

**NOTICE OF PRIVACY PRACTICES**

**PROCEDURES:**

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the Chief Programs Officer at 602-234-1935.

WHO WILL FOLLOW THIS NOTICE.

This notice describes our agency's practices and that of:

- All departments and units of the agency.
- All employees, staff and other agency personnel.
- Any entity authorized to audit client files regarding licensure or accreditation.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI):

We understand that protected health information ("PHI") about you and your health is personal. We are committed to protecting PHI about you. We create a record of the care and services you receive at the agency. We need this record to provide you with quality care and to comply with certain legal requirements. We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. This Notice applies to all of the records of your care generated by the agency, whether made by agency personnel or your personal therapist/case worker.

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

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU WITHOUT YOUR WRITTEN AUTHORIZATION.

- > For Treatment – We may use PHI about you to provide you with health care services. We may disclose PHI about you to doctors, interns, and other health professionals who are involved in taking care of you at the agency. For example, different departments of the agency may share PHI about you in order to coordinate the different things you need.
- > For Payment – We may use and disclose information about you so that the treatment and services you receive may be billed to and payment may be collected for you, an insurance

company or a third party payor. For example, we may need to give your health plan information about services received at the agency so your health plan will pay us or reimburse you for the services. We may also tell your health plan about services you are *going to* receive to obtain prior approval or to determine whether your plan will cover the services.

- > For Health Care Operations – We may use and disclose PHI about you for agency operations. These uses and disclosures are necessary to run the agency and to ensure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many clients 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 other staff and interns for review and learning purposes. We may also combine the PHI we have with PHI 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 PHI so others may use it to study health care and health care delivery without identifying specific clients.
- > Appointment Reminders – We may use and disclose PHI to contact you as a reminder that you have an appointment for services at the agency.

#### OTHER USES AND DISCLOSURES WITHOUT WRITTEN AUTHORIZATION.

- > Treatment Alternatives - We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- > Health-Related Benefits and Services - We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- > Individuals Involved in Your Care or Payment for Your Care – We may release PHI 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.
- > Research - CFC has a Research Projects Policy (#3.10) in place, which indicates our intended use of client information regarding research projects.
- > As Required By Law – We will disclose PHI about you when required to do so by federal, state or local law. The use and disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- > To Avert a Serious Threat to Health or Safety – We may use and disclose PHI 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.

- > Military and Veterans – If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- > Public Health Risks – We may disclose PHI 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 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 client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- > Health Oversight Activities – We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. 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 a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI 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 (which may include written notice to you) or to obtain an order protecting the information requested.
- > Law Enforcement – We may release PHI if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons 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 the crime or victims; or the identity, description or location of the person who committed the crime.
- > National Security and Intelligence Activities – We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- > Inmates – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you

with services; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- > Coroners, Funeral Directors, and Organ Donation – CFC may disclose health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties. We may disclose such information in reasonable anticipation of death. Health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- > Workers' Compensation – Your health information may be disclosed by CFC as authorized by and to the extent necessary to comply with workers' compensation laws and other similar legally-established programs.
- > Required Uses and Disclosure – Under the law, CFC must make disclosures to you, and when required by the Secretary of the U.S. Department of Health and Human Services, to investigate or determine our compliance with the law.

#### FUNDRAISING.

We may use PHI about you to contact you in an effort to raise money for the agency and its operations. We would only release contact information, such as your name, address and phone number and the dates you received services at the agency. If you wish to have your name removed from the list to receive fundraising requests supporting CFC, please call 602-234-1935 or send an email to [info@cfcare.org](mailto:info@cfcare.org).

#### USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION:

- > Use or Disclosure with Your Authorization – We must obtain your written authorization for most uses and disclosures of counseling notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your *written* permission. For instance, you will need to complete and sign an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in a lawsuit in which you are involved. If you provide us permission to use or disclose PHI about you, you may revoke that permission, *in writing*, at any time. If you revoke your permission, we will no longer use or disclose PHI 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 services that we provided to you.
- > Uses and Disclosures of Your Highly Confidential Information – Federal and state law require special privacy protections for certain highly confidential information about you (“**Highly Confidential Information**”). This Highly Confidential Information may include the subset of your PHI that: (1) is maintained in counseling notes; (2) is about mental health

and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about sexually-transmitted disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (7) is about domestic abuse of an adult with a disability; or (8) is about sexual assault. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must have your *written* permission.

#### YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU:

You have the following rights regarding PHI we maintain about you:

- > Confidentiality – You have the right to have CFC use only confidential means of communicating with you about health information. This means you may have information delivered to you at a certain time or place, or in a manner that keeps your information confidential. CFC asks that such requests be made in *writing*, on a form provided by CFC. CFC will accommodate all reasonable requests.
- > Right to Inspect and Copy – You have the right to inspect and/or request a copy of PHI that may be used to make decisions about your care. Usually, this includes behavioral health and billing records.

To inspect PHI that may be used to make decisions about you, you must submit your request *in writing* to the Chief Programs Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect or receive a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- > Right to Amend - If you feel that PHI 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 Chief Programs Officer. 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 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 PHI kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- 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 have made of information about you other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request this list of accounting of disclosures, you must submit your request *in writing* to the Chief Programs Officer. 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, electronically, etc.). 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 at that time before any costs are incurred.

- > Right to Request Restrictions – You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a certain service you have received.

*We are not required to agree to your request.* If we do agree, we will comply with your request.

To request restrictions, you must make your request *in writing* to the Chief Programs Officer. 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, disclosures to your spouse.

- > 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.

You may obtain a copy of this notice at our website, [www.cfcare.org](http://www.cfcare.org).

To obtain a paper copy of this notice, submit your request to the Chief Programs Officer via U.S. mail, fax, e-mail or phone call.

#### 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 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 in the agency. The notice will contain on the first page, in the lower left-hand corner, the effective date. In addition, each time you begin services at the agency, 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 the Chief Programs Officer, 3603 N. 7<sup>th</sup> Avenue, Phoenix, AZ 85013, (602) 234-1935. All complaints must be submitted *in writing*.

**You will not be penalized for filing a complaint.**

Also refer to: CFC Policy 3.7 – Client Rights  
CFC Policy 3.9 – Client Grievances  
CFC Policy 3.10 – Research Projects  
CFC Policy 3.11 – Confidentiality  
CFC Policies Section 4.0 – Case Records  
CFC Notice of Privacy Practices  
**CFC Privacy Policy available in Spanish**

COA Cross Reference: ETH 3; RPM 6; CR 1; CR 2

PROCEDURAL APPROVAL: \_\_\_\_\_



DATE: \_\_\_\_\_

4.11.14

