

**SCOTTSDALE VEIN CENTER**  
**Mark Lundell, M.D.**  
**Notice of Privacy Practices**

To our patients: This notice describes how health information about you may be used and disclosed and how you can get access to your health information. This 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 practice of Dr. Lundell is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information:

**Use and disclosure of your health information in certain special circumstances**

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to court or administrative order.
3. If required to do so by law informant or subpoena.
4. 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.
5. If you are a member of the U.S. or foreign military forces (including veterans) and if requested by the appropriate authorities.
6. to federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

**Your rights regarding your health information**

1. Communications: You can request that our practice communicate with you or about your health and related issues in a particular manner or at a certain location. Example: We will contact you at work instead of home.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment or health care operations. You have the right to restrict our disclosure of your health information to only certain individuals. 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 or in an emergency when the information is necessary to treat you.
3. You have the right to inspect or obtain a copy of your health information.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete.
5. You are entitled to a copy of this notice. Please ask if you wish to have a copy.
6. You have the right to file a complaint if you believe your privacy right have been violated. You may file a complaint with the Secretary of the Department of Health and Human Services. You can obtain a complaint form from the front desk.
7. Our practice will obtain your written authorization or uses and disclosures that are not identified by this notice or permitted by applicable law.
8. If you are involved in a lawsuit or any other matter that requires our practice to release your health information. We will accept a written authorization from your attorney or representative signed by you to release your health information to that specific party only.

You may request restriction, amendment, complaint, etc..... forms from the front desk.

If you have any questions regarding this notice or any other privacy policy or practices please contact the office.

I hereby acknowledge that I have been presented with a copy of the Notice of Privacy Practices for the office of Dr. Lundell.

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Patient's signature

Date