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NOTICE OF PRIVACY

THIS JOINT 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.

1. You have the right with respect to your medical records / health information:
 - a) You have the right to inspect and copy your medical records. (Provider is entitled to charge you a reasonable fee related to the cost of copying your records).
 - b) You have the right to seek or amend your medical records, and if Provider does not agree with your request, to note your objection in the medical record.
 - c) You have the right to receive confidential communications of your health information and to direct the place and manner of communication.
 - d) You have the right to request restrictions on the use and disclosure of your protected health information; however Provider is not required to agree to restrictions not guaranteed by law. You will be informed if Provider does not agree to a requested restriction.
 - e) You have the right to request an accounting list of disclosures of your protected health information made by Provider. (Except for disclosures for treatment, payment, or health care operations; to you; incident to a use of disclosure set forth in this joint notice; to persons involved in your care; for notification purposes; for national security or intelligence purposes; to law enforcement officials; as part of a limited data set.
 - f) You have the right to receive a paper copy of this notice.
2. Provider may use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment, or to tell you about or to recommend possible alternative treatment or other health related benefits or service that may be of interest to you.
3. The general Authorization and Release of Medical Records that you sign authorizes your medical care provider, Canyon Sky ENT, to disclose the information in your medical records to the extent needed for the following purposes:
 - a) For the purpose of providing treatment to you. This would include, for example, sharing information with employees and contractors of Provider, or with other health care providers who are treating you or consulting in your care.
 - b) For the purpose of arranging payment for your care. This would include for example, your insurer, or other third-party who is responsible for paying all or part of the cost of your care.
 - c) For the purpose of Provider's "health care operations." This would include such things as internal quality assessment activities, business planning and management, to evaluate our treatment and services or to evaluate our staff's performance while caring for you, resolutions of internal grievances and the provision of legal and auditing services.
 - d) For the purpose of other health care provider who may be treating you or involved in your health care.
4. A specific authorization for release of medical records that you may sign authorizes Provider to make a specific disclosure that is not covered under section 3. A specific authorization will name the party to whom you are authorizing disclosure, and will contain any limitations on the authority to disclose your records.
5. Patient may revoke an authorization by giving Provider a written notice of revocation.
6. Provider is required by law to maintain the privacy of protected health information, and to provide patients with this notice of its duties and practices, as well as changes to those practices. Patient will be provided with revised notices, as appropriate.
7. If a patient believes that his or her privacy rights have been violated, then patient may complain to Provider, or with the Secretary of the U.S. Department of Health and Human Services. Complaints to our Provider must be in writing. Provider will not retaliate in any way against a patient for filing a complaint.
 - a) If you (patient) or guardian believe that your privacy rights have not been followed as directed by applicable law or as explained in this Notice, you may file a complaint with us. Please call our office and ask to speak with our privacy officer: Office Manager.

If you have questions or would like additional information, please call the Office Manager at 480-676-3322, or mail to:

Canyon Sky ENT
2151 E Pecos Rd., Ste 1
Chandler, AZ 85225