

NOTICE OF PRIVACY PRACTICES

Effective Date: June 1, 2013

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.

Our Commitment to Your Privacy

At **One Source Senior Healthcare PLLC**, we are committed to protecting the privacy and confidentiality of your health information. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices regarding your health information.

How We May Use and Disclose Your Health Information

We may use or disclose your health information in the following circumstances:

1. **Treatment:** We may use or share your health information to provide, coordinate, or manage your healthcare and any related services. This includes sharing information with other healthcare providers involved in your care.
2. **Payment:** We may use and share your health information to obtain payment for the services we provide to you.
3. **Healthcare Operations:** We may use and share your health information for healthcare operations, such as conducting quality assessments, training programs, and reviewing the qualifications of healthcare professionals.
4. **Appointment Reminders:** We may use your information to remind you of appointments.
5. **As Required by Law:** We will disclose your health information when required to do so by federal, state, or local law.
6. **Public Health and Safety:** We may disclose your health information to prevent or control disease, injury, or disability, and to report issues like reactions to medications or product recalls.
7. **Research:** We may use or disclose your health information for research purposes in limited circumstances.
8. **Other Uses:** Other uses and disclosures will be made only with your written authorization. You may revoke such authorization at any time, except to the extent we have already relied upon it.

Your Rights Regarding Your Health Information

You have the following rights with respect to your health information:

1. **Right to Inspect and Copy:** You have the right to inspect and copy your health information. We may charge a reasonable fee for the costs of copying and mailing.
2. **Right to Amend:** If you feel that your health information is incorrect or incomplete, you may request an amendment.

3. **Right to an Accounting of Disclosures:** You have the right to request a list of disclosures we have made of your health information for purposes other than treatment, payment, and healthcare operations.

4. **Right to Request Restrictions:** You may request a restriction on the use or disclosure of your health information for treatment, payment, or healthcare operations. We are not required to agree to your request, but we will accommodate reasonable requests.

5. **Right to Request Confidential Communications:** You may request that we communicate with you in a certain way or at a specific location.

6. **Right to a Paper Copy of This Notice:** You have the right to request a paper copy of this notice at any time.

Changes to This Notice

We reserve the right to change this notice at any time. The new notice will apply to all health information we maintain. We will post a copy of the current notice on our website and at our facilities. The effective date of the notice will be on the first page.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Contact Information

For questions about this notice or to file a complaint, contact:

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