



## **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 READ CAREFULLY**

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we 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. It also describes your rights to access and control your protected health information in some cases. Your “protected health information” means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

### **Uses and Disclosures of your protected health information:**

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual.

Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person.

Protected health information contains specific information that identifies a person or can be used to identify a person. Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. Prescott Heart, can act as each of the above business types. This medical information is used by Prescott Heart, in many ways while performing normal business activities.

Your protected health information may be used or disclosed by Prescott Heart, for purposes of treatment, payment, and health care operations. Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. Prescott Heart, may use or disclose your health information for case agreement and services. Prescott Heart, may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided to you.

Your information may be used by certain department personnel to improve the department’s health care operations. The department also may send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the department’s divisions, bureaus, and offices.
- Investigations and audits by the state are Inspector General and Auditor General and the legislature’s Office of Program Policy Analysis and Government Accountability.
- Public health purposes including vital statistics, disease reporting, public health surveillance, investigations, interventions and regulation of health professionals.
- District medical examiner investigations.
- Research approved by the department.
- Court orders, warrants, or subpoenas.
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

### **Individual Rights**

**You have the right to request Prescott Heart, to restrict the use and disclosure of your protected health information** to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The AHRC privacy department is not required to agree to any restriction.

**You have the right to be assured that your information will be kept confidential.** Prescott Heart, may mail or call you with health care appointment reminders. We will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

**You have the right to inspect and receive a copy of your protected health information.** Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the AHRC privacy department.

**You have the right to correct your protected health information.** Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. Prescott Heart, may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the department,
- Is not protected health information,
- Is by law not available for your inspection, or
- Is accurate and complete.

If your correction is accepted, the department will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The department will respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

**You have the right to receive a summary of certain disclosures** Prescott Heart, may have made of your protected health information. This summary does **not** include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures for health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.
- Disclosures prior to [Practice decides date here].

This summary **does** include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6-year period from the date of your request. If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

### **Complaints**

You have the right to express complaints to the provider and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the provider by contacting the provider's Privacy Officer verbally or in writing, using the contact information below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### **Contact Person**

The provider's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer, Vera Aguayo. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the provider can be mailed to the Privacy Officer by sending it to: 1848 E. Thomas Rd, Suite 100, Phoenix, AZ 85016

### **Effective Date**

This Notice of Privacy Practices is effective beginning October 14, 2019, and shall be in effect until a new Notice of Privacy Practices is approved and posted.