



NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical, drug and alcohol related information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

We are required by law to maintain the privacy and confidentiality of information about you, your health and health care, and payment for the services we provide you. Information regarding your health care, including payment for your care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Confidentiality Law, 42 C.F.R. Part ("Part 2").¹ There are additional state law protections.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 10 working days of your request. We may charge a reasonable, cost-based fee.
- You may also access your records through PIR's "patient portal." Ask us about this free service and how we might assist you to register to use it.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

¹ HIPAA can be found at 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164. HIPAA protects your health information whether or not you receive services for drug or alcohol services. Part 2 can be found at 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Part 2 does not allow us to acknowledge to anyone outside our program that you receive services for drug or alcohol services except under certain circumstances.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. If you receive drug or alcohol treatment services from us, you must give us permission to bill for those services. Only in the case of alcohol or drug treatment services, if you decide not to let us share information for billing purposes, we could deny those services to you.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer who is MaryLou Galaviz at (602) 995-6282 or MaryLou.Galaviz@azpir.org.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. A violation of the Confidentiality Law (Part 2) is a crime and any suspected violations should be reported to the United States Attorney for Arizona.
- We will not retaliate against you for filing a complaint.

Right to receive a notice from us if we think your personal health information has been improperly disclosed (often called a “breach”)

We will notify you in accordance with state and federal law if we discover a breach has occurred such that your protected health information has been compromised. If we decide this notice is necessary, it will happen after we do an investigation according to the state and federal laws.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- If you are applying for or receiving services for drug or alcohol abuse, we may not acknowledge to a person outside of our program that you attend our program or in any way that identifies you as attending our program

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures: How do we typically use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

To provide you services and treatment

Without your consent we can use your health information and share it with other professionals who are treating you unless we provide you with drug or alcohol services and then we need your consent to share information.

To operate our business

Sometimes we have agreements with other organizations that either help us with services or help us with running our business and our agreements allow us to share information. These agreements comply with federal law and require these organizations to treat information the same way we do.

To bill for our services

Without your consent, we may use your information to bill for our services that we have provided but only with your consent for drug and alcohol services.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research, respond to audits, investigations or evaluations

We can use or share your information for health research, audits, investigations or evaluations of our programs.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- These general rules change if your health information includes anything about alcohol or drug abuse treatment services, and we will tell you about these differences.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Working with a health information exchange

We also share information with a health information exchange (“HIE”). An HIE is a big database that allows us to coordinate with other providers and improve your care. We will talk with you about the HIE, and you can tell us if you don’t want your information shared.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.