Notice of Privacy Practices

Gilbert Physical Medicine
725 W Elliot Rd. #115
Gilbert, AZ 85233
480-545-0000
www.gpmedaz.com

Effective date: August 15, 2026

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.

This Notice applies to Gilbert Physical Medicine and the members of its workforce who provide or support your care. It explains your rights, our responsibilities, and the ways we may use and share protected health information (PHI).

Your Rights

Get an electronic or paper copy of your health record

- You may ask to inspect or receive an electronic or paper copy of your medical record and other health information we maintain about you.
- We will generally provide a copy or summary within 30 days after receiving a valid request. We may charge a reasonable, cost-based fee when permitted by law.

Ask us to correct your health record

- You may ask us to correct health information that you believe is incorrect or incomplete.
- We may deny a request in some circumstances, but we will explain the reason in writing within 60 days.

Request confidential communications

- You may ask us to contact you in a specific way, such as at a particular telephone number or mailing address.
- We will accommodate reasonable requests.

Ask us to limit what we use or share

- You may ask us not to use or share certain health information for treatment, payment, or health care operations. We are not always required to agree, particularly when the restriction could affect your care. If we agree, we may still share the information if it is needed for emergency treatment.
- If you pay for a service or health care item in full out of pocket, you may ask us not to disclose information about that service or item to your health plan for payment or health care operations. We will honor the request unless disclosure is required by law.

Receive an accounting of disclosures

- You may ask for a list of certain disclosures of your health information made during the six years before your request.
- The list will not include disclosures for treatment, payment, health care operations, or certain other disclosures excluded by law.
- We will provide one accounting in a 12-month period without charge. A reasonable, cost-based fee may apply to additional requests during the same period.

Receive a copy of this Notice

- You may request a paper copy at any time, even if you agreed to receive the Notice electronically.

Choose someone to act for you

- If a person has legal authority to act for you, such as a health care power of attorney or legal guardian, that person may exercise your rights.
- We will verify the person’s authority before acting on a request.

File a complaint

- You may contact our Privacy Officer if you believe your privacy rights have been violated.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting hhs.gov/hipaa/filing-a-complaint, calling 1-877-696-6775, or writing to 200 Independence Avenue SW, Washington, DC 20201.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your preferences about what we share. Tell us what you want us to do, and we will follow your instructions when the law allows.

You may make choices about whether we:

- Share information with family members, friends, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.
- Contact you about fundraising. If we contact you for fundraising, you may tell us not to contact you again.
- If we have substance use disorder patient records protected by 42 CFR Part 2, we will give you clear and conspicuous notice in advance and a choice about whether to receive fundraising communications that use those records.

We will obtain your written authorization before:

- Using or sharing psychotherapy notes, if we maintain them, except when the law permits otherwise.
- Using or sharing your health information for marketing when authorization is required.
- Selling your health information.

You may revoke an authorization in writing at any time. Revocation will not affect actions already taken in reliance on the authorization.

How We May Use and Share Your Information

Provide your care

We may use and share your health information with professionals involved in your care. For example, we may share relevant information with another provider participating in your evaluation or care.

Operate our practice

We may use and share your health information to operate our practice, coordinate services, improve quality, train staff, and contact you when necessary. For example, we may review records to evaluate and improve practice operations.

Bill for services

We may use and share your health information to bill you, a health plan, or another responsible payer for services provided to you.

For example, we may provide information about services you received to your health plan so it can process or pay a claim.

Help with public health and safety activities

We may share health information for activities permitted or required by law, including:

- Preventing or controlling disease.
- Reporting suspected abuse, neglect, or domestic violence.
- Reporting adverse reactions or product problems.
- Supporting product recalls.
- Preventing or reducing a serious threat to health or safety.

Conduct research

We may use or share health information for approved research when legal safeguards and required authorizations or waivers are in place.

Comply with the law

We will share information when federal, state, or local law requires it, including with the U.S. Department of Health and Human Services when it is reviewing our compliance with federal privacy law.

Arizona law also treats medical and payment records as privileged and confidential. When federal or Arizona law gives particular information greater protection, including certain behavioral-health or communicable-disease information, we will follow the more protective requirements before using or disclosing that information.

Respond to organ and tissue donation requests

We may share health information with organizations involved in organ, eye, or tissue donation and transplantation when applicable.

Work with medical examiners and funeral directors

We may share health information with a coroner, medical examiner, or funeral director when permitted or required by law.

Address workers' compensation, law enforcement, and government requests

We may use or share health information:

- For workers' compensation and similar programs.
- For law-enforcement purposes or with a law-enforcement official when legal requirements are met.
- With health oversight agencies for activities authorized by law.
- For military, national-security, protective-services, and correctional-institution purposes as permitted by law.

Respond to lawsuits and legal actions

We may share health information in response to a court or administrative order, subpoena, discovery request, or other lawful process when the applicable requirements are met.

Substance use disorder records

To the extent that we maintain substance use disorder patient records protected by 42 CFR Part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order and subpoena that meet applicable legal requirements.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 the Notice currently in effect.
- We must give you a copy of the Notice currently in effect.
- We will not use or share your information other than as described in this Notice unless you authorize us in writing or the law permits or requires the use or disclosure.

Changes to This Notice

We may change the terms of this Notice. Changes may apply to all health information we maintain, including information created or received before the change. A revised Notice will be available at our office, upon request, and on our website. The revised Notice will state its effective date.

Questions, Requests, or Complaints

Contact:

Curt Casady, Privacy Officer
Gilbert Physical Medicine
725 W Elliot Rd. #115
Gilbert, AZ 85233
480-545-0000
crc@gpmedaz.com

For emergencies, call 911. Do not use a privacy request or website appointment form for emergency care.