

PINAL COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH

500 S. Central Street. ~ P.O. Box 2945

Florence, AZ 85232

Susanne W. Straussner
Director

NOTICE OF PRIVACY PRACTICES

I. 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.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are legally required to protect the privacy of your health information. We call this information “protected health information,” or “PHI” for short, and it includes information that can be used to identify you that we’ve created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices and explain how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice at any time, and the change will be effective for PHI that we already have about you as well as any information we receive in the future. We will provide you with a copy of the new Privacy Notice and the effective date whenever a change is made to the privacy practices described in this notice. A copy of our current notice will also be posted on our website at www.pinal.az.us/PubHealth/. You can also request a copy of this notice from the contact person listed in Section VI below at any time.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

We use and disclose health information for many different reasons. Below, we describe the different categories of our uses and disclosure and give you some examples of each category.

A. Uses and Disclosure Relating to Treatment, Payment, or Health Care Operations.

We may use and disclose your PHI for the following reasons:

- 1. For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, medical providers may use medication allergy information to prescribe medications for you.
- 2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department, health plan, or insurance company to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as claims processing companies and others that process our health care claims.
- 3. For health care operations.** We may disclose your PHI in order to operate this facility. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who

provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

B. Other Potential Uses and Disclosures of Your PHI.

- 1. When federal, state or local law, judicial or administrative proceedings, or law enforcement requires a disclosure.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds or when ordered in a judicial or administrative proceeding.
- 2. For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- 3. For purpose of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- 4. For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
- 5. To avoid harm.** In order to avoid a serious threat to the health and safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- 6. For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations. We may disclose PHI for disaster relief purposes.
- 7. For workers’ compensation purposes.** We may provide PHI in order to comply with workers’ compensation laws.
- 8. Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
- 9. Disclose PHI to the sponsor or a plan or program.** For example, your PHI may be sent to a funding source (sponsor) of the program you are participating in for proof of services delivered.

C. Disclosures to Family, Friends, or Others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

D. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III. A. or B. above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization

in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request in writing that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address (*for example, sending information to your work address rather than your home address*) or by alternate means (*for example, e-mail instead of regular mail*). We must agree to your request as long as we can readily provide it in the format you request.
- C. The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- D. The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, on or before April 14, 2003. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made within the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. The first request within a 12-month period will be free. For additional requests, we may charge you for the costs of providing the list.

- E. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that the correction has been made, and tell others that need to know about the change to your PHI.
- F. The Right to Get This Notice by E-Mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You may also send a written complaint to:

Secretary of the U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

There will be no retaliatory action against you for filing a complaint.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, please contact the:

Pinal County Division of Public Health Privacy Officer
P.O. Box 2945
500 S. Central St.
Florence, AZ 85232
Phone: (520) 866-7301
Toll Free: 1-800-231-8499

I have read or have had this Notice of Privacy Practices explained to me. I understand this Notice and have had the opportunity to ask questions regarding any matters of concern.

Printed Name

Signature

Date