



Yavapai County Community Health Services



Our Mission: "Yavapai County Community Health Services will provide leadership, information, and services that contribute to improving the health and well-being of Yavapai County residents."

NOTICE OF PRIVACY PRACTICES

Effective Date September 15, 2020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY

Yavapai County Community Health Services ("YCCHS") is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices. YCCHS may use or disclose your health information without your permission for treatment, payment, and health care operations, and when otherwise required or permitted by law. This Notice outlines the ways in which YCCHS may use and disclose your health information without your permission as required or permitted by law. For YCCHS to use or disclose your information for any other purposes, YCCHS is required to get your permission in the form of a signed, written authorization. YCCHS is required to maintain the privacy of your health information as outlined in this Notice and its privacy policies. Please read through this Notice carefully to understand your privacy rights and YCCHS' obligations.

YOUR PRIVACY RIGHTS

Right to Review and Obtain a Copy of Health Information. You have the right to review and obtain a copy of your health information in our records. You must submit a written request to YCCHS at 1090 Commerce Drive, Prescott, AZ 86305.

Right to Request Amendment of Health Information. You have the right to request an amendment (correction) to your health information in our records if you believe it is incomplete, inaccurate, untimely, or unrelated to your care. You must submit your request in writing, specify the information that you want corrected, and provide a reason to support your request for amendment. All amendment requests should be submitted to YCCHS at 1090 Commerce Drive, Prescott, AZ 86305.

If your request for amendment is denied, you will be notified of this decision in writing and given information about your right to appeal the decision. In response, you may do any of the following:

- File an appeal.
- File a "Statement of Disagreement" which will be included in your health record.
- Ask that your initial request for amendment accompany all future disclosures of the disputed health information.

Right to Request Receipt of Communications in a Confidential Manner. You have the right to request that YCCHS provides your health information to you by alternative means or at an alternative location. YCCHS will accommodate reasonable requests, as determined by YCCHS policy, from you to receive communications containing your health information:

- At a mailing address (e.g., confidential communications address) other than your permanent address.
- In person, under certain circumstances.

Right to Request Restriction. You may request that YCCHS not use or disclose all or part of your health information to carry out treatment, payment or health care operations, or that YCCHS not use or disclose all or part of your health information with individuals such as your relatives or friends involved in your care, including use or disclosure for a particular purpose or to a particular person. Please be aware, that because YCCHS, and other health care organizations are "covered entities" under the law, YCCHS is not required to agree to such restriction, except in the case of a disclosure restricted under 45 CFR § 164.522(a)(1)(vi). This provision applies only if the disclosure of your health information is to a health plan for the purpose of payment or health care operations. To request a restriction, you must submit a written request that identifies the information you want restricted, when you want it to be restricted, and the extent of the restriction. All requests to restrict use or disclosure should be submitted to YCCHS at 1090 Commerce Drive, Prescott, AZ 86305. If YCCHS agrees to your request, YCCHS will honor the restriction until you revoke it unless the information covered by the restriction is needed to provide you with emergency treatment or the restriction is terminated by YCCHS upon notification to you.

Right to Receive an Accounting of Disclosures. You have the right to know and request a copy of what disclosures of your health information have been made to you and to other individuals outside of YCCHS. To exercise this right, you must submit a written request to YCCHS at 1090 Commerce Drive, Prescott, AZ 86305.

Right to a Printed Copy of the Privacy Notice. You have the right to obtain an additional paper copy of this Notice from YCCHS. You can obtain this Notice from YCCHS at 1090 Commerce Drive, Prescott, AZ 86305. You may also obtain a copy of this Notice at the following website: www.yavapai.us/chs.

Notification of a Breach of your Health Information. If a breach of any of your protected health information occurs, YCCHS will notify you and provide instruction for further actions you may take, if any.

Complaints. If you are concerned that your privacy rights have been violated, you may file a complaint with:

- YCCHS at 1090 Commerce Drive, Prescott, AZ 86305.
- The U.S. Department of Health and Human Services, Office for Civil Rights at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

Complaints do not have to be in writing, though it is recommended. An individual filing a complaint will not face retaliation by YCCHS or YCCHS' employees.

YCCHS May Use or Disclose Your Health Information with Your Authorization

IMPORTANT NOTE: A copy of your medical records can be provided to family, next-of-kin, or other individuals involved in your care *only* if YCCHS has your signed, written authorization or if the individual is your authorized personal representative.

Other Uses and Disclosures with Your Authorization. YCCHS may use or disclose your health information for any purpose you specify in a signed, written authorization you provide YCCHS. Your signed, written authorization is always required to disclose your psychotherapy notes, if they exist. If YCCHS were to use or disclose your health information for marketing purposes, YCCHS would require your signed written authorization. In all other cases, YCCHS will not use or make a disclosure of your health information without your signed, written authorization, unless the use or disclosure falls under one of the exceptions described in this Notice. When YCCHS receives your signed, written authorization, YCCHS will review the authorization to determine if it is valid, and then disclose your health information as requested by you in the authorization.

Revocation of Authorization. If you provide YCCHS a signed, written authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, YCCHS will no longer use or disclose your health information unless the use or disclosure falls under one of the exceptions described in this Notice or as otherwise permitted by law. Please understand that your revocation is not retroactive, and your revocation will not have any effect on any action taken by YCCHS in reliance on your authorization before it received your written notice of revocation. YCCHS is also unable to take back any uses or disclosures YCCHS has already made based on your signed, written authorization.

When YCCHS Will Not Use or Disclose Your Health Information Sale of Health Information. YCCHS will not sell your health information. Receipt by YCCHS of a fee expressly permitted by law, such as Privacy Act copying fees or other copying fees is not a "sale of health information."

Genetic Information. YCCHS will not use or disclose genetic information to determine your eligibility for or enrollment in health care benefits.

WHEN YCCHS May Use or Disclose Your Health Information without Your Authorization

1. Treatment. YCCHS may use and disclose your health information without your authorization for treatment or to provide health care services. This includes, but is not limited to, using and disclosing your information for:

- Emergency and routine health care or services, including but not limited to labs and x-rays; clinic visits; inpatient admissions.
- Contacting you to provide appointment reminders or information about treatment alternatives.
- Seeking placement in community living centers or skilled nursing homes.
- Providing or obtaining home-based services or hospice services.
- Filling and submitting prescriptions for medications, supplies, and equipment.
- Coordination of care, including care from non-YCCHS providers.
- Communicating with non-YCCHS providers regarding your care through health information exchanges.

Examples:

- A patient sees a YCCHS medical provider who prescribes a treatment or medication based on the patient's health information. A pharmacy or other health care provider uses this information to provide the treatment or fill the prescription.
- A patient is taken to a hospital emergency room. Upon request from the emergency room, YCCHS discloses health information to the non-YCCHS hospital staff that needs the information to treat the patient.
- A patient is seen by his/her health care provider, who wants to review the patient's last blood work results for

comparison. The health care provider uses a local health information exchange to request and receive the results from YCCHS to better care for the patient.

2. Payment. YCCHS may use and disclose your health information without your authorization for payment purposes or to receive reimbursement for care provided. This includes, but is not limited to, using and disclosing your information for:

- Determining eligibility for health care services.
- Coordinating benefits with other insurance payers.
- Finding or verifying coverage under a health insurance plan or policy.
- Pre-certifying insurance benefits.
- Billing and collecting for health care services provided by YCCHS.
- Reporting to consumer reporting agencies regarding delinquent debt owed to YCCHS.

Examples:

- A patient is seeking care at a YCCHS health care facility. YCCHS uses the patient's health information to determine eligibility for health care services.
- The YCCHS health care facility discloses a patient's health information to a private health insurance company to seek and receive payment for the care and services provided to the patient.
- A patient owes YCCHS \$1,000 for care over two years. The patient has not responded to reasonable administrative efforts to collect the debt. YCCHS releases information concerning the debt, including the patient's name and address, to a consumer reporting agency for the purpose of making the information available for third-party decisions regarding such things as the patient's credit or banking services.

3. Health Care Operations. YCCHS may use or disclose your health information without your authorization to support the activities related to health care. This includes, but is not limited to, using and disclosing your information for:

- Improving quality of care or services.
- Conducting patient and beneficiary satisfaction surveys.
- Reviewing competence or qualifications of health care professionals.
- Providing information about treatment alternatives or other health-related benefits and services.
- Conducting health care training programs.
- Managing, budgeting, and planning activities and reports.
- Improving health care processes, reducing health care costs, and assessing organizational performance.
- Developing, maintaining, and supporting computer systems.
- Addressing patient complaints.
- Legal services.
- Conducting accreditation activities.
- Certifying, licensing, or credentialing of health care professionals.
- Conducting audits and compliance programs, including fraud, waste, and abuse investigations.
- Performing process reviews and root cause analyses.

Examples:

- YCCHS may use the health information of diabetic patient as part of a quality of care review process to determine if the care was provided in accordance with the established clinical practices.
- A YCCHS health care facility discloses a patient's health information to attorneys for defense of YCCHS in litigation.

4. Eligibility and Enrollment for Federal Benefits. YCCHS may use or disclose your health information without your authorization to other programs within YCCHS or to State or Federal agencies, including the Internal Revenue Service or Social Security Administration, to determine your eligibility for benefits.

5. Abuse Reporting. YCCHS may use or disclose your health information without your authorization to report suspected child abuse, including child pornography; elder abuse or neglect; or domestic violence to appropriate Federal, State, local, or tribal authorities. This reporting is for the health and safety of a suspected victim.

6. Serious and Imminent Threat to Health and Safety. YCCHS may use or disclose your health information without your authorization when necessary to prevent or lessen a serious and imminent threat to the health and safety of the public, yourself, or another person. Any disclosure would only be to someone able to help prevent or lessen the harm, such as a law enforcement agency or the person threatened. You will be notified in writing if any such disclosure has been made by a YCCHS health care facility.

7. **Public Health Activities.** YCCHS may disclose your health information without your authorization to public health and regulatory authorities, including the Food and Drug Administration (FDA) and Centers for Disease Control (CDC), for public health activities. This includes, but is not limited to, disclosing your information for:
 - Controlling and preventing disease, injury, or disability.
 - Reporting vital events such as births and deaths.
 - Reporting communicable diseases such as hepatitis, tuberculosis, sexually transmitted diseases & HIV.
 - Tracking FDA-regulated products.
 - Reporting adverse events and product defects or problems.
 - Enabling product recalls, repairs or replacements.
8. **Judicial or Administrative Proceedings.** YCCHS may disclose your health information without your authorization for judicial or administrative proceedings, such as when YCCHS receives an order of a court, such as a subpoena signed by a judge, or administrative tribunal, requiring the disclosure.
9. **Law Enforcement.** YCCHS may disclose your health information without your authorization to law enforcement agencies for law enforcement purposes when applicable legal requirements are met. This includes, but is not limited to, disclosing your information for:
 - Identifying or apprehending an individual who has admitted to participating in a violent crime.
 - Reporting a death where there is a suspicion that death has occurred as a result of a crime.
 - Reporting Fugitive Felons.
 - Routine reporting to law enforcement agencies, such as gunshot wounds.
 - Providing certain information to identify or locate a suspect, fugitive, material witness, or missing person.
 - Investigating a specific criminal act.
10. **Health Care Oversight.** YCCHS may disclose your health information without your authorization to a governmental health care oversight agency for activities authorized by law, such as audits, investigations, and inspections. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and agencies that enforce civil rights laws.
11. **Cadaveric Organ, Eye, or Tissue Donation.** When you are an organ donor and death is imminent, YCCHS may use or disclose your relevant health information without your authorization to an Organ Procurement Organization (OPO), or other entity designated by the OPO, for determining suitability of your organs or tissues for organ donation. If you have not specified your donation preferences and can no longer do so, your family may make the determination regarding organ donation on your behalf.
12. **Coroner or Funeral Services.** Upon your death, YCCHS may disclose your health information to a funeral director for burial purposes, as authorized by law. YCCHS may also disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.
13. **Services.** YCCHS may provide your health information without your authorization to individuals, companies and others who need to see your information to perform a function or service for or on behalf of YCCHS. An appropriately executed contractual document, if applicable, and business associate agreement must be in place to ensure the individuals, companies and others will appropriately secure and protect your information.
14. **National Security Matters.** YCCHS may use and disclose your health information without your authorization to authorized Federal officials for conducting national security and intelligence activities. These activities may include protective services for the President and others.
15. **Workers' Compensation.** YCCHS may use or disclose your health information without your authorization to comply with workers' compensation laws and other similar programs.
16. **Correctional Facilities.** YCCHS may disclose your health information without your authorization to a correctional facility if you are an inmate and disclosure is necessary to provide you with health care; to protect the health and safety of you or others; or for the safety of the correctional facility.
17. **Required by Law.** YCCHS may use or disclose your health information without your authorization for other purposes to the extent required or mandated by law (e.g., to comply with the Americans with Disabilities Act; to comply with a Health Insurance Portability and Accountability Act (HIPAA) privacy or security rule complaint investigation or review by the Department of Health and Human Services).

18. Activities Related to Research. Before YCCHS may use health information for research, all research projects must go through a special approval process. This process requires an Institutional Review Board (IRB) to evaluate the project and its use of health information based on, among other things, the level of risk to you and to your privacy. For many research projects, including any in which you are physically examined or provided care as part of the research, you will be asked to sign a consent form to participate in the project and a separate authorization form for use and possibly disclosure of your information. However, there are times when YCCHS may use your health information without an authorization, such as, when:

- A researcher is preparing a plan for a research project. For example, a researcher needs to examine patient medical records to identify patients with specific medical needs. The researcher must agree to use this information only to prepare a plan for a research study; the researcher may not use it to contact you or actually conduct the study. The researcher also must agree not to remove that information from the YCCHS health care facility. These activities are considered preparatory to research.
- The IRB approves a waiver of authorization to use or disclose health information for the research because privacy and confidentiality risks are minimal and other regulatory criteria are satisfied.
- A Limited Data Set containing only indirectly identifiable health information (such as dates, unique characteristics, unique numbers or zip codes) is used or disclosed, with a data use agreement (DUA) in place.

19. Academic Affiliates. YCCHS may use or disclose your health information without your authorization to support our education and training program for students and residents to enhance the quality of care provided to you.

20. State Prescription Drug Monitoring Program (SPDMP). YCCHS may use or disclose your health information without your authorization to a SPDMP in an effort to promote the sharing of prescription information to ensure safe medical care.

21. General Information Disclosures. YCCHS may disclose general information about you without your authorization to your family and friends. These disclosures will be made only as necessary and on a need-to-know basis consistent with good medical and ethical practices, unless otherwise directed by you or your personal representative. General information is limited to:

- Verification of identity.
- Your condition described in general terms (e.g., critical, stable, good, prognosis poor).
- Your location in a YCCHS health care facility.

22. Verbal Disclosures to Others While You Are Present. When you are present, or otherwise available, YCCHS may disclose your health information to your next-of-kin, family, or to other individuals that you identify. Your doctor may talk to your spouse about your condition while in the exam room with you. Before YCCHS makes such a disclosure, YCCHS will ask you if you object or if it is acceptable for the person to remain in the room. YCCHS will not make the disclosure if you object.

23. Verbal Disclosures to Others When You Are Not Present. When you are not present, or are unavailable, YCCHS health care providers may discuss your health care or payment for your health care with your next-of-kin, family, or others with a significant relationship to you without your authorization. This will only be done if it is determined that it is in your best interests. YCCHS will limit the disclosure to information that is directly relevant to the other person's involvement with your health care or payment for your health care. Examples may include, but are not limited to, questions or discussions concerning your medical care, home-based care, medical supplies such as a wheelchair, and filled prescriptions.

Changes to This Notice. YCCHS reserves the right to change this Notice. The revised privacy practices will pertain to all existing health information, as well as health information YCCHS receives in the future. Should there be any changes to this Notice, YCCHS will make a copy of the revised Notice available to you within 60 days of any change. The Notice will contain the effective date on the first page.

Contact Information. You may contact YCCHS at 1090 Commerce Drive, Prescott, AZ 86305 if you have questions regarding the privacy of your health information or if you would like further explanation of this Notice.