

SCOTTSDALE VEIN CENTER

Notice of Privacy Practices

To our patients: This notice describes how health information about you may be used and disclosed and what rights you have with respect to your health information, as well as how you can get access to your health information. Provision of this information 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 physicians and staff of Scottsdale Vein Center are dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

To assist you in understanding your rights with respect to your health information we are providing you with the following important information:

Use and disclosure of your health information in certain special circumstances

The following circumstances may legally 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 enforcement agencies upon presentation of a 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 Worker's Compensation and similar programs.

Your rights regarding your health information

1. Communication: 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 (in order to remain in compliance of rules and regulations); 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 rights 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 or on the HHS website.
7. Our practice will obtain your written authorization for 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 from the office of Scottsdale Vein Center.

Patient's signature

Date

SCOTTSDALE VEIN CENTER

Consent Agreement to Patient's Terms of Procedures

This Consent Agreement outlines the Patient's Terms of Procedures and follow-up, post- initial and subsequent treatment(s). Patient understands and agrees that most venous procedures require multiple consultations with the physician(s) of Scottsdale Vein Center. Included in follow-up procedure(s) is/are recommendations to schedule and complete follow-up consultation(s) and treatments through to "maintenance phase" of treatment.

"Maintenance phase" of treatment typically consists of additional therapy(ies) due to the nature of diseased vein treatment(s). Your Scottsdale Vein Center's physician and medical support staff will provide you with a personalized treatment regimen and make explicit recommendations for follow-up consultation(s), through to "maintenance phase".

Patient understands and agrees that completing all follow-up and related consultation(s) with Scottsdale Vein Center physicians and medical support staff is necessary and requisite in order to achieve the successful completion of the course of treatment determined to be required to meet each patient's unique needs and goals. Patient furthermore understands and agrees that if patient fails to complete said recommendations for follow-on consultation(s), they assume full and complete responsibility for the decision NOT to complete their recommended regimen and any adverse outcomes or failure to achieve the patient's desired clinical outcome(s).

Scottsdale Vein Center's clinical and administrative staff will make every attempt to accommodate each Patient's schedule so that follow-up treatment(s) can be completed as required. In the event that Patient cannot complete the recommended follow-up consultation(s) and/or treatment(s) as specified in their personalized treatment regimen, Patient acknowledges that Scottsdale Vein Center is indemnified and held harmless for such failure.

You may request additional information and/or clarification of any information specified herein from our administrative staff. Scottsdale Vein Center's administrative staff can be reached by telephone at 480-483-0208, or by email at either Veins@ScottsdaleVeinCenter.com, or Info@ScottsdaleVeinCenter.com.

Patient's signature

Date