



## Notice of Privacy Practices

**Effective Date: 08/23/2013**

### PRIVACY NOTICE

UNITED COMMUNITY HEALTH CENTER-MARIA AUXILIADORA, INC.

**THIS NOTICE DESCRIBES HOW MEDICAL, DENTAL, AND BEHAVIORAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY**

### OUR PLEDGE REGARDING HEALTH CARE INFORMATION

United Community Health Center-Maria Auxiliadora, Inc. (d.b.a. United Community Health Center) is committed to protecting the confidentiality of your health care information, and is required by law to do so. This notice will tell you about the ways in which we may use and disclose health care information about you. Disclosure, as appropriate, may be verbal communication, electronic transmission, paper record, or by fax. We also describe your rights and certain obligations we have regarding the use and disclosure of health care information. This notice applies to all of the records of your care generated at United Community Health Center, whether made by health care professionals or other personnel.

#### **We are required by law to:**

- Keep personal health care information private
- Give you this notice of our legal duties and privacy practices with respect to your health care information
- Follow the terms of the notice that are currently in effect.

### HOW WE MAY USE AND DISCLOSE HEALTHCARE INFORMATION ABOUT YOU

The following are examples of the types of permitted uses and disclosures of your protected health care information. These examples are not meant to be all inclusive, but rather to describe the types of uses and disclosures that may be made by our office once you have provided consent.

#### I. Uses and Disclosures of Protected Health Information:

**For Treatment:** Information obtained by a nurse, provider, or other member of your health care team will be recorded in your health care record and used to determine the course of treatment that should work best for you. We may disclose your health information to others that will need this information in order to treat you, such as another United Community Health Center provider, nurse practitioners, pharmacists, and others involved in your care. We may also disclose your protected health information to another health care provider (e.g., a specialist or laboratory) who, at the request of your United Community Health Center provider, becomes involved in your care by providing assistance with our health care diagnosis or treatment.

**For Payment:** We may use and disclose your protected health information to get paid for the health services and supplies we provide to you. For example, your health plan or Health Insurance Company may ask to see parts of your health record before they will pay us for your treatment. We may also provide information to your health plan or 3rd party payer about a treatment/service that has been ordered by your health care provider in order to obtain prior approval or to determine whether your plan will cover the treatment/service.



**For Healthcare Operations:** We may use or disclose, as needed, your personal health information in order to support our business activities. These activities include, but are not limited to quality improvement activities, to obtain audit, accounting or legal services, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

Other examples of health care operations might include:

- Use of a sign-in sheet at the front desk where you will be asked to sign your name
- Calling you by name in the waiting room when your health care provider is ready to see you
- We may contact you (by telephone or mail) to remind you about your appointment

We will share your personal health information with 3rd party "business associates" that perform various activities for United Community Health Center. Whenever an arrangement between our office and a business associate involves the use or disclosure of your personal health information, we will have a written contract that contains terms that will protect the privacy of your health information. Some examples of our business associates would include X-ray interpretation services, contracted laboratory testing, and record storage facilities.

**II. Other Permitted and Required Uses and Disclosures that May be Made with Your Consent, Authorization or Opportunity to Object.** We may use and disclose your personal health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your personal health information.

**Individuals Involved in Your Care or Payment for Your Care:** *Unless you object in advance*, we may release protected health information about you to a friend or family member who is involved in your medical care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also give information to someone who helps pay for your care. In addition, we may disclose personal health information about you to an authorized entity assisting with disaster relief efforts.

We may allow family or friends to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, and similar forms of personal health information, when we determine, in our professional judgment, that it is in your best interest to make such disclosures.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation should you be unable to consent prior to treatment. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the treatment. If we are required by law to treat you and are unable to obtain your consent, we may still use or disclose your protected health information to treat you.

**Treatment Alternatives:** We may use or disclose your personal health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also send you information about products or services that we believe may be beneficial to you. *You may contact our Privacy Officer to request that these materials not be sent to you.*

**Marketing / Fundraising Activities:** We may use or disclose your demographic information in order to contact you for marketing or fundraising activities supported by our clinic. (For example, your name and address may be used to send you a newsletter about our organization and the services we offer.) *If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.*

**III. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity To Object:**

**As Required By Law:** Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the State Workers' Compensation Program for work-related injuries.



**Research:** We may use or disclose your health information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your health information.

**Public Health Risks:** We may disclose your personal health information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report deaths
- To report reactions to medications or problems with products
- To notify people about 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

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:** We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. United Community Health Center may also disclose medical information to federal officials for intelligence and national security purposes, or for presidential Protective Services.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees the Clinic or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor the Clinic's compliance with state and federal laws.

**Legal Proceedings:** We may disclose medical information if we are ordered to do so by a court or if we receive a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

**Public Safety:** We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at United Community Health Center. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety

**Inmate:** We may use or disclose your personal health information if you are an inmate of a correctional facility and your health care provider created or received your personal health information in the course of providing care to you.

#### **IV. Information with Additional Protection**

Certain types of medical information for instance, medical information about communicable diseases and HIV/AIDS, genetic testing, and mental health, have additional protection under state or federal law. For those types of information, United Community Health Center must obtain your written permission before disclosing that information to others in many circumstances.

#### **IV. Uses and Disclosures of Personal Health Information Based upon Your Written Authorization.**

If United Community Health Center wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your permission. If you give your permission to United Community Health



Center, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information. If you ever would like to revoke your permission, please notify United Community Health Center in writing.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

Although your healthcare record is the physical property of the United Community Health Center, the information belongs to you. You have the following rights regarding the healthcare information we maintain about you:

**Right to Request Your Medical Information:** You have the right to look at your own health information and to get a copy of that information. (The law requires us to keep the original record.) This includes your health record, your billing record, and other records we use to make decisions about your care. To request your health information, submit your request in writing to United Community Health Center. If you request a copy of your information, there may be reasonable charges assessed to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

**Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete:** If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, submit your request in writing to United Community Health Center.

**Right to a List of Certain Disclosures of Your Medical Information:** You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, submit your request in writing to United Community Health Center. We will provide the first list to you free of charge, but additional requests during the same year may incur charges. We will tell you in advance what those charges will be.

**Right to Request Restrictions on How United Community Health Center Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to request United Community Health Center not to make uses or disclosures of your medical information to treat you, to seek payment for care, or for health care operations. We are required to agree to requests to restrict disclosure of medical information about you to a health plan if the disclosure is for the purpose of carrying out payment or health care operations, and the health information pertains solely to a health care item or service for which you (or someone else on your behalf) have paid in full. We are not required to agree to other requests, but if we do agree, we will comply with that agreement. If you want to request a restriction, submit your request in writing to United Community Health Center and describe your request in detail.

**Right to Request Confidential Communications:** You have the right to ask United Community Health Center to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, submit your request in writing to United Community Health Center.

**Right to a Paper Copy:** You have the right to a paper copy of this Notice at any time. You may download a paper copy of the Notice from our website, at <http://www.uchcaz.org> or you may obtain a paper copy of the Notice at any of our locations.



**WHO WILL FOLLOW THIS NOTICE**

This Notice of Privacy Practices applies to United Community Health Center-Maria Auxiliadora, Inc. Community Health Center including:

- All health care professionals authorized to access information in your medical, dental, or behavioral health record
- All departments and units of United Community Health Center.
- Any member of a volunteer/student group we allow to help you while you are in our facility
- All employees, contracted staff and other United Community Health Center personnel
- All affiliates, sites and locations of United Community Health Center will follow the terms of this notice. In addition, these affiliates, sites and locations may share health information with each other for the treatment, payment or health care purposes described in this notice

**CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all health information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices.

**DO YOU HAVE CONCERNS OR COMPLAINTS**

Please tell us about any problems or concerns you have with your privacy rights or how United Community Health Center or its business associates use or disclose your medical information. If you have a concern, please submit your concern in writing to United Community Health Center.

If for some reason United Community Health Center cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

**DO YOU HAVE QUESTIONS – CONTACT PERSON**

United Community Health Center is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. United Community Health Center is also required by law to notify affected individuals following a breach of unsecured protected health information. If you have any questions about this Notice, or have further questions about how United Community Health Center may use and disclose your health information, please contact:

**United Community Health Center-Maria Auxiliadora, Inc.-Patient Advocate**  
**1260 S. Campbell Rd. Bldg 2**  
**Green Valley, AZ 85614**  
**520-407-5970**  
**patientadvocate@uchcaz.org**

ATTACHMENT: ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES