

## Arizona Medical Center Notice of Privacy Practices

**This Notice of Privacy Practice (“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.**

### **What this is:**

This Notice describes the privacy practices of Arizona Medical Center all employees, staff, and other personnel (the “Practice”). Privacy practices refers to the ways we may use and disclose your medical information, and certain obligations we have regarding the use and disclosure of your medical information. The Notice also describes your rights regarding the use and disclosure of your medical information.

### Our Obligations:

We are required by law to:

- Maintain the privacy of your Protected Health Information (“Protected Health Information” or “PHI”)
- Give you this Notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our Notice that is currently in effect
- Notify you following a breach of privacy of your PHI
  - o If you are a minor, or otherwise incapacitated, we will notify your parent/guardian, or other person responsible for you.

### How we may Use and Disclose your Health Information

#### **Permitted Routine Uses and Disclosures for Treatment, Payment and Health Care Operations**

Your Protected Health Information will be used and disclosed to support your care and treatment, to ensure that we will receive payment for charges and to support our administrative operations.

*Descriptions and examples of these permitted routine uses and disclosures include:*

**Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment related health care services, such as diagnosing and treating your injury or illness. We may also disclose your PHI to others who are involved in your treatment such as pharmacy, medical record and radiology entities. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Payment:** We will use your PHI to obtain payment for our services that we provide to you, for example to identify our claims for payment from your health insurer. Your insurance carrier may require us to disclose your PHI before and or after services are provided to you to determine eligibility, verification of benefits, pre-authorization and insurance billing. We may also give information to someone who helps pay for your care.

**Health Care Operations:** We may use your PHI for our health care operations which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care and customer service that we deliver to you. For example, we may use PHI to assess the quality of the care provided by our physicians, nurses and other health care professionals. We will use this information to continually improve the quality and the effectiveness of the healthcare and services we provide.

We may also share your PHI with third party “business associates” that perform certain activities (e.g. billing, collections, etc.) on our behalf. In these instances we will have written agreements in place to protect your privacy.

#### **Possible Uses and Disclosures for Which You Do Not Have an Opportunity to Object**

There are some circumstances that require Arizona Women’s Health Center/ Arizona Medical Center to use or disclose your information. We must do so without your authorization and you will not have an opportunity to object.

*General situations include:*

**When Required by Law:** We may use or disclose your PHI to the limited extent required by law. You will be notified, if required by law, of any such uses or disclosures.

**To Demonstrate Our Compliance:** The Department of Health and Human Services or similar regulatory agency may require us to disclose your PHI so that we can demonstrate our compliance with laws or if non-compliance is suspected.

*Specific situations include:*

**Abuse or Neglect:** Consistent with applicable state and federal laws we may be required to provide PHI to a public health or civil authority when child abuse, neglect or domestic violence, or elder abuse or neglect, disabled persons abuse or neglect, or rape or sexual assault may have occurred.

**Criminal Activity:** We may disclose PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

**Law Enforcement:** We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order, administrative hearing, subpoena, or other lawful process.

**Public Health:** We may disclose your PHI to a public health authority for public health activities such as controlling disease, injury or disability.

**Communicable Diseases:** We may disclose your protected health information to a person who may have been exposed to certain communicable diseases or may be at risk of contracting or spreading the disease or condition.

**Health Oversight Activities:** We may disclose PHI to health oversight, regulatory and accreditation agencies for purposes such as audits, investigations and inspections.

**Food and Drug Administration:** We may disclose your PHI as required by the FDA to report adverse events, product defects or deviations to enable product recalls, repairs or replacements or to perform oversight activities.

**Birth Information:** We may disclose PHI to report information related to birth and subsequent health of an infant to state government agencies as required by law.

**Death Information:** We may disclose PHI to file a death certificate and report fetal deaths.

**Abortions:** We may disclose PHI to report abortions performed after 24 weeks of pregnancy to state government agencies as required by law.

**Correctional Institutions:** If you are in custody we may disclose to the correctional institution or agents thereof health information necessary for your health and safety of other individuals.

**Workers Compensation:** We may disclose your PHI to the Industrial Accident Board as required under laws addressing work-related illnesses and injuries.

**Judicial and Administrative Proceedings:** We may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**Law Enforcement Officials:** We may disclose PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**National Security and Military Activities:** We may disclose your PHI to federal officials authorized to conduct national security and intelligence activities

**Decedents:** We may disclose PHI to a coroner or medical examiner as authorized by law.

**Organ and Tissue Procurement:** If you are an organ donor, we may disclose your PHI to organizations that facilitate organ, eye, or tissue procurement, banking or transplantation.

**Research:** We may use or disclose PHI for research purposes if an Institutional Review Board/Privacy Board approves a waiver of authorization for such use or disclosure.

**Ordered Examination.** We may disclose PHI when required to report findings from an examination ordered by a court or detention facility.

**As required by law:** We may use and disclose PHI when required to do so by any other law not already referred to in the preceding categories.

#### **Possible Uses and Disclosures for Which You May Object**

If the use or disclosure of your PHI is not routinely permitted or legally required, you may have the opportunity to impose limitations on its use and disclosure.

*Specifically you may limit:*

#### **Disclosures to Family Members, Relatives, Personal Representatives:**

We may disclose PHI to a family member, other relative, or a close personal friend who is involved in your care or payment for your care, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, and do not object to such disclosure after being given the opportunity to do so. We may also disclose your PHI to such person with your verbal agreement or written consent.

If you are incapacitated or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition, or death.

#### **Uses and Disclosures Permitted Only With Your Written Authorization**

In circumstances not covered above or described in this Notice herein, use or disclosure of your PHI will occur only with your written authorization on our authorization form. These cases include requests you make to Arizona Women's Health/Arizona Medical Center as well as requests we may receive from third parties. For instance, you will need to provide us with written authorization to release PHI to your life insurance company, child's camp or school or an attorney.

#### **Highly Confidential Information**

Federal and state law requires special privacy protections for certain highly confidential information about you, including:

- Your HIV/AIDS status,
- Genetic testing information,
- Mental/behavioral documentation,
- Confidential communications with a psychotherapist, psychologist, social worker, allied mental health professional or human services professional,
- Substance abuse treatment or rehabilitation information,
- Venereal disease information,
- Abortion consent forms,
- Mammography records,
- Family planning services,
- Treatment or diagnosis of emancipated minors and mental health records,
- Research involving controlled substances.

In order for us to disclose highly confidential information we must have your specific written consent unless we are otherwise permitted by law to make such disclosure.

In addition, if you are an emancipated minor, or we are treating you as a mature minor without parental consent as allowed under Arizona law, certain information relating to your treatment or diagnosis may be considered highly confidential, and as a result will not be disclosed to your parent or guardian without your consent. You consent is not required, however, if a physician reasonably believes your condition to be so serious that your life or limb is endangered. Under such circumstances, we may notify your parents or legal guardian of the condition, and will inform you of any such notification.

Please note that if you are a parent or legal guardian of an emancipated minor, certain portions of the emancipated minor's medical record (or, in certain instances, the entire medical record) may not be accessible to you.

#### **Marketing Communications**

We must obtain your written authorization prior to using PHI to send you any marketing materials. We can, however, provide you with marketing materials in a face-to-face encounter, without obtaining your marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining your Marketing Authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments therapies, providers or care settings without your marketing authorization and we may

use PHI to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.

#### **Your Rights**

*These are your privacy rights and how you can protect them:*

**You have a right to obtain a written copy of this Notice.** You may obtain a copy of this Notice at the time of your appointment or by written request, even if you agreed to receive such Notice electronically.

**You have the right to inspect and obtain a copy your protected health information.** Requests to inspect or obtain a copy of your medical and billing records must be submitted in writing. We may charge a reasonable fee for copies of records. In some cases laws may restrict access to information and we may be required to deny access. For example, certain information, like psychotherapy notes, may be withheld from you in certain circumstances. If you are denied access, you may ask that the denial be reviewed by a licensed health care provider at the practice.

**You have the right to request that we amend your protected health information.** Should you disagree with any information in your medical file you may request an amendment in writing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or that special circumstances apply.

**You have the right to receive confidential communications.** You may request special handling for communication of confidential matters. You may request to receive PHI by alternative means of communication or at alternative locations. All such requests must be made in writing. We will accommodate reasonable requests.

**You have the right to request additional restrictions on certain uses and disclosures of PHI.** You may request restrictions on our use and disclosure of PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. All requests for such restrictions must be made in writing. If you request such a limitation on any family member we will not be able to bill your family's health plan and you will have to be financially responsible to pay us for your care. You may not ask us to restrict disclosures that we are legally required to make. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.

However, if you pay for service(s) in full, out-of-pocket, and you request that we not share any information about the service(s) to your health plan for purposes of carrying out payment or health care operations, we will comply with your request, unless otherwise instructed by law.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** Your request must be received in writing. You may request an accounting of disclosures for any time period that does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003.

**You have the right to revoke your authorization.** You may revoke any authorization you have given by providing us with a written revocation statement. However, such revocation does not apply to uses or disclosures made in reliance on authorization given prior to revocation.

#### **Further Information and Complaints**

If you desire further information about your privacy rights, or if you believe that your privacy rights have been violated or if you disagree with a decision we made about access to your PHI, you may file a complaint Arizona Medical Center and with the Secretary of Health and Human Services. Arizona Medical Center support your right to file a complaint and will not take any retaliatory action against you for doing so.

To file a complaint or for additional information about the complaint process please contact our Office Manager at: Arizona Medical Center, 2095 W 24<sup>th</sup> St., Suite A, Yuma, AZ 85364

#### **Right to Change Terms of this Notice**

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice.