



Desert Holistic Health PLLC
9188 E San Salvador Dr.
Suite 205
Scottsdale, AZ 85258
Phone: 480.336.4195
Fax: 480-999-4968
www.deserth.com

HIPAA Consent and Financial Policy

Date _____ Name _____ DOB _____

Desert Holistic Health and its employees are required by law to protect your health information. We have the right to change this notice, and if we do so we will notify you in writing. If we bill your insurance for any visits then we have an obligation to share information with your insurance company and our billing company. We may disclose information to attorneys, accountants, or credit card processors for legal purposes and general healthcare operations. We may also use your information without your consent for the following reasons: Emergency situations when we are unable to obtain your consent, when required by law, product recalls, victim of abuse/neglect/domestic violence, for public health activities (such as required reportable diseases), lawsuits and worker's compensation. You have the right to decide how personal health information (PHI) is communicated, make amendments to your PHI, and obtain copies of your PHI. You have a right to the list of any disclosures we have made. If you feel we have violated your privacy rights you may contact the US Departments of HHS government center. Any disclosure of your personal health information would require your prior written consent; this includes obtaining copies for yourself. PHI copy requests may take up to 10 days to receive. We will not disclose your PHI to any other healthcare provider without your written consent. In some cases it may be necessary for us to collaborate with your healthcare provider prior to initiation of a health program, in that case you will be notified of this and can choose to move forward or not.

Signature _____

Thank you for choosing Desert Holistic Health as your primary care provider. We are committed to providing you with quality and affordable healthcare. We ask all patients to review and sign this policy, asking questions as necessary. A copy will be provided to each patient upon request. All patients are required to have a credit card on file in the event of a no-show, late cancellation, or a due balance on the account.