

Notice of Privacy Practices

Patient Information. Patient Rights. Our Responsibilities.

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.

Patient Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

We will provide a copy or summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information at the bottom of this poster.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Patient Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses & Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

We can use and disclose your information to run our organization and contact you when necessary.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

- Spectrum Medical Care Center will never market or sell patients' personal information.
- Spectrum Medical Care Center does not create or maintain psychotherapy notes.
- Spectrum Medical Care Center does not provide or participate in Substance Use Disorder (SUD) Programs.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Patient Rights & Responsibilities

Spectrum Medical Care Center is committed to respectful, inclusive, and premier care for every patient, regardless of age, race, sex, sexual orientation, gender, gender-identity, national origin, religion, culture, disability, personal values, or beliefs.

Patient Rights

You have the right to:

- Receive high-quality, respectful, and compassionate care. Be involved in all aspects of your care and in decisions about your treatment.
- Receive privacy in treatment and care of personal needs and considerate and respectful care, provided in a safe environment.
- Designate an authorized party, a legal personal representative, a family member, or other individual in understanding, protecting, and to exercise your patient rights and to act on your behalf in accordance with state and federal laws.
- Exclude any or all family members from participating in your healthcare decisions.
- Communicate without barriers related to language, vision, hearing, or learning needs.
- Be fully informed about your condition, treatment options, and likely outcomes, and to know the names and roles of those involved in your care.
- Consent to refuse treatment, as permitted by law. If you refuse treatment, you will still receive other needed and available care.
- Privacy and confidentiality of your medical information, as required by law.
- Access your medical records and have the information explained, except when restricted by law.
- Receive care in a safe and secure environment, free from verbal or physical abuse, harassment, or coercion.
- Speak with healthcare staff about billing statements and receive explanation of their bill.
- File a complaint or grievance related to care or treatment. Upon receiving a complaint or grievance, we will acknowledge its receipt and provide an estimated date for a final response.
- Not be retaliated against for submitting a complaint or grievance to the Arizona Department of Health Services or any other government agency.

Patient Responsibilities

Patients have the responsibility to:

- Provide accurate and complete information about your health, including past illnesses, hospital stays and use of medication.
- Asking questions when you don't understand information, instructions or plan of care. If you believe you can't follow through with your treatment plan, you are responsible for telling your provider.
- Ensure your authorized party, legal personal representative, family member, or any individual you bring on your behalf is considerate and respectful to other patients, and healthcare staff.
- Providing information for insurance and working with Spectrum Medical to arrange payment when needed, fulfill payment promptly.
- Ask questions when you don't understand what you have been told about your care and what you are expected to do.
- Following the treatment plan established by your provider.
- Keeping appointments and for notifying the clinic at least 24 hours in advance when you are unable to do so.
- Understand the risks if refusing treatment or not following their providers instructions.
- Follow our policies and procedures.

Patient Grievances

If you feel we have not satisfactorily met your needs or have concerns regarding your experience, please contact:

The Patient Grievance Line / the Compliance Officer
52 E. Monterey Way, Phoenix, AZ. 85012
602-604-9500
Compliance@Spectrummedicalcare.org

If you feel that your grievance was not addressed to your satisfaction you may contact:

Arizona Department of Health Services
Attn: Bureau Chief – Office of Medical Facilities Licensing
150 N. 18th Ave, Suite 450, Phoenix, AZ 85007
602-364-3030
app.azdhs.gov/ls/online_complaint/MEDComplaint.aspx

Medicare Ombudsman

1-800-633-4227
medicare.gov/basics/your-medicare-rights/get-help-with-your-rights-protections

3 easy ways to contact the Patient Grievance Line

Spectrum Medical Care Center is committed to delivering premium and inclusive healthcare to every patient.

If you have a concern or are dissatisfied with any part of your healthcare experience, you have the right to file a grievance.

1. Mobile App

Text Spectrummedical to 63975 (Apple or Android)

2. Web App

Go to www.reportit.com and use code SpectrumMedical

3. Scan the QR code



We take all concerns seriously and review each one promptly, fairly, and thoroughly.



spectrum medical

spectrummedicalcare.org

Changes to the Terms of This Notice

Effective Date of Notice: January 1, 2026

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you. This Notice of Privacy Practices applies to the following organizations: Spectrum Medical Care Center.

Contact: Sheri Garver, Privacy Officer, SGarver@Spectrummedicalcare.org, 602-604-9500