

Arizona Community Protection and Treatment Center (ACPTC)

Notice of Privacy Practices

THIS 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

The Arizona Department of Health Services (ADHS), ACPTC is committed to protecting your medical information. The ACPTC is required by law to maintain the privacy of your medical information, provide this Notice to you, and abide by the terms of this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time and we will provide a revised Notice to you as required by law.

Confidentiality Practices and Uses

Protected Health Information (PHI) -- PHI is information we obtain and create in providing our services to you. Such information may include documentation of your symptoms, examination and test results, diagnosis and treatment. It also includes billing documents for those services.

If we disclose your PHI to a business associate in order for that entity to perform a function on our behalf, we must have in place an agreement from the business associate that it and its subcontractors will extend the same degree of privacy protection to your information that we do.

If a use or disclosure is not described in this Notice, we will not make that use or disclosure without your written authorization.

USES AND DISCLOSURES PER LAW NOT REQUIRING YOUR PERMISSION

The ACPTC may access, use and/or share this medical information for the purposes of the following:

- **Treatment** -- To appropriately determine approvals or denials of your medical treatment. For example, your PHI will be shared among members of your treatment team.
- **Payment** -- We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, your health care provider may send claims for payment to Medicare for medical services provided to you, if applicable.
- **Health Care Operations** -- We may use or disclose your PHI, as needed, in order to improve the quality of your care. For example, members of the treatment team may share PHI to assess the care and outcomes in your case.
- **When Required by Law** -- We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence; for a crime committed on the premises; or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **For Public Health Activities** -- We may disclose PHI when we are required to collect information about disease or injury; to report vital statistics; or to report the results of public health surveillance, investigations, or interventions.
- **For Health Oversight Activities** -- We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral health care system, government programs and compliance with civil rights laws.
- **Relating to Decedents** -- We may disclose PHI relating to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations with regard to anatomical gifts. Unless an individual indicated otherwise before death, we also may disclose PHI related to the individual's death to family members, friends, or others who were involved in the individual's care or payment for care before death.
- **For Research Purposes** -- We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information. We will obtain your written authorization if the researcher will further use or disclose your medical information.

- **To Avert Threat to Health or Safety** -- In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm
- **For Specific Government Functions** -- We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

We are required to have your written authorization for the following. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in based upon your authorization.

- **Substance Abuse Health Information** -- All PHI regarding substance abuse is to be kept strictly confidential and released only in conformance with the requirements of federal law (42 United States Code 290dd-2 and 42 Code of Federal Regulations, Part 2). Disclosure of any medical information referencing alcohol or substance abuse may be made only with your written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose.
- **HIV Information** -- All PHI regarding HIV is kept strictly confidential and released only in conformance with the requirements of state law. Disclosure of any medical information referencing HIV status may only be made with your written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose.
- **Other Uses or Disclosures Requiring Authorization** -- We may not use or disclose your PHI without your written authorization if the use or disclosure would constitute a sale of PHI. We may not use or disclose your PHI for marketing purposes without your written authorization. Most uses and disclosures of your psychotherapy notes will require your written authorization. There may be other uses and disclosures of your PHI for which we will seek your written authorization.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law:

- **To Families, Friends or Others Involved in Your Care** -- We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people or notify them about your location and general condition, or death.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- **Right to Request Restrictions** -- You have the right to request that we restrict uses or disclosures of your health information to carry out treatment, payment, health care operations, or communications with family, friends, or other individuals. In most situations, we are not required to agree to a restriction. If disclosure is required by law, we cannot agree to your request to restrict. If you request that we restrict specified disclosures of PHI to a health plan regarding a health care item or service for which you paid out of pocket in full, we must agree to the restriction.
- **Right to Request Confidential Communications** -- You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. This request must be in writing. We must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of the information could endanger you.
- **Right to Inspect and Copy** -- You have the right to review your record (while a resident at ACPTC, only in the presence of ACPTC staff) and to get a copy of your record (the law requires us to keep the original record). This could include your medical record, your billing record, and other records we use to make decisions about your care. You may agree to a summary or explanation of such information. To request your health information, submit a written request to your unit manager or program manager. We may charge a reasonable, cost-based fee for the costs of copying, including labor, postage, and the cost of preparing a summary or explanation if applicable. If you request a copy or a summary or explanation of your information, we will tell you in advance what this will cost. We may deny your request to inspect and copy in certain circumstances as defined by applicable ACPTC policy and as specified by law.
- **Right to Amend** -- If you examine your medical information and believe that some of the information is incorrect, you may ask us to amend your record. The request must be in writing. Your request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete.

- **Right to Receive an Accounting of Disclosures** -- You have the right to receive an accounting of disclosures of your health information. This generally does not include disclosures made to carry out treatment, payment and health care operations; disclosures made to you; communications with family and friends; for national security or intelligence purposes; or to correctional institutions or law enforcement officials. We will respond to your written request for such a list within the time frame specified by law. Your first request for accounting in any 12-month period shall be provided without charge. A reasonable, cost-based fee shall be imposed for each subsequent request.
- **You have the right to receive this Notice** -- You have the right to receive a paper copy of this Notice.
- **You have the right to be notified of a breach of your PHI** – In the event of a breach of your PHI that is created, received, or maintained by us or by a business associate or the business associate’s subcontractor, you will receive written notification as specified by law.

HOW TO FILE A COMPLAINT IF YOU BELIEVE YOUR RIGHTS HAVE BEEN VIOLATED

If you have questions about this Notice or any complaints about our privacy practices, please contact the ACPTC's Privacy Official by calling 602-220-6191.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

*U.S. Department of Health and Human Services
Office for Civil Rights
Regional Manager – Region IX
90 7th Street, Suite 4-100
San Francisco, California 94103
Phone: (415) 437-8310
Toll Free: 1-(800) 368-1019
Online Complaint: www.hhs.gov/ocr/privacy/hipaa/complaints*

If you make such complaints, retaliatory action is not permitted.

Effective Date: This Notice is effective on September 23, 2013.