



Notice of Privacy Practices

OUR DUTIES REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

The Law requires us to:

Take reasonable steps to protect medical information that identifies you from unauthorized disclosure. Give you this notice of our legal duties and privacy practices with respect to medical information about you; and Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosure we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, clinicians, case managers, or other agency personnel who are involved in your care at the agency. Different departments of the agency may also share medical information about you in order to coordinate the different things you need, such as appointments, prescriptions, case management, and transportation. We may also disclose medical information about you to people outside the agency who may be involved in your care, such as family members, clergy, or others we use to provide services that are part of your care (unless otherwise prohibited by state and federal law).
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the agency may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information. About the service you received at the agency so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Agency Operations:** We may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our consumers receive quality care. For example, we may use medical information to review our



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quality of services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many agency consumers to decide what additional services the agency should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to doctors, nurses, clinicians, case managers, and other agency personnel for review and learning purposes. We may also combine the medical information we have with medical information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study behavioral/community health care and delivery without learning who the specific consumers are.

- **Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment/service options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Marketing:** We may use or disclose medical information about you when we have face-to-face conversations with you about products or services that may be beneficial to you.
- **Fundraising Activities:** We may use medical information about you to contact you in an effort to raise money for the agency and its operations. We may disclose medical information to a foundation related to the agency so that the foundation may contact you in raising money for the agency. We would only release contact information, such as your demographic information and the dates you received treatment or services at the agency. If you do not want the agency to contact you for fundraising efforts, you must notify the Site/Program Director/Designee in writing.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are attending the agency (unless otherwise prohibited by state and federal law). In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication or form of treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through the research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example to help them look for consumers with specific medical needs, so long as the medical information they review does not leave the agency. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your case at the agency.



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- **As Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Worker's Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury, or disability.
 - to report births and deaths.
 - to report child abuse or neglect.
 - to report reactions to medications or problems with products.
 - to notify people of recalls of products they may be using.
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
 - to notify the appropriate government authority if we believe a consumer has been a victim of abuse, neglect, or domestic violence. We will make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, licensure, and disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose medical information about you to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. Someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order



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protecting the information requested. Law Enforcement: We may release medical information of asked to do so by a law enforcement official.

- As required by law
 - In response to a court order, subpoena, warrant, summons, administrative request, or similar process.
 - To identify or locate a suspect, fugitive, material witness, or missing person.
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
 - About a death we believe may be the result of criminal conduct.
 - About criminal conduct at the agency; and
 - In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials; for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates:** We may disclose medical information about you if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) for the institution to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. If you revoke your permission that was obtained as a condition of obtaining insurance coverage, other law still allows the insurance company to contest a claim under the policy.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:



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- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment/services, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a group session or doctor appointment you had. We are not required to agree to your request. If we do not agree, we will comply with your request unless the information is needed to provide emergency treatment for you. To request restrictions, you must make your request in writing to site/program director/designee. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Site/Program Director/Designee. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted and must contain a statement that disclosure of all or part of your medical information that you are requesting to be communicated to you in a certain way or at a certain location could endanger you.
- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include information compiled in anticipation of a legal proceeding or psychotherapy notes. To inspect and request a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the Site/Program Director/Designee. If you request a copy of the information, we may charge a fee for the costs of copying, matting or other supplies associated with your request and will provide you with access and/or copies within 30 days. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the agency will review the request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.
- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency. To request an amendment, your request must be made in writing and submitted to the Site/Program Director/Designee. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend the information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
 - Is not part of the medical information kept by or for the agency.
 - Is not part of the information which you would be permitted to inspect and copy; or



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- Is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit this request in writing to the Site/Program Director/Designee. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list, for example, on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.
- **Right to choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Site/Program Director/Designee.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the agency. The notice will contain the effective date under a heading on the first page. In addition, each time you register or are admitted in the agency for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency contact:

Nancy Lipman Vice President of Compliance
1008 E Buckeye Rd Phoenix, AZ 85034

(844) 469-6366 Third Party Hotline
privacy@cplc.org

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

If a state or federal law is more restrictive than what is written in this HIPPA notice, that law will supersede HIPAA.

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