

Canyon Health and Wellness Clinic Notice of Privacy Practices

Effective Aug. 13, 2014

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.

USES AND DISCLOSURES

TREATMENT. Your health information may be used by staff members or disclosed to other care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

HEALTH CARE OPERATIONS. Your health information may be used as necessary to support the day-to-day activities and management of GCU Canyon Health and Wellness Clinic. For example, your information may be used to evaluate care, for accreditation, and to promote quality at GCU Canyon Health and Wellness Clinic.

LAW ENFORCEMENT. Your health information may be disclosed to public health agencies or governmental agencies to comply with legally required or government-mandated reporting.

PUBLIC HEALTH REPORTING. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

ADDITIONAL USES OF INFORMATION

GCU Canyon Health and Wellness Clinic staff who telephones you for appointment reminders will have access to your health information for that purpose. We may also send you information describing treatment alternatives and other health-related products and services that we believe may interest you.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Disclosure of your health information or its use for any purpose other than those listed in this notice requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

INDIVIDUAL RIGHTS

You have the right to expect the following from us:

- The right to request in writing restrictions on the use and disclosure of your protected health information (Canyon Health and Wellness Clinic will review all requests and normally will respond within 60 days, but is not required to agree)
- 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
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

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GCU CANYON HEALTH AND WELLNESS CLINIC

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. We require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting GCU Canyon Health and Wellness Clinic. Your request will be reviewed and will generally be approved unless there are legal and medical reasons to deny the request.

COMPLAINTS

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Legal Department
Grand Canyon University
P.O. Box 11097
Phoenix, AZ 85061
602-639-6656

CONTACT PERSON

If you have any questions about this notice or our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the GCU Legal Department at the address or telephone number listed above.

I have received a copy of the Notice of Privacy Practices for GCU Canyon Health and Wellness Clinic.

Patient Name *(please print)* _____

Patient Signature _____ Date _____

Signature of Patient Representative _____ Date _____

(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient _____