



15531 W. Bell Road Suite 212-15, Surprise AZ 85374  
Phone: 602-492-8727 | Fax: 329-202-3846  
Website: [www.valorpsych.com](http://www.valorpsych.com) | Email: [info@valorpsych.com](mailto:info@valorpsych.com)

## Notice of Privacy Practices

### Effective Date:

08/04/2025

Please read this Notice carefully. It explains how your medical information may be used and disclosed, how it is protected, and how you can access it.

### I. Applicability of This Notice

This Notice applies to all providers and affiliates operating under Valor Psychiatry.

### II. Our Legal and Ethical Duties

We are committed to protecting the confidentiality of your personal health information. This includes medical records we generate in the course of your care—such as notes on symptoms, diagnoses, test results, treatment plans, and referrals—as well as related billing and insurance information.

We are legally required to:

1. Protect the privacy of your health information in accordance with applicable federal and state laws;
2. Provide you with this Notice outlining our legal duties and privacy practices regarding your health information; and
3. Abide by the terms of this Notice as long as it remains in effect.

### III. How to Contact Us

If you have questions about this Notice or wish to discuss your health information rights, please contact:

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#### **IV. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

Federal and Arizona law allows us to use and share your health information for purposes related to treatment, payment, and health care operations—without requiring your authorization. However, in some cases, ethical guidelines or state laws may require your written or verbal consent prior to certain disclosures.

All providers affiliated with Valor Psychiatry may share your information as necessary to coordinate care, manage billing, or operate our services effectively.

#### **V. Other Uses and Disclosures Permitted Without Authorization**

We may also disclose your health information for the following purposes, where permitted or required by law:

- Abuse, Neglect, or Domestic Violence: We may report suspected abuse or neglect to appropriate authorities. When optional, we will use professional judgment and notify you when feasible.
- Appointment Reminders & Services: We may contact you with reminders or to share information about treatment alternatives and health-related services.
- Business Associates: Third parties assisting us (e.g., billing, IT services) may access your information under strict confidentiality agreements and only as necessary to perform contracted services.
- Communicable Diseases: We may notify individuals who may have been exposed to communicable diseases, as permitted by law.
- Family, Friends, or Others Involved in Your Care: If you are present and agree, or if you are unavailable due to incapacity or emergency, we may share limited relevant information with those involved in your care using professional judgment.
- Coroners, Medical Examiners, Funeral Directors: We may release information to assist in identifying deceased individuals or to support post-mortem procedures.
- Disaster Relief: We may share information with authorized organizations to aid in disaster response.
- FDA Disclosures: We may report issues related to medications or devices to the FDA or related agencies.
- Health Oversight: We may cooperate with oversight agencies for audits, investigations, or inspections.
- Judicial or Administrative Proceedings: We may be required to disclose information in legal proceedings.
- Law Enforcement: We may share information for law enforcement purposes such as



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locating fugitives or reporting crimes, when legally mandated.

- Minors: Disclosure to parents or guardians is subject to Arizona law, including exceptions where a minor independently consents to treatment.
- Notification Purposes: We may inform a family member or legal representative of your location or condition if necessary for care or in emergencies.
- Organ and Tissue Donation: We may share information with organizations involved in donation or transplantation.
- Public Health Reporting: We may report disease, injuries, or vital events to public health authorities as required.
- Public Safety: We may disclose information to prevent or reduce serious threats to health or safety.
- Required by Law: We will comply with federal, state, or local laws requiring disclosure.
- Research: We may release information for approved research projects that meet privacy standards, including IRB oversight.
- Specialized Government Functions: We may disclose information for lawful government activities such as military, national security, or correctional institution purposes.
- Workers' Compensation: Disclosures may be made in accordance with laws governing work-related injuries or illnesses.

## **VI. Psychotherapy Notes**

Psychotherapy notes are kept separate from your general medical record. These notes document conversations during individual therapy and are not part of standard treatment records. Disclosure of psychotherapy notes requires your written consent, except in limited situations (e.g., safety concerns or mandatory abuse reporting). You may not be compelled to authorize their release to obtain insurance coverage or benefits, and they are not accessible as part of standard medical record requests.

## **VII. Your Rights Regarding Your Health Information**

You have the following rights, subject to applicable limitations:

1. Request Restrictions: You may request limitations on how your information is used or shared. We are not obligated to agree but will consider all reasonable requests.
2. Request Confidential Communications: You may request to receive communications by alternate means or at alternative addresses (e.g., mailing records to a P.O. Box).
3. Access to Records: You may request to inspect or receive copies of your health records. If access is denied, we will explain why and your options for review.
4. Request Amendments: You may request corrections to your health records if you believe



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they are inaccurate or incomplete. We will respond in writing and inform you of your rights if we deny your request.

5. Accounting of Disclosures: You may request a list of disclosures made outside of treatment, payment, or operations. One request per year is free; additional requests may incur a reasonable fee.

6. Request a Paper Copy: You may request a printed copy of this Notice at any time.

All requests must be submitted in writing to the contact listed in Section III.

### **VIII. Complaints or Questions**

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services:

Valor Psychiatry  
15531 W. Bell Road, Suite 212-15  
Surprise, AZ 85374  
Phone: 602-492-8727

U.S. Department of Health and Human Services – Office for Civil Rights  
200 Independence Avenue, S.W. – Room 509F  
Washington, D.C. 20201  
Phone: 1-800-368-1019  
Email: [OCRprivacy@hhs.gov](mailto:OCRprivacy@hhs.gov)

Arizona Division of Behavioral Health Services – Office of Human Rights  
150 N. 18th Ave, #210  
Phoenix, AZ 85007  
Phone: 602-364-4558

You will not be penalized or denied services for filing a complaint.

### **IX. Changes to This Notice**

We reserve the right to change the terms of this Notice at any time. Any revisions will apply to all health information we maintain, including information collected before the change. Material changes will be communicated by posting the revised Notice in our office and on our website, and making it available upon request.