

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.
Information about treatments. Your health information may be used to send you information you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products, services or medical studies that may be of interest to you.

____ Please DO NOT use my information to send me information.

Your Rights Following is a statement of your rights with the respect to your protected health information.

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information has been disclosed
- The right to receive a printed copy of this notice.

Quality of Life Medical Centers Duties

We are required to abide by the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

Complaints You may complain to us or to the secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.** You can do so by sending a letter outlining your concerns to:

Privacy Official
Quality of Life Medical Center
5350 E Erickson Dr.
Tucson, AZ. 85712

If you believe your rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

Contact Person

The name and address of the person you may contact for further information concerning our privacy practices is:

Privacy Official
Quality of Life Medical Center
5350 E Erickson Dr.
Tucson, AZ. 85712

This notice is effective on or after January 1, 2009.

Quality of Life Medical Center reserves the right to modify the privacy practices outlined in the notice.

PF-200 Acknowledgement of Receipt of Notice of Privacy Practices.

I have received a copy of Notice of Privacy Practices from Quality of Life Medical Center

Printed Name _____

Signature _____ Date _____

Signature of Patient Representative _____ Date _____

Relationship of Patient Representative _____