new or amended Notice of Privacy Practices will apply to all the medical and protected health information that Granite Peaks Gastroenterology maintains or has in its records.

I ACKNOWLEDGE THAT I RECEIVED A COPY OF THIS NOTICE OF PRIVACY PRACTICES:

Print Patient Name

Signature of Patient or Patient Representative

Date

- Patient or Representative refused to sign.
- Patient unable to sign because of emergency circumstances.
- Other circumstances prohibited obtaining consent. Explain:

