



**Bella Vista Internal Medicine**  
**Jigna Patel, MD PLLC**  
**2680 S Val Vista Dr, Ste 131 Bldg 6**  
**Gilbert, AZ 85296**

## **Patient Right's and Responsibilities**

### **Patient Rights**

- **Ability to Get Medical Care**
  - You have the right to fair medical care or help regardless of race, country of birth, religion, disability or how your medical costs are paid.
  - When the clinic cannot meet your request or need for care, you will be transferred, when the doctor allows it, to an available and correct place for you.
  - You and/or the person who speaks for you have the right to tell your wishes as to how you receive medical care. The clinic is willing to within the law and ethical practice agree to withhold or stop treatment if you or the person who speak for you want that to happen.
  
- **Respect, Dignity and Consideration**
  - You and/or the person who speaks for you have the right to polite, respectful care at all times and under all conditions with respect to your person, your feeling, and what you believe and hold important.
  - You and/or the person who speaks for you have the right to use your traditions and your religious beliefs that do not harm the well being of others, including the patient, or the doctor's plan for you.
  - You and/or the person who speaks for you have the right to your emotional and religious needs being met through clinic people, or places in the community.
  - You and/or the person who speaks for you have the right to know what patient support services are available including whether someone who speaks your language is available (if you do not speak English).
  
- **Personal and Information Privacy**
  - You and/or the person who speaks for you have the legal right to personal privacy and privacy of information.
  - You and/or the person who speaks for you do not have to talk to people not directly taking care of you.
  - You and/or the person who speaks talks with your doctor should not be shared without you and/or the person who speaks agreeing.
  - When you are examined know what role anybody watching may have in your care.
  - You or the person who speaks for you has the right to the information in your medical file as allowed by law. Your medical file should only be read by people following your care or by people allowed by law or clinic rules. Your medical file will not be open to anyone else, unless you or the person who speaks for you has given written permission.

- **Clear Information About Your Condition and Care**
  - You and/or the person who speaks for you have the right to prompt and reasonable answers to your questions and requests.
  - You and/or the person who speaks for you has the right to needed information, in a short and clear explanation, to help you make treatment decisions that you want. You should not have any medical procedure that has risks without you (or the person who speaks for you) understanding and agreeing.
  - You and/or the person who speaks for you have the right to know of unproven research or educational activities involved in your care. You also have the right to say no to any such activity.
  
- **Involvement in Decision-Making**
  - You and/or the person who speaks for you has the right, along with your doctor, to make decisions involving your care and to know:
    - The name of the doctor who is taking care of you,
    - The name and job of the people who are ordering and doing medical tests for you,
    - If there are any partnerships between people taking care of you,
    - What is being done to you and why you need the care,
    - How the treatment will help you,
    - What are the chances of you getting better because of this care,
    - What can be done to relieve your pain,
    - About problems in healing,
    - If there is anything else that could work to make you better,
    - How to decide on directions ("advance directives") that will be given in case you cannot get better and
    - How to take part in the decision about things that are discussed in your care that can be considered fair or unfair.
  
- **Names of Those Who are Taking Care of You**
  - You and/or the person who speaks for you have the right to know who the people are and what they are trained to do for your care, including the name of the doctor who takes care of you.
  
- **Meeting with other Medical People on Your Case**
  - At your request and costs, you and/or the person who speaks for you have the right to talk with someone else who is an expert in your type of sickness.
  
- **Refusal of Treatment**
  - You and/or the person who speaks for you have the right to accept medical care or to refuse treatment and to be told of the medical outcomes of refusal, within the limits of the law. You have the right to leave the clinic against medical advice in all cases except when it is considered a crime against the state, but you will be asked to sign a form saying that you left against medical advise.

- **Communication**
  - You and/or the person who speaks for you have the right to contact people outside the clinic through visitors or by writing or speaking to them. You also have the right to someone who speaks your language if necessary.
- **Your Treatment Costs**
  - If you and/or the person who speaks for you have insurance or other programs, including Medicare, that pay your bills, you have the right to know, by asking for it and before any treatment, whether the clinic will take the amount that your insurance or Medicare will pay.
  - You and/or the person who speaks for you have the right to a detailed written list of your total bill for care, no matter how care will be paid for. If you need help with paying your bill, you may have the information on how to get that help.
- **Rules and Regulations**
  - You and/or the person who speaks for you have a right to know what clinic rules and policies apply to how you act while a patient. If you and/or the person who speaks for you have any complaints, you and/or the person who speaks for you have a right to have the Compliance Officer for the clinic answer your complaints. Your complaint will in no way make a difference on how you are treated or keep you from getting medical care in the future.

### **Your Responsibilities**

As a patient of **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)**, you and/or the person who speaks for you also have to do certain tasks that are for your own best interest.

- **Give Information**
  - You and/or the person who speaks for you are responsible for giving, as completely as you can, true and full information about your present complaints, pain, past illnesses, past stays in the hospital, medicine you are taking or have taken, how you wish to be taken care of in case you cannot recover and other items that concern your health or care. You and/or the person who speaks for you are also responsible for telling about unexpected changes in how you feel to the person taking care of you.
  - You and/or the person who speaks for you are responsible for telling if you clearly understand how you will be taken care of and what you need to do for that care.
- **Follow Instructions**
  - You and/or the person who speaks for you are responsible for doing what the doctor and his/her team have decided with you to help you heal. If you and/or the person who speaks for you do not understand what you are to do, or if you are worried, you and/or the person who speaks for you need to let the person taking care of you know as soon as possible about you and/or the person who speaks for you feelings and worries.

- **Keep Appointments**
  - You and/or the person who speaks for you should keep any doctor appointments or telephone the clinic if you cannot keep them.
- **Saying No to Treatment**
  - If you and/or the person who speaks for you say no to treatment or do not follow what your doctor suggests, you or the person who speaks for you are responsible for what happens to you.
- **Respect for Others**
  - You and/or the person who speaks for you are responsible for being polite and respectful to other patients as well as clinic employees and property. You and/or the person who speaks for you should also see that your visitors are polite and respectful.
- **Your Bills**
  - You and/or the person who speaks for you have a responsibility to pay clinic bills quickly or if there are concerns ask questions about those bills. You and/or the person who speaks for you also must give any information necessary to help your insurance company pay your bills.



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## **NOTICE OF PRIVACY PRACTICES**

**Bella Vista Internal Medicine  
Jigna Patel, MD PLLC**

**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. If you have any questions about this Notice please contact:**

**Our Privacy Contact is  
Bella Vista Internal Medicine  
Jigna Patel, MD PLLC**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the term of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

### **1. Uses and Disclosures of Protected Health Information**

**Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.** You will be asked by your physician to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, your physicians will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permissions to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a

physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g. a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students or residents, licensing, marketing and fund-raising activities, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room where your physician is ready to see you. We may use or disclose your protected health information as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g. billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact your Privacy Contact to request that these materials not be sent to you. We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Contact and request that these fundraising materials not be sent to you.

**Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**Other Permitted and Required Uses and Disclosures That May be Made With Your consent, Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physicians or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication Barriers:** We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Worker's Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.



**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et seq.

## 2. **Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice used for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; 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. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by completing the Patient Restricted Health Information Form.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

### **3. 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 may contact our Privacy Contact, **Bella Vista Internal Medicine (Jigna Patel, MD PLLC)** for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003.