

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 OMCompliance@jfcsaz.org

JFCS implements administrative, technical and physical safeguards to protect the storage, access and use of patient health information. All medical records or paper PHI are maintained in the secure electronic health record, or properly stored in secure areas only accessible to authorized personnel.

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 and member data to see how care can be improved, contacting you with information about treatment alternatives, coordinating care with other providers, processing medical record requests. For example, we may use information in your record to train our staff about your condition and treatment.

JFCS is responsible to maintain a designated medical record set for clients. Information contained in the medical record may include but is not limited to; address, email, phone number, funding source, race/ethnicity, language, age, gender, gender identity, sexual orientation, cultural preferences, assessment and screening results, diagnosis, medications, referrals and treatment interventions. All information in the medical record is considered to be confidential and will be maintained in a secure environment and will not be disclosed without the proper consent from client, guardian or designated representative or within the guidelines of HIPAA and 42 CFR Part 2 permitted uses and disclosures. JFCS clients enrolled in other programs such as The Real World, Shelter Without Walls and Homebase services have additional requirements that JFCS adheres to in regard to release of records.

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 operations with your healthcare insurer, unless a law requires us to share that information.
- Substance use disorder records are protected under the Federal regulations governing Confidentiality of Substance Use Disorder Patient Records (“Part 2”) and the Health Insurance Portability and Accountability Act. (“HIPAA”), and cannot be disclosed without your written consent or court order to share this information, this includes consent from minors regarding the disclosure of substance abuse 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 are a registered user in the JFCS patient portal, you may also submit your record request there.
- 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 the request must be in writing. If we do not agree with the requested changes, you have the right to file a statement of disagreement with JFCS’s Privacy Officer and for a copy to be placed in your medical record.
- 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 Privacy Officer by contacting us at 602-279-7655 or email qmcompliance@jfcsaz.org. If you feel that we were unable to adequately address your concerns, 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 by notifying your enrolled clinic or email qmcompliance@jfcsaz.org, 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. During times of a “bona fide emergency” that results in disruption of treatment facilities and services, JFCS will follow state, local and Federal guidelines for the sharing of health information.

Use and disclosure of your protected health information that require your authorization:

- Release or disclosure of any patient information that is not permitted under HIPAA, 42 CFR Part 2, court authority or covered through a Business Associate Agreement with JFCS will require the patient to sign a release prior to disclosure. Additional permissions may be necessary from the client prior to release of records based on other regularity requirements (e.g. Shelter Without Walls)

- JFCS does not keep “psychotherapy notes” as that term is defined in 45 C.F.R. § 164.501.
- JFCS will not use or disclose your protected health information for marketing purposes without your authorization.
- JFCS will not sell your protected health information without your 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 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 children or 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 use, 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 audits and investigations of possible health care fraud.

We may provide contracted entities for research purposes de-identified healthcare data under permitted uses for the scope of work of the agreement

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 about your medications, diagnosis and other care details to the Arizona Department of Corrections if you become incarcerated in order to prevent adverse medical reactions.

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 or assist in the investigation of a crime, 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.

To the legal representative of a health care provider in possession of the medical records or payment records for the purpose of securing legal advice.

We may use or disclose information from your record for research under certain conditions, including patient level and de-identified data under terms of confidentiality with the research entity.

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.

***See JFCS Receipt of Information for signed client acknowledgment**