

The Joint Replacement Center of Scottsdale



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www.tjrccs.com

To our patients, this notice describes how your health information may be used and disclosed, and how you may access your health information. This notice is required by the privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Our commitment to your privacy

The Joint Replacement Center of Scottsdale P.C. is dedicated to maintaining privacy of your health information.

Sincerely,

Theodore P. Firestone M.D.

Arm/TPF

Reasons for Disclosure of your Health Information

Payment of Services – Obtaining payment of treatment.

Healthcare Operations – Quality assurance, utilization review, credentialing, underwriting and auditing.

Treatment – Sharing medical data with other medical providers, referral requests, placing laboratory and prescription orders, providing appointment reminders or information about treatment alternatives.

Special Circumstances

- To public health authorities and health oversight agencies that are authorized by law to collect medical information.
- Lawsuits and similar proceedings in response to a court or administrative order
- When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. This information will be disclosed to a person or organization able to prevent the threat.
- If you are a member of U.S. or foreign military forces (including veterans), when required by the appropriate authorities.
- To federal officials for intelligence and national security activities authorized by law.
- To correctional institutions or law enforcement officials if you are in custody or an inmate.
- For workers compensation.

The Communication of Health Information and Your Rights

You can request that our practice communicate with you about your health and related issues in a particular manner. Accommodating reasonable request.

You can request a specific restriction in our use or disclosure of your health information for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of health information to only certain individuals involved in your care or the payment of your care. We are bound to all valid, reasonable requests, except if required by law, in emergencies, or when the information is necessary to treat you.

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care, including patient medical record and billing records, not including psychotherapy notes. You must submit your request in writing to the address below.

You may ask us to amend your health information if you believe it is incorrect or incomplete, as long as the information is kept in our practice. Please submit your request in writing with the reason supporting your request. Send to Debbie Smith, Privacy Official at the address below.

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20401 N 73rd St, Ste 160
Scottsdale, AZ 85255

You may request a copy of this privacy policy at any time.

If you believe your privacy rights have been violated, you may file a complaint with our practice. All complaints must be sent in writing. You will not be penalized for filing a complaint.

Right to Provide and Authorization for Other Users and Disclosures.

Our practice will obtain your written authorization for users and disclosures that are not identified by this notice or permitted by applicable law.