

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.

We are required by law to maintain the privacy of protected health information, and must inform you of our privacy practices and legal duties. You have the right to obtain a paper copy of this Notice upon request.

We are required to abide by the terms of the Notice of Privacy Practices that is most current. We reserve the right to change the terms of the Notice at any time. Any changes will be effective for all protected health information that we maintain. The revised Notice will be posted at JFCS sites and on our web site (www.jfcsaz.org). You may request a paper copy of the revised Notice at any time. You may also ask us to communicate any changes to this Notice via email.

JFCS has designated a Privacy Officer to answer your questions about our privacy practices and to ensure that we comply with applicable laws and regulations. The Privacy Officer will also take your complaints and can give you information about how to file a complaint.

You can contact the Privacy Officer at 602-279-7655 or email qm.compliance@jfcsaz.org

Use and disclosure of your protected health information that we may make to carry out treatment, payment, and health care operations

We may use information in your record to provide treatment to you. We may disclose information in your record to help you get health care services from another provider, a hospital, etc. For example, if we want an opinion about your condition from a specialist, we may disclose information to the specialist to obtain that consultation.

We may use or disclose information from your record to obtain payment for the services you receive. For example, we may submit information to the funding source with regard to your condition in order to demonstrate that the service should be covered.

We may use or disclose information from your record to allow “health care operations.” These operations include activities like reviewing records to see how care can be improved, contacting you with information about treatment alternatives, and coordinating care with other providers. For example, we may use information in your record to train our staff about your condition and treatment.

Your rights:

- You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be allowed for treatment, payment, or health care operations. However, we do not have to agree to these restrictions.
- 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 healthcare insurer, unless a law requires us to share that information
- Substance abuse disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records and the Health Insurance Portability Accountability Act. (“HIPAA”), and cannot be disclosed without your written consent or court order to share this information.
- You have a right to receive confidential communications from us. For example, if you want to receive bills and other information at an alternative address, please notify us.
- You have a right to inspect the information in your record and may obtain a copy of it. This may be subject

to certain limitations and fees. Your request must be in writing.

- If you believe information created by us that is contained in your record is inaccurate or incomplete, you may request amendment of the information. You must submit sufficient information to support your request for amendment and must be in writing. If we do not agree with the changes, you have the right to file a statement of disagreement with JFCS's Privacy Officer.
- You have the right to request an accounting of certain disclosures made by us. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures authorized by you, or which we may have made to you, to family members, relatives or friends involved in your care, as well as any releases authorized by federal law or required by law.
- You have the right to receive a notice from us that a breach of your secure or unsecured protected health information occurred.
- If you believe your privacy rights have been violated, you may file a complaint with our office by contacting us and our Privacy Officer at 602-279-7655 or email qmcompliance@jfc saz.org. You have the right to file a complaint with The Secretary of the U.S. Department of Health and Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints. All complaints must be in writing. You will not be penalized for filing a complaint.

Except, as described in this Notice, we may not make any use or disclosure of information from your record unless you give your written authorization. You may revoke an authorization in writing at any time, but this will not affect any use or disclosure made by us before the revocation. In addition, if the authorization was obtained as a condition of obtaining authorization for service, we may have the right to contest even if you revoke the authorization.

Use or disclosure of your protected health information that we are required to make and/or allowed to make without your permission:

In certain circumstances, we are required by law to make a disclosure of your health information. For example, we may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. If we reasonably believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to a government authority authorized to receive reports of abuse, neglect or domestic violence. The information will be disclosed when you agree to the release of the information or the disclosure will be made consistent with the requirements of applicable federal and state laws including protections afforded you to prevent serious harm.

We are required to disclose information to funding sources as requested and required by contract or agreement.

We may use or disclose information from your record if we believe it is necessary to prevent or lessen a serious and imminent threat to the safety of a person or the public. We may report suspected cases of abuse, neglect, or domestic violence involving adults or persons with disabilities.

There are certain situations where we are allowed to disclose information from your record without your permission. In these situations, we must use our professional judgment before disclosing information about you. Usually, we must determine that the disclosure is in your best interest, and may have to meet certain guidelines and limitations.

If you receive mental health care, including treatment for substance abuse, information related to that care may be more protected than other forms of health information. Communications between a psychotherapist and patient in treatment are privileged and may not be disclosed without your permission, except as required by law. For example, psychotherapists still must report suspected abuse, and may have to breach confidentiality if you appear to pose an imminent danger to yourself or others, in order to reduce the likelihood of harm to you or others.

We may report births and deaths to public health authorities, as well as certain types of diseases, injuries, adverse drug reactions, and product defects. We may disclose information from your record to a medical examiner or

coroner. We may disclose information to funeral directors to allow them to carry out their duties upon your death. We may disclose information from your record to facilitate organ, eye, or tissue donation and transplantation.

We may assist in health oversight activities, such as investigations of possible health care fraud.

We may disclose information from your record as authorized by workers' compensation laws.

We may disclose information from your record if ordered to do so by a court, grand jury, or administrative tribunal. Under certain conditions, we may disclose information in response to a subpoena or other legal process, even if this is not ordered by a court.

We may disclose information from your record to a law enforcement official if certain criteria are met. For example, if such information would help locate or identify a missing person, we are allowed to disclose it.

If you tell us that you have committed a violent crime that caused serious physical harm to the victim, we may disclose that information to law enforcement officials. However, if you reveal that information in a counseling or psychotherapy session, or in the course of treatment for this sort of behavior, we may not disclose the information to law enforcement officials.

We may use or disclose information from your record for research under certain conditions.

Under certain conditions, we may disclose information for specialized government purposes, such as the military, national security and intelligence, or protection of the President.

We may contact you with information about treatment alternatives or other health-related benefits or services that may be of interest to you.

We may contact you for fundraising efforts. You have the right to tell us that you do not want to be contacted in our fundraising efforts.