

Pamela A. Pappas MD, MD(H)
Classical Homeopathy for Mind, Body, and Soul
8114 E. Cactus Rd., Suite #240 | Scottsdale, Arizona 85260
Phone: 480.656.9218 | Fax: 602.626.3695 | E-mail: drpam@drpampappas.com

OFFICE POLICIES AND PROCEDURES

Welcome to my practice!
And thank you for deciding to improve your health through working with me.

This document contains helpful information about my practice, business processes, fees, and policies for protecting the privacy of your health information. Reviewing this will facilitate our time together.

There are also certain forms you need to fill out and return to my office before our first appointment.

The heart of my practice is Classical Homeopathy. This is a powerful, comprehensive, and very individualized system of medicine that can relieve suffering, stimulate healing, and improve overall health. Certain patients may be seeing me mainly for psychotherapy, but even this is informed by my homeopathic studies and practice of mindfulness. The work of healing requires time, care, and understanding you as deeply as possible. Viewing this as a process rather than a 'quick fix' will allow the best chance for positive results.

Appointment times are set aside specifically for you, rather than anyone being "double booked." Cancellations or missed appointments are losses for everyone. **A credit card (Visa or MasterCard) is required to reserve your first appointment time block.**

YOUR INITIAL VISIT: After scheduling an appointment with me, you will receive a **Registration Form, these Office Policies and Procedures, and a Homeopathic Patient Intake Form** to fill out and return to me before your first appointment.

The **Intake Form** allows you to review important events in your medical history, medications, surgeries, and other previous treatments so that most of our actual interview time can be spent on you personally. I am certainly interested in your previous medical records and laboratory data if you have them. However, focusing on your unique experiences, responses, and feelings will best help us understand and treat you through Classical Homeopathy. For this evaluation, please plan on spending 2-3 hours with me.

I usually do not prescribe remedies during your first visit, and will not until I feel I understand you well enough to do so. Usually we can get to this point within 2-3 visits. I may make nutritional or other suggestions before this.

LATE ARRIVALS: I make every effort to avoid delays so that you are not inconvenienced. Late arrivals result in shortened visits. If you are more than 30 minutes late, your appointment will be considered missed -- and you will need to reschedule.

MISSED APPOINTMENTS: Not showing up for scheduled appointments interferes with your own progress, and prevents others from using the available time as well. Except for unavoidable emergencies, missed appointments without prior cancellation are billed at the full fee. These charges are not reimbursable by any insurance.

- To avoid charge, please provide a full 48 hours' notice of cancellation during business hours. I will confirm receipt of your message, and we can reschedule.
- Fees for completely missed appointments need to be paid before your next visit is scheduled.

HOURS OF SERVICE: Routine office hours are from 9 am to 5 pm, Monday through Thursday. If I am with another patient when you call, I will not be able to answer the phone; please leave a message with times you can speak with me, and I will respond as soon as possible. Coverage arrangements for out-of-town meetings, etc., will be made as needed.

AFTER HOURS AND EMERGENCIES: Phone calls are usually returned within 24 hours, Monday through Thursday. Please leave a reliable telephone number where you may be reached.

Any urgent, severe, or life-threatening conditions require immediate evaluation and treatment. For these, please call 911, or go to your local urgent care center or hospital emergency department.

PHONE/EMAIL COMMUNICATIONS: I am glad to answer brief (10 minutes or less) telephone calls or emails to clarify issues about your treatment or progress. Generally these incur no charge.

If these are lengthy or the number of emails and phone calls is excessive, they may incur prorated charges of \$175/hour.

Please understand that situations too complicated to address on the phone or through email will require an office appointment for full discussion. Also, email is not a completely secure or private form of communication.

We may at times schedule follow-ups by phone or Skype, but this is only an option for patients who have first established care in person at my office. Charges for these appointments are the same as for regular office visits.

I do try to return all correspondence within 24 hours Monday - Thursday. If I have not responded within this time period, please assume I have not received your message and call or email again.

SCOPE AND NATURE OF SERVICES: My practice is sole and separate from all others in the Optimal You suite. I am a strictly outpatient psychiatrist, and not a primary care physician. I provide highly specialized consultant care based upon homeopathic, nutritional, and psychotherapeutic principles. There may be disagreement among qualified medical experts regarding these principles. Treatment with many effective holistic therapies including Classical Homeopathy and Desert Flower Essence Therapy may be seen by some as outside the standard of care, medically non-traditional, or even investigational.

I follow the highest standards of homeopathic science and art in my work. This includes extensive research in homeopathic materia medicas and provings, in order to find the medicine most likely to help you. I may not initially tell you the name of your homeopathic medicine, in order to keep your experience distinct from what you might read in advance.

Due to the intense nature of homeopathic work, my practice no longer includes the management of conventional pharmaceuticals. These medications can be essential for certain patients, and very helpful for others. If you are already on or need these medications, I'll be glad to collaborate with your conventional psychiatrist in addition to providing ongoing homeopathic treatment. Homeopathic medicines can be effective even while using conventional ones. My goal is to help you recover enough health and resilience to allow tapering conventional drugs, as clinically appropriate.

As an outpatient physician, I do not maintain hospital privileges. Should you need inpatient mental health care, you will need another psychiatrist for this. If you are currently in outpatient treatment with another psychiatrist, I recommend continuing this as well as any prescribed pharmaceuticals. I also recommend that you continue with your primary care and other specialist physicians, letting all of these know you are consulting with me in a complementary way. In some cases your improved clinical response may require reducing or discontinuing pharmaceuticals, and they will need to be aware of this. Once you have clear benefit from homeopathic treatment, we may consider tapering psychiatric medications as safe and appropriate to your clinical situation. I am happy to collaborate with your other psychiatrist and/or additional physicians in this process.

CONFIDENTIALITY: I maintain the privacy of our communications, as is required by law. In most cases, I can only release information about your treatment to others if you sign a written authorization form. There are other situations that require only that you provide written, advance consent. Signing this form provides for these activities, as follows:

- I may occasionally find it helpful to consult with other health professionals about a case. During such consultations, I make every effort to avoid revealing my patient's identity. The other professionals are also legally bound to maintain confidentiality. Unless you object or I feel it is essential to our work together, I will not tell you about these consultations. I will note any such consultations in your clinical record.
- If another physician covers my patients when I am out of town, I may need to share information about your treatment. Again, such physicians are bound by the same confidentiality standards that I maintain with you.
- I do not file insurance claims, but am occasionally contacted by patients' insurance companies regarding payment for claims. If this occurs, I will direct the company back to you and inform you of the contact.
- If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members who can help provide protection.

There are some situations where I am permitted or required to disclose information without either your consent or authorization:

- If you are involved in a court proceeding and a request is made for information concerning the professional services I provided you, such information is protected by the physician-patient privilege law. I cannot provide any information without your or your legal representative's written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a government agency is requesting the information for health oversight activities, I may be required to provide it to them.

There are some situations in which I am legally obligated to take actions which I believe are necessary to attempt to protect others from harm; in these, I may have to reveal some information about a patient's treatment. These situations are rare in my practice.

- If I have reason to believe that any adult patient who is either vulnerable and/or incapacitated has been the victim of abuse, neglect, or financial exploitation, the law requires me to file a report with the appropriate state official, usually a protective services worker. Once such a report is filed, I may be required to provide additional information.
- If I have reason to believe that a child under 18 is or has been the victim of injury, sexual abuse, neglect, or deprivation of necessary medical treatment, the law requires that I file a report with the appropriate government agency, usually the Office of Child Protective Services. Once such a report is filed, I may be required to provide additional information.
- If a patient communicates an explicit threat of imminent serious physical harm to a clearly identified or identifiable victim, and I believe the patient has the intent and ability to carry out such a threat, I must take protective actions that may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

PROFESSIONAL RECORDS: The laws and standards of my profession require that I keep Protected Health Information ("PHI") about you in your clinical record. Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to me confidentially by others, you may examine and/or receive a copy of your clinical record by requesting it in writing. **There is a fee of \$35 for a copy of your records.** I recommend that you initially review these in my presence so I can answer any questions you might have. My office's HIPAA notice is included at the end of this document.

TERMINATION OF CARE: You as the patient should have control over your care. Certainly you have the right to terminate your care with me at any time.

However, it is my responsibility to provide you with the best care I can. If I am prevented from providing this care by patterns of non-responsibility, I will be forced to terminate our working relationship. These patterns include:

- multiple no-shows or late cancellations
- not following up as needed for safe and helpful monitoring of treatment
- persistent patterns of non-compliance with treatment recommendations including recommendations for psychotherapy, chemical dependency issues, medical conditions that require assessment/care for maintenance of good health
- stopping pharmaceutical medications without informing me
- non or persistently late payment for services rendered

If these patterns occur, we will discuss them. Attempts to rectify such issues will occur before termination would be decided upon. Termination would occur by letter notification.

Please read this agreement thoroughly and sign below to acknowledge understanding and acceptance of these terms of service:

Name of patient: _____

Signature: _____ Date: _____

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BUSINESS POLICIES AND FEE SCHEDULE

Pamela A. Pappas MD, MD(H) operates a solo private practice of Integrative Psychiatry, focused on Classical Homeopathy. Dr. Pappas believes strongly in providing optimal, confidential care to you as an individual, rather than tailoring her work to external agencies' protocols. **Therefore, Dr. Pappas is on no insurance panels, and does not take insurance assignment including Medicare, AHCCCS (Arizona Health Care Cost Containment System), or TriCare.** Depending on your insurance coverage, out-of-network reimbursement may be available to you.

Dr. Pappas' Business Policies are as follows:

1. Payment in full is due at the time of service.
2. Payment can be made with cash, money order, personal check, VISA, MasterCard, or Paypal.
3. Checks returned for insufficient funds incur a \$35 charge.
4. Appointment times are set aside specifically for you. **Except for unavoidable emergencies, missed appointments without prior cancellation are billed at the full fee.** These fees are not reimbursable by any insurance. To avoid charge, appointments for initial evaluations require a full 48 hours' notice of cancellation; follow-up appointments require a minimum of 24 hours' notice.
5. **An active credit card** will be kept on file for charges incurred when the patient is not present, such as: telephone contacts longer than 10 minutes, document preparation/copying, missed appointments, and late cancellations. **Please use the form at the bottom of this page to provide this credit card information, and fax back to Dr. Pappas' office at 602-626-3695 (private number) before your first appointment.**
6. When payment for services is made, you'll be provided with a receipt documenting services and diagnosis. If you wish, you can submit this to your insurance company for reimbursement offered for visits to an out-of-network psychiatrist. The amount reimbursed varies with your insurance company and specific plan.

CURRENT FEE SCHEDULE (Jan. 2017)

- Initial homeopathic consultation (2-3 hours) \$650.00
- Follow-up homeopathic visit (45 min) \$175.00
- Follow-up homeopathic visit (60 min) \$250.00
- Follow-up homeopathic visit (90 min) \$300.00
- Initial psychiatric/psychotherapy consultation (60-90 min) \$350.00
- Individual psychotherapy (50 min) \$250.00
- Individual psychotherapy (60+ min) \$300.00
- Late cancellation or No Show charge for full session, as above
- Prescribed homeopathic remedies \$10.00
- Administrative fees (for record requests, letters to third parties, discussion time with other physicians, therapists, etc) \$25 per 15 minutes plus shipping
- Telephone calls longer than 10 minutes by discretion, \$175/hour prorated
- Emails requiring > 10 minutes to read and answer by discretion, \$175/hour prorated

I understand and agree to the above policies. I also authorize Pamela A. Pappas MD PLLC to charge my credit card for any fees owed for professional services as outlined above. These include fees for late cancellations and no shows.

VISA/MC # _____

Exp Date: _____ Security Code: _____ Billing Address Zip Code: _____

Printed Name: _____ Signature: _____

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CONSENT FOR HOMEOPATHIC CARE

I understand that Pamela A. Pappas MD, MD(H), is licensed through the Arizona Board of Homeopathic and Integrated Medicine Examiners and the Arizona Board of Medical Examiners. I understand and agree that:

- the care and treatment I receive is based upon homeopathic principles
- that I am relying exclusively upon Dr. Pappas' homeopathic training, and
- that she will treat me according to generally accepted standards of care for homeopathic physicians in the state of Arizona.

These standards include, but are not limited to, the use of energy healing methods, acupuncture, nutritional and intravenous therapies, homeopathic remedies and essences.

I understand that some services are considered "non-insured" medical services by Medicare and other insurance plans, and are usually not covered by Extended Medical Benefit insurance plans. I agree to pay for these services when rendered. I understand that depending on my health insurance plan, I may be entitled to out-of-network insurance reimbursement for Dr. Pappas' expertise as a specialist in psychiatric medicine.

I understand and accept that some of these methods are not accepted at present by some medical and legal authorities. I also understand that I have the right to consent, or refuse any proposed procedure or therapeutic course.

Classical homeopathy is a system of medicine that has been used by millions of people worldwide for over 200 years. Homeopathic medicines are used in extremely dilute concentrations that are nontoxic -- and when administered according to homeopathic principles, are safe in infants, children, and adults. The United States Food and Drug Administration recognizes and regulates the manufacture of homeopathic medicines through the Homeopathic Pharmacopoeia of the United States.

Homeopathy is based upon the principle that "like cures like", known as the "Law of Similars". This means that if a substance in high dose can cause symptoms of disease in a healthy person, it may be capable of curing similar symptoms in an individual who is ill. The exact mechanism by which homeopathy works is unknown, but it is still being investigated. There are no known drug interactions between homeopathic and conventional (allopathic) medicines.

By signing this form, I, _____ agree that Pamela A. Pappas MD, MD(H) has disclosed to me sufficient information, including the risks and benefits, to enable me to decide to undergo or forego treatment with Classical Homeopathy. I understand that I am undertaking treatment with Pamela A. Pappas MD, MD(H) expressly for the purpose of receiving homeopathic, psychotherapeutic, and/or nutritional treatment for my condition.

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(Consent for Homeopathic Care, continued)

My consent to homeopathic treatment is given voluntarily, without coercion, and may be withdrawn. I am able to understand the nature of this form of treatment. I understand that the practice of medicine is not an exact science, and that there are and can be no guaranteed outcomes of treatments I receive from Dr. Pappas.

The specific risks of homeopathic treatment have been discussed with me. I knowingly, voluntarily, and intelligently assume these risks and agree to release, indemnify, and defend Pamela A. Pappas MD, MD(H) and her agents from and against any and all claims which I (or my representatives) may have for any loss, damage, or injury arising out of or in connection with my treatment.

I understand that I will continue to remain under the care of my primary care physician and (if applicable) my specialist physicians for any ongoing allopathic (conventional) care and evaluation, if I so choose. I understand that homeopathy does not always replace or substitute for the conventional evaluation and management services that I am receiving from my primary care and specialist physicians. Classical Homeopathy may be adjunctive to the treatments that I am receiving from my conventional physicians.

I have carefully read this agreement before signing it, and acknowledge that I understand it. I authorize Dr. Pappas to administer such care to me.

Signature of Patient

Date

Witness

Date

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MEDICARE PRIVATE CONTRACT

ALL PATIENTS WITH MEDICARE INSURANCE MUST COMPLETE THIS FORM. If you do not have Medicare, please initial and date this form, and write N/A.

Pamela A. Pappas MD, MD(H) is legally required to have any persons covered under Medicare read and sign the enclosed Medicare Private Contract form.

_____ I do not have Medicare Initial: _____
Date: _____

Patient (or Guardian) Name	Date of Birth
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I understand that Classical Homeopathy, nutritional therapies, Flower Essence Therapy, and many other effective holistic treatments are not covered by Medicare under any circumstances, and I agree to pay for the service by this private contract. I understand that no billing will be made to Medicare by this office, and that I am not allowed (by Medicare regulations) to seek reimbursement from Medicare myself. However, I am free to submit a statement to Medicare as long as it contains the words, "This is a non-covered service" in order to obtain a denial of claim.

Furthermore, I do not give permission to Dr. Pappas or any staff member of Optimal You to release medical information to Medicare.

I understand that I am liable for all agreed-upon charges (without limits which Medicare might impose if they covered the service).

I understand that I have the right to receive services from any other physician in the country who does participate in the Medicare program.

I understand that Dr. Pappas filed an "opt-out" affidavit with Medicare effective February 9, 2011.

Patient or Legally Authorized Individual Signature	Date
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Printed Name

Relationship to Patient

Pamela A. Pappas MD, PLLC
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**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.**

**This Notice of Privacy Practices (Notice) describes the privacy practices of
Pamela A. Pappas MD, PLLC.**

Pamela A. Pappas MD, PLLC is required by law to protect the privacy of your health information. This Notice is provided to comply with the federal privacy regulations known as HIPAA. It describes how Pamela A. Pappas MD, PLLC may use and disclose your health information. It also describes your rights and our responsibilities about uses or disclosures of your health information.

Our Responsibilities: We are required by law to maintain the privacy of your health information and to provide you with a notice about our legal duties and privacy practices concerning your health information. We are required to follow our Notice of Privacy Practices that is currently in effect. However, we reserve the right to change our Notice and to make a new Notice effective for all health information we maintain.

If we make changes to our Notice, we will notify you. You may obtain a copy of the revised Notice from Dr. Pappas.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Unless otherwise restricted by state law, Pamela A. Pappas MD, PLLC may use or disclose your health information for the following purposes:

For Treatment Purposes. "*Treatment*" refers to when we provide, coordinate, or manage your health care and other services related to your health care.

- An example of treatment is when we confer internally about your care with our health care providers or when we consult with another health care provider, such as your family physician or another health care professional about your care.

For Payment Activities. "*Payment Activities*" refers to when we seek payment for the health care services we provide.

- An example of our payment activities is when we send our statement for services to you for payment.
- We will not submit requests for payment to your health insurance company. If the health insurance company (or other business associate helping us obtain payment) requests health information from us regarding medical care given, we will refer them to you. We will provide you with information about you and the care you were given, which may include copies or excerpts of your medical record which are necessary for payment of your account, which may include information that identifies your diagnosis, and the procedures and supplies used. You are free to share this information with anyone you choose, including your insurance company.

For Health Care Operations. Our "*health care operations*" are activities that relate to our business.

- Examples of health care operations are quality assessment and improvement activities, including case management and care coordination, and business planning and development activities.

Among our other business activities, we may contact you to remind you about your appointments with us. We may also contact you to give you information about treatment options or other health-related benefits and services we provide that may be of interest to you.

Uses and Disclosures Requiring Your Authorization

We may use or disclose your health information for purposes other than treatment, payment, or health care operations if we obtain your authorization.

An “*authorization*” is written document that permits the specific disclosures that are listed on the authorization form you sign. If we need to use or disclose your health information for purposes other than treatment, payment, or health care operations, we will need to obtain an authorization from you unless the use or disclosure is otherwise required by law.

You may revoke an authorization that you provide to us at any time if you do so in writing. You may not revoke an authorization to the extent (1) we have taken action in reliance on the authorization; or (2) if the authorization was obtained as a condition of your obtaining insurance coverage, and the law provides the insurer the right to contest a claim under the policy.

Uses and Disclosures of Your Information that Do Not Require Your Consent or Authorization

In some situations, Pamela A. Pappas MD, PLLC may use or disclose your health information without an additional consent or an authorization. We may use or disclose your health information as required by law as long as the use or disclosure complies with and is limited by a particular law's requirements. For example, in situations involving

- **Public Health Activities.** We may disclose your health information to a public health authority where it is authorized by law to collect or receive health information to prevent or control disease, injury or disability. For example, in cases of child abuse or neglect, if we believe that a child has been subjected to abuse or neglect, or if we observe a child being subjected to conditions which would result in abuse or neglect, we must report this to the proper law enforcement or governmental agency.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, including, for example, health care system audits, investigations, and inspections and health care licensure matters.
- **Judicial & Administrative Proceedings.** Pamela A. Pappas MD, PLLC may disclose your health information in responding to subpoenas, court orders, or other lawful requests related to legal proceedings in a court or before a government agency.
- **Law Enforcement.** We may disclose your health information if asked to do so by a law enforcement official in the following situations:
 - To respond to a court order, subpoena, warrant, summons or similar types of requests from a law enforcement official.
 - In limited situations, to report abuse or domestic violence.
 - To report evidence of a crime occurring on the premises of any of our office locations.
 - In emergencies, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Serious Threat to Health or Safety.** If you communicate to us a serious threat of physical violence against a person or the public, including a threat to yourself, we are permitted, consistent with applicable law and ethical standards, to communicate that threat to those who are reasonably able to prevent or lessen the threat, including family members, the target of the threat

or a law enforcement agency. Federal law and regulations do not protect any information about a crime committed by a patient either at one of our offices or against any person who works for us or about any threat to commit such a crime.

- **Emergency.** If you have a medical emergency, we will share information with medical professionals to assist them in providing necessary health care to you.
- **Specialized Government Functions.** We may use and disclose your health information for national security and intelligence activities authorized by law. If you are a military member, we may disclose your health information to military authorities under certain circumstances.
- **Correctional Institution and Other Law Enforcement Custodial Situations.** If you are an inmate or in the custody of law enforcement, we may share your health information with a correctional institution as necessary for your health, the health and safety of others, for law enforcement within the correctional institution, and for the institution's administration, maintenance, safety, security, and good order.
- **Worker's Compensation.** If you file a worker's compensation claim, we must, on demand, make available records relevant to that claim to your employer, the insurance carrier, the worker's compensation court, and to you.

Your Health Information Rights

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request limits on certain uses and disclosures of your health information as provided by law. However, Pamela A. Pappas MD, MD(H) is not required to agree to a restriction you request unless:
 - (1) your request is to restrict disclosures to health plans;
 - (2) such requested restriction only limits disclosures made for the purpose of carrying out payment or health care operations; and
 - (3) the requested restriction only limits disclosures relating to health care items or services for which you have paid Pamela A. Pappas MD, PLLC out of pocket in full.
- **Right to Request Amendments.** You have the right to request a change to your health information if you believe the information is inaccurate or incomplete. However, under certain circumstances, Pamela A. Pappas MD, PLLC may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to Receive Confidential Communications.** You have the right to ask that Pamela A. Pappas MD, PLLC communicate with you confidentially about your health information in certain ways or at certain locations, *and* we will accommodate all reasonable requests to do so. For example, you may not want a family member to know that you are being treated by us, so you may want our billing statements to be sent to a different address.
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of your health information in our medical and billing records used to make decisions about you for as long as the information is maintained in the record. In some circumstances you may have the right to receive this information in an electronic format or have an electronic copy sent to an entity or individual you have clearly, specifically, and conspicuously designated. We may deny your access to your information under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and the denial review process.

- **Right to an Accounting.** You have the right to ask for an accounting (or list) of certain disclosures Pamela A. Pappas MD PLLC or its business associates have made of your health information. On your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy.** You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive the notice electronically.
- **Right to Receive Notification of Certain Breaches.** You have the right to be notified by Pamela A. Pappas MD, PLLC if your information is improperly used or disclosed. Generally, you will be notified about an improper use or disclosure of your information if
 - (1) it was not secured by encryption or other means that follow federal standards,
 - (2) your information was accessed, disclosed, or used in violation of federal laws, and
 - (3) the access, disclosure, or use poses a significant risk of harm to your reputation, harm to you financially, or otherwise.

This notification will contain important information about the breach and where you can obtain further information.

All requests to exercise these rights must be in writing. We follow written procedures to handle requests and notify you of our actions and your rights. You may request forms or exercise your rights by contacting Dr. Pappas at drpam@drpampappas.com or by contacting us at 480-656-9218. You do not need to take any affirmative action to maintain your right to be notified about an improper use or disclosure of your information.

Complaints

If you believe that your privacy rights have been violated or not adequately protected, please send your written complaint to Pamela A. Pappas MD, PLLC at the following address:

Pamela A. Pappas MD, PLLC
 8114 E. Cactus Rd., Suite #240 | Scottsdale, AZ 85260
 Phone: 480-656-9218 | Fax: 602-626-3695

You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy Officer can provide you the appropriate address for the Secretary upon request. You will not be retaliated against in any way for filing a complaint.

For More Information

If you have a question about this Notice or would like additional information about our privacy practices, please contact Dr. Pappas at the address and phone number listed above.

I acknowledge receiving a copy of this HIPAA Privacy Document.

Name

Date

Signature