

# Notice of Privacy Practices

This Notice of Privacy Practices (Notice) describes the privacy practices of the Phoenix Rescue Mission (PRM). This Notice applies to all the health information that identifies you and the care you receive at PRM facilities. We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information, and to notify you if there is a breach of your unsecured health information. We are also legally required to provide you this Notice and to follow the terms of the Notice currently in effect.

## 1. PRM's Privacy and Confidentiality Obligations

All our offices, facilities, programs, and other services follow the terms of this Notice and may share your health information with each other for reasons of treatment, payment, and healthcare operations as described in this Notice.

PRM is required by federal and state laws to maintain the privacy and confidentiality of information about your health, health care, and payment for services related to your health (known as "protected health information (PHI)").

PRM is also required by law to inform you of our legal duties and privacy practices with respect to your health information through this Notice. This Notice describes the ways we may share your past, present and future PHI, ensuring that we use and/or disclose this information only as we have described in this Notice.

42 CFR Part 2 protects your health information if you are applying for or receiving services for drug or alcohol abuse. Generally, if you are applying for or receiving services for drug or alcohol abuse, we cannot acknowledge to a person outside our organization that you attend our program or disclose any information identifying you as an individual seeking treatment from substance abuse, except under circumstances that are listed in this Notice.

The HIPAA Privacy Regulations (45 CFR Parts 160 and 164) also protect your health information, whether or not you are applying for or receiving services for drug or alcohol abuse. Generally, if you are not applying for or receiving services for drug or alcohol abuse, the way we may use and disclose information differs slightly. These differences will be listed in this notice.

## 2. Understanding Your Behavioral Health Record Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication between those professionals that contribute to your care
- Legal document describing the care you received
- Means by which you and your payer source can verify charges for services
- A medical education tool
- A tool to assess the appropriateness and quality of care you receive

- A tool to improve the quality of healthcare and achieve better patient outcomes
- Assistance in coordinating benefits for your insurance, group, or self-funded employer plans.

### 3. Uses and Disclosures **with** your Authorization

1. We may use or disclose your PHI when you give your authorization to do so on a form that specifically meets the requirements of laws and regulations that apply.
2. There are some exceptions and special rules that allow for uses and disclosures without your authorization or consent. They are listed in the next section of this Notice.
3. You may rescind/revoke your authorization at any time to any person or entity. If you are currently receiving care and wish to rescind/revoke your authorization, you will need to make this request to one of your counselors. After you are discharged, you will need to send a written statement to the attention of PRM's Compliance and Privacy Officer at [compliance@phxmission.org](mailto:compliance@phxmission.org).
4. Please know a court with appropriate jurisdiction or other authorized third party could request or compel you to sign an authorization, at any time during or after receiving treatment services from PRM.

### 4. Uses and Disclosures **without** your Authorization

Even when you have not given your authorization, we may use and disclose information under the circumstances listed below. This list applies to all PHI, including the information we get when you are applying for or receiving services for drug or alcohol abuse.

1. **Treatment:** we may use or disclose your PHI for treatment purposes. Treatment includes diagnosis, treatment and other services, including discharge planning. For example, counselors may disclose your PHI to each other to coordinate individual and group therapy sessions for your treatment, or information about treatment alternatives or other health-related benefits and services that are necessary or may be of interest to you.
2. **Health Care Operations:** We may use or disclose your PHI for the purposes of health care operations that include internal administration and planning and various activities that improve the quality and effectiveness of care. For example, we may use information about your care to evaluate the quality and competence of our clinical staff. We may disclose information to qualified personnel for outcome evaluation, management audits, financial audits, or organizational evaluation; however, such personnel may not identify, directly or indirectly, any individual patient in any report of such audit or evaluation, or otherwise disclose patient identities in any manner. We may disclose your information as needed within PRM to resolve any complaints or issues arising regarding your care. We may also disclose your PHI to an agent or agency which provides services to us under a qualified service organization agreement and/or business associate agreement, in which they agree to abide by applicable federal law and related regulations (42 CFR Part 2 and HIPAA). Health Care Operations may also include use of your PHI for programs offered by PRM, such as sending you invitations to alumni events and workshops sponsored by PRM. This list of examples is for illustration only and is not an exclusive list of all the potential uses and disclosures that may be made for health care operations.
3. **Other allowable uses and disclosures without your authorization, aside from treatment and health care operations include:**

- a. **Appointment Reminders:** we may contact you to send you reminder notices of future appointments for your treatment or continuous care, recovery coach, or aftercare appointment reminders.
- b. **Medical Emergencies:** we may disclose your PHI to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by 42 CFR Part 2). This information may include HIV status, if applicable.
- c. **Incompetent and Deceased Clients:** in such cases, authorization of a personal representative, healthcare power of attorney, or other person authorized by applicable state law may be given in accordance with 42 CFR Part 2.
- d. **Decedents:** we may disclose PHI to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death.
- e. **Child Abuse:** we may disclose your PHI for mandatory State of Arizona reporting of child abuse and neglect.
- f. **Domestic and Elder Abuse:** we may disclose your PHI for mandatory State of Arizona reporting of domestic and elder abuse.
- g. **Judicial and Administrative Proceedings:** we may disclose your PHI in response to a court order and subpoena that meets the requirements of federal regulations, 42 CFR Part 2 concerning Confidentiality of Alcohol and Drug Abuse Client Records.
- h. **Commission of a Crime on Premises or against Organizational Personnel:** we may disclose your PHI to the police or other law enforcement officials if you commit a crime on the premises or against our organizational personnel or threaten to commit such a crime.
- i. **Duty to Warn:** where PRM learns that a patient has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required statute or common law, our organization will carefully consider appropriate options that would permit disclosure.
- j. **Audit and Evaluation Activities:** we may disclose your PHI to those who perform audit or evaluation activities for certain healthcare operations oversight, i.e., state licensure or certification agencies, the Joint Commission on Accreditation of Healthcare Organizations, which oversees the health care system and ensures compliance with regulations and standards, or those providing financial assistance to PRM.
- k. **Aftercare:** we may contact you post-discharge from treatment to inquire about the status of your personal recovery from alcohol and drug abuse. If we are unable to contact you, the patient, personally, we may attempt to contact family members with whom we have signed authorizations to disclose PHI with, to verify your well-being.
- l. **Research:** we may use or disclose your PHI without your consent or authorization for research purposes, which will generally be presented in a 'de-identified' manner, which maintains certain levels of confidentiality and data safeguards.
- m. **Required by law:** we may disclose your PHI as required by other state or federal laws not specifically mentioned in this Notice. Examples of this include disclosures required by Arizona State law such as, but not limited to:
  - i. incidents involving sex with a staff member or another client;
  - ii. leaving treatment and breaking parole;

- iii. injury of any type which requires treatment other than basic first aid;
  - iv. any suicide attempts; and,
  - v. theft from facility or other clients.
- n. **Law Enforcement activities:** we may disclose your PHI to law enforcement officials in response to a valid court order or warrant or as otherwise required or permitted by law.
  - o. **Federal Government:** we must disclose your PHI to the United States Department of Health and Human Services when requested to enforce the privacy laws and ensure organizational compliance.

## 5. Your Individual Rights

1. **Right to Receive Confidential Communications:** normally we will communicate with you through the phone number and/or address you provide. You may request, and we will accommodate, any reasonable, written request for you to receive your PHI by alternative means of communication.
2. **Right to request restrictions:** at your request, we will not disclose your PHI to your health plan if the disclosure is for a health care item or service for which you have received from PRM. You may request additional restrictions on our use and disclosure of your PHI for treatment, payment, and health care operations. While we will consider requests for additional restrictions, we are not required to agree to a requested restriction. If you wish to request additional restrictions and you are currently receiving treatment services, please contact your counselor. Once you are no longer receiving services from PRM, contact the PRM's Compliance and Privacy Officer in writing specifying your request to rescind/revoke an authorization or restrict disclosure at [compliance@phxmission.org](mailto:compliance@phxmission.org).
3. **Right to Inspect and Copy your PHI:** you may request access to your medical and billing records from PRM. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records and you are currently receiving treatment services, please ask your counselor for assistance. Once you are no longer receiving treatment services from PRM, contact PRM's Compliance and Privacy Officer in writing with your request at [compliance@phxmission.org](mailto:compliance@phxmission.org). If you request copies of your medical records, be aware we have a right to charge for each page copied and you will be told the cost prior to the copies being made. PRM must receive payment in full before the copies of your records are given to you.
4. **Right to amend your Records:** you have the right to request that we amend your PHI maintained within your medical record or billing records. If you desire to amend your records and you are currently receiving treatment services, please ask your counselor for assistance. Once you are no longer receiving treatment services from PRM, contact the PRM's Compliance and Privacy Officer at [compliance@phxmission.org](mailto:compliance@phxmission.org) in writing. Under certain circumstances, PRM has the right to deny your request to amend your records and will notify you of this denial as provided in the HIPAA regulations. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. When we "amend" a record, we may append information to the original record, as opposed to physically removing or changing the original record. If your requested amendment is denied, you will be informed of your right to have a brief statement of disagreement placed in your medical records.
5. **Right to Receive Account of Disclosures:** upon request, you may obtain a detailed list of correspondence when PRM staff has disclosed your PHI, whether you gave written authorization

or did not give written authorization. The account will apply only to covered disclosures prior to the date of your request, provided such period does not exceed six years and does not apply to disclosures that occurred prior to the date of PRM's licensure. If you request an accounting more than once during a twelve-month period, there will be a charge. You will be informed of the cost prior to the request being filled.

6. Right to Receive Notification of Breach: you will be notified in the event we discover a breach has occurred such that your PHI or confidentiality may have been compromised. A risk analysis will be conducted to determine the probability that PHI has been compromised. Notification will be made no more than 60 days after the discovery of the breach, unless it is determined by a law enforcement agency that the notification should be delayed.
7. Right to Receive Copy of this Notice: upon request, you may obtain a paper copy of this Notice of Privacy Practices.
8. For Further Information and/or Complaints: if you require further information about your privacy and confidentiality rights, you may contact PRM's Compliance and Privacy Officer at (602) 346-3357. You may call this number if you are concerned in any way that we have violated your privacy rights, if you disagree with a decision that we made about access to your PHI, or if you wish to complain about our breach notification processes. You may also feel free to file a written complaint with the Secretary of the United States Department of Health and Human Services. Upon request, we will provide you with the correct address. We will not retaliate against in any way you if you file a complaint. Violation of federal law and regulations on Confidentiality of Alcohol and Drug Abuse Patient Records is a crime and suspected violations of 42 CFR Part 2 may be reported to the United States Attorney General.

## 6. Effective Date and Duration of This Notice

1. Effective date: This notice is effective: Day, Month, Year
2. Right to change terms of this Notice: we may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective to all PHI that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in public access areas at our locations and on our internet site [www.phoenixrescuemission.org](http://www.phoenixrescuemission.org). You may also obtain any new Notice by contacting PRM's Compliance and Privacy Officer at [compliance@phxmission.org](mailto:compliance@phxmission.org).