

HIPAA NOTICE OF PRIVACY PRACTICES (Federal Law)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. PLEASE BE ADVISED THAT THIS HOSPITAL WILL USE THE MOST STRINGENT LAW (FEDERAL OR STATE) IN PROTECTING YOU CONFIDENTIALITY.

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

- ◆ Any health care professional authorized to enter information into your hospital chart.
- ◆ All departments and units of the hospital.
- ◆ Any member of a volunteer group we allow to help you while you are in the hospital.
- ◆ All employees, staff and other hospital personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- ◆ Make sure that medical information that identifies you is kept private;
- ◆ Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- ◆ Allow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category or uses or disclosures we will explain what we mean and try to give some examples. Not every use of disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for depression may need to know if you have other medical problems that may affect your treatment. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as physicians, therapists or psychiatrists.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at the hospital be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations. We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals 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 medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We also routinely use patient photographs to identify patients when providing patient care, such as when administering medications.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical after-care at the hospital.

Treatment Alternatives. We may use and disclose medical information 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 medical information 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. With your written consent we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to your insurance company who pays for your care. In addition, we may disclose medical information about you to an entity assisting in disaster relief effort (in the event of a disaster) so that your family can be notified about your condition, status and location.

To Avert a Crime or Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a crime on the hospital premises or to prevent a serious threat to your health and safety or the health and safety of the public or another person, or crime on hospital premises. Any disclosure, however, would only be to someone able to help prevent the threat.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

[See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations]

Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records maintained by the hospital. Generally the hospital may not say to a person outside the hospital that a patient resides at the hospital, or disclose any information identifying a patient as an alcohol or drug abuser, *Unless:*

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel for research, audit, or hospital evaluation.

Violation of the Federal law and regulations by the hospital is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

DISCLOSURES PERMITTED WITH WRITTEN CONSENT

If a patient consents to a disclosure of his or her records, the hospital may disclose those records in accordance with that consent to any individual or organization named in the consent.

Disclosures to Prevent Multiple Enrollments in detoxification and Maintenance Treatment Programs. The hospital may disclose patient information to a central registry or to any detoxification or maintenance treatment program not more than 200 miles away for the purpose of preventing the multiple enrollment of a patient only if a written consent was signed by the patient as they were accepted for treatment to this hospital.

DISCLOSURES WITHOUT PATIENT CONSENT ~ SPECIAL SITUATIONS

Medical Emergencies. We may disclose patient-identifying information to medical personnel who have a need for the information about a patient for the purpose of treating a condition which poses an immediate threat to the health of the individual and which requires immediate medical intervention. We must limit the amount of information to that which is necessary to treat the emergency medical condition.

Child Abuse Reporting. We may make an initial report of child abuse or suspected neglect with the proper authorities.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- ◆ To prevent or control disease, injury or disability;
- ◆ To report birth and death;
- ◆ To report the abuse or neglect of children, elders and dependent adults;
- ◆ To report reactions to medications or problems with products;
- ◆ To notify people of recalls of products they may be using;
- ◆ 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; and
- ◆ To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required of authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities 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 medical information about you in response to a court or administrative order. We may also disclose medical information 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 obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by 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 criminal conduct at the hospital;
- ◆ 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; and
- ◆ About suspected child abuse or neglect.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

Workers' Compensation. We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Military and Veterans. If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

National Security. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Research Activities. Patient identifying information may be disclosed for the purpose of conducting scientific research if the hospital director makes a determination that the recipient of the patient identifying information, has a research protocol that the patient identifying information will be maintained in accordance with security requirements and the risks in disclosing patient identifying information are outweighed by the potential benefits of the research.

Business Associate Agreements. Disclosure to qualified service organizations, such as legal or accounting services require agreements in order to share PHI needed by the organization to provide services. In the agreements, the outside service providers acknowledge that in receiving, storing, processing or otherwise dealing with patients' records they are fully bound and promise to safeguard the information.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make a decision about your care. Usually, this includes medical and billing records, but may not include psychotherapy notes, or information compiled in anticipation of or for use in civil, criminal or administrative action or proceedings, and information subject to or exempt from Clinical Laboratory Improvement Amendment (CLIA) provisions.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department. 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 have 30 working days to carry out requests, 60 days if your records are stored off-site.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital 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 medical information 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 hospital.

To request an amendment your request must be made in writing and submitted to the Health Information Management Department. In addition, you must provide a reason that supports your request. We have 60 days after your written request is received to provide this information to you.

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 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 medical information kept by or for the hospital;
- ◆ 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 make of medical 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 may submit your request in writing to the Health Information Management Department. 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). 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 any time before any costs are incurred. We have 60 days to carry out requests.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical 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 surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. The hospital may terminate the agreement to a restriction, effective after the patient has been informed of the termination.

To request restrictions, you must make your request in writing to the Health Information management Department. 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 Request Confidential Communications. You have the right to request that we communicate 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 the Health Information Management Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a paper Copy of This Notice. You have the right to paper copy of this notice. You may request a copy of this Notice at any time by asking the Receptionist located in the Front Lobby. You may also obtain an electronic copy of the Notice of Privacy Practices by going to www.aurorabehavioral.com.

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 medical 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 hospital lobby. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at our are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect. Additional copies are available at the Front Office Receptionist’s desk, located in the lobby.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, you may request a Complaint form at the Front Desk or at any nursing unit, or you may contact the hospital’s Privacy Officer at (623) 344-440, Ext. 4422. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical 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 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 care that we provided to you.

We are required by law to maintain the privacy of protected health information and will notify you of our legal duties and privacy practices, including any changes to our policies.

You may contact the Aurora’s Privacy Officer with any complaints, questions, or requests regarding PHI or about this Notice by calling (623) 344-4400, Ext. 4422, Faxing (623) 344-4447, or by writing to:

Aurora Behavioral Health System
Attn: Privacy Officer
6015 West Peoria Avenue
Glendale, AZ 85302.