



Notice of Privacy Practices

Effective Date: February 1, 2006

Our Family is committed to protecting your health information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to this protected health information. Our Family is required by law to abide by the terms of this notice; however, Our Family reserves the right to change the terms of this notice. Our Family is required to follow the terms of the notice currently in effect. Any revisions to this notice will be posted at all sites with the effective date indicated, and paper copies of this notice will be provided upon request. Any questions about this notice should be addressed to Our Family's Privacy Officer at (520) 323-1708.

This "Notice of Privacy Practices" applies to all records generated and/or maintained by Our Family that may contain protected health information about you. This Notice does not apply to records in programs of Our Family that do not collect protected health information on consumers, such as parenting classes, support groups, or community mediation services.

This Notice describes how Our Family may use and disclose your protected health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. "Protected health information" is information about you that may identify you and that relates to your past, present, or future behavioral health and related health care services.

HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

- ⇒ **For Treatment.** We may use your protected health information to provide you with behavioral health or medical treatment or services. We may disclose your protected health information to psychiatrists, your primary care physician, nurses, therapists, case managers and other behavioral health professionals who are involved in your care. Different programs of Our Family may also share your protected health information with each other for the purpose of arranging the care you need. Whenever possible, we will obtain your signed authorization for treatment disclosures as a way to inform and involve you with the course of your treatment, although this is not required in all cases.
- ⇒ **For Payment.** We may use and disclose your protected health information so that the treatment and services you receive may be billed and payment may be collected from appropriate payors, an insurance company or a third party. We may also need to obtain prior authorization to determine whether your insurance or other payor will cover the services.
- ⇒ **For Health Care Operations.** We may use and disclose your protected health information for internal operations, such as quality improvement case reviews, employee review activities, or licensure and accreditation activities. These uses and disclosures ensure our consumers receive quality care. We may send you a satisfaction survey to determine how we can improve services.

⇒ **Research.** Under certain limited circumstances, we may use and disclose your protected health information for research purposes. All research projects are subject to a special approval process. We will ask for your written authorization if the researcher will have access to your name, address or other information that reveals who you are.

SUBSTANCE ABUSE AND HIV HEALTH INFORMATION. All medical information concerning alcohol, substance abuse or HIV is kept strictly confidential in accordance with federal law and regulation (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3, 42 C.F.R. part 2) and state law (A.R.S. 36-664). Disclosure of any medical information referencing alcohol, substance abuse or HIV 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.

SPECIAL CIRCUMSTANCES

Our Family may disclose your protected health information *without your written authorization* in the following situations.

⇒ **To Avert a Serious Threat to Health or Safety.** We may disclose your protected health information when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person.

⇒ **Abuse and Neglect Reporting.** We may disclose your protected health information to an authority that is authorized by law to receive reports of possible abuse or neglect (e.g. Tucson Police Department, Pima County Sheriff's Department, Child Protective Services, Adult Protective Services). In addition, Our Family may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable laws.

⇒ **Health Oversight Activities.** We may disclose your protected health information 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.

⇒ **Law Enforcement.** We may disclose protected health information about you if asked to do so by law enforcement officials:

- In response to a court order, warrant, summons, or similar lawful process that complies with Arizona law and Our Family policies and procedures;
- About criminal conduct at any Our Family facility; or
- In emergency circumstances.

⇒ **Coroners, Medical Examiners and Funeral Directors.** We may disclose protected health information to a coroner or medical examiner if necessary to identify a deceased person or determine the cause of death. Protected health information may also be disclosed to funeral home directors as necessary to carry out their duties.

⇒ **As Required By Law.** We will disclose protected health information about you when required to do so by federal, state, or local law, and/or as required for national security or protective services.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights with respect to the protected health information OUR FAMILY maintains about you:

⇒ **Right to Access.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually this includes progress notes, evaluations or assessments, treatment plans, and billing information, but is not limited to only that information. If you wish to inspect and/or obtain a copy of your medical information, contact your worker or Our Family's Privacy Officer, who will provide you with a request form to complete. If you request a copy of the information, you may receive one copy at no cost each year. For any additional copies during the same year, you may be charged a fee for the costs of copying, mailing, or other supplies associated with your request. You will not be allowed to remove your original record.

Your request to inspect and copy your protected health information may be denied in certain very limited circumstances. If you are denied access to all or any part of your protected health information, you may request that the denial be reviewed. Information regarding how to initiate that review process will be provided in writing at the time of any denial of your access to your protected health information.

⇒ **Right to Amend.** If you feel that the protected health information we have about you is incorrect or incomplete, you may ask that the information be amended. To request an amendment, your request must be submitted in writing to your worker or Our Family's Privacy Officer. You must provide a reason that supports your request. If your request is not made in writing or does not include a reason that supports such as request, Our Family may deny your request. In addition, Our Family may deny your request if you ask us to amend information that:

- Was not created by Our Family, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information maintained by Our Family;
- Is not part of the information which you would be permitted to inspect or copy; or
- Is accurate and complete.

⇒ **Right to an Accounting of Disclosures.** You have the right to request a list of disclosures Our Family has made of protected health information about you to others except for the purposes of treatment, payment, or health care operations specified above. Any request for a list of disclosures must be made in writing to your worker or Our Family's Privacy Officer. Your request must state a time period that may not be longer than six years and cannot include dates prior to April 14, 2003. Your written request should dictate the form in which you wish to receive this list. The first list requested in a 12-month period will be provided free of charge to you. For any additional lists requested, you will be charged the cost of providing the information to you.

⇒ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information Our Family would use or disclose about you for treatment, payment, or health care operations. To request a restriction, you must make your request in writing to your worker or Our Family's Privacy Officer. In your request, you must tell us what information you want to restrict, and to whom you want the restriction to apply.

Our Family is not required to agree to your request, particularly if it is not in accordance with Arizona or Federal law. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or to meet orders of the court.

⇒ **Right to Request Confidential Communications.** You have the right to request that Our Family communicates 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 your worker or Our Family's Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

⇒ **Right to Paper Copy of this Notice.** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any Our Family staff member.

COMPLAINTS

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to:

Privacy Officer
Our Family
P.O. Box 40250
Tucson, AZ 85717
(520) 323-1708

If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services.

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to Our Family will be made only with your written permission. If you provide us permission to use or disclose protected health 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 reasons covered in your written authorization. Understand that Our Family is unable to take back any disclosures already made with your permission, and that Our Family is required to retain our records of the care and services we provide to you.