

## Notice of Privacy Practices

### **Your Information. Your Rights. Our Responsibilities.**

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.**

This Notice does not apply to blood donation information or other type's personally identifiable information (PII) which is not subject to HIPAA, but are protected by other laws.

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record.**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### **Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### **Get a list of those with whom we've shared information.**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice.**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

- If have questions and would like additional information, you may also contact our Privacy Officer at 480-675-5504.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, please let us know. In these cases, you have both the right and choice to ask us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again
- In addition to general fundraising efforts, if we intend to use or disclose records subject to 42 C.F.R. Part 2 for fundraising for our benefit, we must first provide you a clear and conspicuous opportunity to elect not to receive any fundraising communications

### **Our Uses and Disclosures**

#### ***How do we typically use or share your health information?***

Subject to the requirements in 42 C.F.R. Part 2, we typically use or share your health information in the following ways:

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services. Example activities include training and education; quality assessment/improvement activities; risk management; claims management; legal consultation; licensing; and other business planning activities.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

#### **Health Information Exchanges.**

We may share your health information using various Health Information Exchanges that HCWP participates in both on a regional and national basis. You may request that we not share any of your health information through these Exchanges by completing and submitting an Opt-Out Request Form to us. If you choose not to participate in these exchanges, your health information will no longer be provided through the exchange. However, your decision does not affect the information that was exchanged prior to the time you chose not to participate. You can learn more about the health information exchanges HCWP participates in and obtain an Opt-Out Request Form at [www.hcwp.vitalant.org](http://www.hcwp.vitalant.org).

#### **Appointment Reminders.**

We may use and share your health information to remind you of your appointment for treatment or medical care. For example, we may call, text, or e-mail you to remind you of a scheduled appointment. We may also use and share your health information to confirm the time, place, and attendance of your appointment for treatment with third-party transportation services and other related services (including but not limited to third parties involved in your treatment).

#### ***How else can we use or share your health information?***

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research under limited circumstances.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **By Authorization, Consent, or Attestation**

If we wish to use or disclose your health information for a purpose not set forth in this Notice, we will seek your authorization. Specific examples of uses and disclosures of health information requiring your authorization include: (i) most uses and disclosures of your health information for marketing purposes; (ii) disclosures of your health information that constitute the sale of your health information; and (iii) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record). You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on your authorization.

We may not use or disclose your health information in response to a request associated with a civil, criminal, administrative, or legislative proceeding related to substance use disorder treatment records received from programs subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, unless we have written consent or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 C.F.R. Part 2. For purposes of health information protected by 45 C.F.R. Part 2, if we obtain a court order authorizing the use or disclosure of such records or testimony, we must also obtain a subpoena or other legal requirement compelling disclosure before the request is completed.

We may not use or disclose your health information in response to a request associated with a criminal, civil, or administrative investigation related to, or impose liability for seeking, obtaining, providing, or facilitating, lawful Reproductive Health Care. If we receive a request for your health information and the request includes health information potentially related to reproductive health care, we will require the requester to sign an attestation that states that the requested health information will not be used for such prohibited purpose.



**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. However, we cannot prevent redisclosures of your health information by recipients.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Interpreter and translation services are available free of charge. Please speak to your physician or a staff member if you have any questions or would like such services.**

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**Effective Date:** 4/21/2025

**Acknowledgment:** I have received a copy of this Notice.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Printed Guardian Name (if applicable)