

Zaccari & Associates, LLC  
1717 North 77th Street, Suite 14  
Scottsdale, Arizona 85257

HIPAA Notice of Privacy Practices:

It is my legal duty to safeguard your protected health care information (PHI). By law I am required to insure that your PHI is kept private. Disclosure of your PHI will require your prior written authorization. Exceptions may be for treatment purposes; to obtain payment for treatment; and/or to secure emergency treatment if necessary.

Certain other disclosures that do not require consent include requirements by federal, state, or local law, judicial board or administrative proceeding or law enforcement.

You have the right to see and get copies of your PHI; the right to request limits on uses and disclosures of your PHI; and the right to choose how I send your PHI to you. You have the right to get a list of disclosures I have made, the right to amend your PHI, and the right to get this notice by email.

If you feel your privacy rights have been violated you are entitled to file a complaint to the:

Secretary of the Department of Health and Human Services  
200 Independence Ave, SW  
Washington, DC 20201

For additional information about the HIPAA Notice of Privacy Practices, please refer to the posted notice located on the reception office board. A copy will be provided upon request.

I have reviewed the above information and am satisfied that my questions have been answered.

Signature: \_\_\_\_\_ Date \_\_\_\_\_