



Phone(480) 585-0804  
Desert Mountain OB/GYN  
14220 Northsight Blvd #150  
Scottsdale, AZ 85260

### Your rights regarding your health information

1. Communications. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use of 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 your health information to only certain individuals involved in your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including psychotherapy notes. You must submit your request in writing to Desert Mountain OB/GYN 9377 E. Bell Rd. Suite 367 Scottsdale, AZ 85260.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request and amendment, your request must be made in writing and submitted to Desert Mountain OB/GYN 9377 E. Bell Rd. Suite 367 Scottsdale, AZ 85260.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front office staff.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Desert Mountain OB/GYN 9377 E. Bell Rd. Suite 367 Scottsdale, AZ 85260 Attn: Office Manager . All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact Tracy, Office manager at (480) 585-0804.

