

## NOTICE OF PRIVACY PRACTICES

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.

### 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. This notice describes the rights you have concerning your own health information. It also describes how we may use information about you and how we may disclose it to others outside of AZSC. We must follow the duties and privacy practices described in this notice and provide you a copy. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than described without your written authorization. You may change your mind at any time by notifying us in writing.

### WHAT ARE YOUR RIGHTS?

**Limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or operational purposes. We are not required to agree to your request, and we may say “no” if it would affect your care. For example, 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.

**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, send mail to a different address, or speak with you about your health in private.

**Request information about you:** You or your legally authorized representative are entitled to see or obtain an electronic or paper copy of your medical and billing information. We will provide a copy of your health information, usually within 30 days of your written request. We may charge a reasonable, cost-based fee. If a particular request has been denied, we will provide an explanation in writing.

**Amend your medical record:** If you see information about you in records created by us 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, but will tell you why in writing within 60 days.

**Right to an accounting of certain disclosures:** You have the right to request a written list of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with and why. We will include all disclosures except for those to carry out treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make) usually within 60 days. We will provide the first accounting at no charge, but we may charge a reasonable, cost-based fee for any additional requests within a 12-month period.

**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](http://AZSC.org). You can ask for an electronic or paper copy of this notice at any time.

**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 our Civil Rights Coordinator in person or by mail, phone, fax, or email. You will not be retaliated against for filing a complaint.

Civil Rights Coordinator c/o Quality & Compliance Department  
1510 E. Flower St., Admin Bldg. 1, Phoenix, AZ 85014  
(602) 287-7077 (phone), (602) 636-5326 (fax), [EMAILQualityandCompliance@hov.org](mailto:EMAILQualityandCompliance@hov.org)

You can also file a complaint by sending a letter to:

U.S. Department of Health and Human Services, Office for Civil Rights  
200 Independence Ave, SW, Washington, DC 20201  
1 (877) 696-6775 (phone), [hhs.gov/ocr/privacy/hipaa/complaints/](http://hhs.gov/ocr/privacy/hipaa/complaints/)

## ARIZONA SUPPORTIVE CARE

1510 E. Flower St. Phoenix, AZ 85014 (602) 212-3000 FAX (602) 212-3002 [azsc.org](http://azsc.org)

*A not-for-profit program of Hospice of the Valley*

## HOW WILL WE USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU?

**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, tell us what you want us to do, and we will follow your instructions.

- **Family members and others involved in your care:** We may disclose limited information about you to a family member, caretaker, or friend who is involved in your care or payment for your care. You can tell us your choices about what we share.
- **Fundraising:** Many of our patients and families like to make contributions to support the care we provide. We may contact you to raise funds for this purpose. You have the right to opt out from receiving these communications.
- **Marketing or sale of your information:** We never share your information unless you give us written permission. We do not sell your information.

**Our uses and disclosures:** We typically use or share your health information in the following ways:

- **Treatment:** We may use your information to provide you medical services and supplies or share it with other professionals who are treating you. We use a Health Information Exchange (HIE) as a method to share, request, and receive electronic health information with other healthcare organizations for the purpose of coordinating your care. If you want to opt out of sharing your information, please contact us.
- **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.
- **Healthcare operations:** We use health information about you to manage your treatment and services, and to contact you directly. We 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 your information to conduct quality-improvement activities; to obtain audit, accounting or legal services; or to conduct business management and planning.

**How else can we share your 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 must meet many conditions in the law before we can share your information for these purposes. For more information: [hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](https://hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **Public health:** We 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:** We 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 report suspected abuse, neglect, or domestic violence. We may also disclose information about you to law enforcement officials and others to prevent a serious threat to health or safety.
- **Required by law:** We will share your information where required by any federal, state, or local law.
- **Organ and tissue donation requests:** Your information may be shared with organizations that handle organ procurement.
- **Medical examiner or funeral director:** We 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.
- **Workers' compensation, law enforcement, and other government requests:** We 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:** We 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.
- **Research:** We 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.

Uses and disclosures not described in this notice will be made only with your written authorization. You may revoke your authorization at any time by sending us a written request.

## CHANGES TO THIS NOTICE

We may revise our practices concerning use and disclosure of all information, including your health information. The new notice will be available upon request in our office and on our website. Please contact us with any questions regarding this notice.

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

Effective Date: March 2016