

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed, and how you can access this information. Please review it carefully.

NOTICE OF PRIVACY PRACTICES

Arizona Supportive Care (AZSC) is committed to maintaining the privacy and security of your protected health information and is required by law to do so. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. This notice describes the rights you have concerning your own health information. It also describes how we may use information about you within AZSC and how we may disclose it to others outside of AZSC.

WHAT ARE YOUR RIGHTS?

Request information about you: You or your legally authorized representative are entitled to see or get an electronic or paper copy of your medical and billing information. If you request a copy of your information, we may charge a reasonable, cost-based fee.

Amend your medical record: If you see information about you in records created by AZSC that you think is incorrect or incomplete, you may ask us to amend the records. You may submit a written request detailing your reason for the amendment. We will do our best to accommodate your request, but reserve the right to decline, if appropriate.

Confidential communications: You have the right to request that we communicate with you in a specific way that you feel is more confidential. We will accommodate reasonable requests. For example, you may ask that we only call you at a specific phone number or speak with you about your health in private.

Limit what AZSC uses or shares: You can ask us not to use or share certain health information for treatment, payment, or AZSC operational purposes. We are not required to agree to your request. If we do agree, we may not comply in certain situations if it would affect your care. If you pay for a service or healthcare 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 comply unless otherwise required by law.

Right to an accounting of certain disclosures: You have the right to request an accounting of certain disclosures of your health information made by AZSC in the six years prior to your request date. AZSC will include all disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures such as any you asked us to make. AZSC will provide the first accounting at no charge, but we may charge you for any additional accountings you request during a 12-month period.

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: If you feel your privacy rights have been violated, you may contact AZSC Executive Director by submitting your concern in writing to Executive Director, Arizona Supportive Care, 1510 E. Flower St., Phoenix, AZ 85014. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave., SW, Washington, DC 20201, calling 1 (877) 696-6775, or visiting hhs.gov/ocr/privacy/hipaa/complaints. You will not be retaliated against for filing a complaint.

Right to a copy of this notice: You may obtain a copy of the current Notice of Privacy Practices on our website at azsc.org. You can also ask for a paper copy of this notice at any time, even if you have already received a copy. These requests may be made to:

Quality and Compliance Department, Arizona Supportive Care
1510 E. Flower St., Phoenix, AZ 85014
(602) 530-6900

ARIZONA
SUPPORTIVE
CARE

(602) 212-3000 | FAX (602) 212-3002

HOW WILL WE USE AND DISCLOSE INFORMATION ABOUT YOU?

Treatment: AZSC may use your information to provide you medical services and supplies, or share it with other professionals who are treating you.

Health Care Operations: AZSC may use and disclose information about you to improve the quality of care we provide to patients or for healthcare operations. For example, we may use information about you to conduct quality improvement activities, to obtain audit, accounting, or legal services, or to conduct business management and planning.

Payment: Your health information may be used and disclosed to bill and get payment for the services and supplies we provide you. For example, we may give information about you to your health insurance plan, so that it will pay for your services.

Family members and others involved in your care: AZSC may disclose limited information about you to a family member or friend who is involved in your care or payment for your care. You must notify us if you do not want us to disclose information about you to family members or others.

Public health: AZSC may report certain medical information for public health purposes. For example, we are required by law to report births, deaths and communicable diseases to the state. We may also need to report patient problems with medications or medical products to the manufacturer and to the FDA.

Public safety: AZSC may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials or to the court in response to a search warrant or other court order. We may also disclose medical information to assist law enforcement officials in identifying or locating a person; to prosecute a crime of violence; and to report deaths that may have resulted from criminal conduct. We may also disclose information about you to law enforcement officials and others to prevent a serious threat to health or safety.

Research: AZSC may use or disclose your information for research purposes. These research projects must go through a special process that protects the confidentiality of your information.

Required by law: AZSC will share your information where required by any federal, state or local law.

Relating to decedents: Health information may be disclosed related to an individual's death to coroners, medical examiners, funeral directors, or organ procurement organizations (with regard to anatomical gifts). Unless an individual indicated otherwise before death, AZSC may also disclose health information related to the individual's death to family members or others who were involved in the individual's care or payment for care before death.

Organ and tissue donation requests: Your information may be shared with organizations that handle organ procurement.

Medical examiner or funeral director: AZSC may disclose health information with a coroner, medical examiner or funeral director when an individual dies, or if necessary, to carry out their duties prior to and in reasonable anticipation of an individual's death.

Fundraising: Many of our patients and families like to make contributions to support the care provided by AZSC. We may contact you in the future to raise funds for this purpose. You will be provided the option of not receiving these communications.

Workers' compensation, law enforcement and other government requests: AZSC can share your health information, (1) for workers' compensation claims; (2) for law enforcement purposes or with a law enforcement official; (3) with health oversight agencies for activities authorized by law; and (4) for special government functions such as military, national security and presidential protective services.

Judicial or administrative proceedings: AZSC can share health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process.

HEALTH INFORMATION EXCHANGE

Hospice of the Valley participates in health information exchanges (HIEs). Hospice of the Valley uses HIEs as a method to share, request, and receive electronic health information with other health care organizations for the purpose of coordinating your care. For questions, or if you want to opt out of sharing your information using HIEs, please contact Chief Compliance Officer at (602) 636-6301.

CHANGES TO THIS NOTICE

AZSC may amend or revise our practices concerning use and disclosure of patient medical information. These changes will apply to all information, including your health information. If we change our practices, we will publish a revised Notice of Privacy Practices. If you have any questions regarding this notice, please contact:

Quality and Compliance Department, Arizona Palliative Home Care
1510 E. Flower St., Phoenix, AZ 85014
(602) 530-6900

AZSC will not use or share your information other than as described here without your written authorization. You may revoke such authorization by sending us a written request.

For more information, see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Effective Date: March 2016