



**SBH 1 D 11 02**

**NOTICE OF PRIVACY PRACTICES  
Revised November 1, 2005**

**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. If you have any questions about this Notice, please contact the SBH Privacy Officer (602-265-8338 x4433). The Privacy Officer may also be contacted in writing at: SBH Privacy Officer, Southwest Behavioral Health, 3450 N. 3rd Street, Phoenix, Arizona 85012.**

This Notice of Privacy describes how we may use and disclose health information we have about you. It also describes your rights to access this health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to protect your PHI and to abide by the terms of this Notice of Privacy Practices and to provide you with information regarding SBH privacy policies and practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. We will post the new notice at our Administrative Offices, each program site and on the SBH Web Site ([www.sbhservices.org](http://www.sbhservices.org)). We will provide you with any revised Notice of Privacy Practices if you request a revised copy.

**Your Rights**

**The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.**

- You have the right to inspect and copy your PHI. You must submit your request in writing to your assigned clinician. We may charge a fee for the costs of copying the material you requested and will provide you with access and/or copies within 30 days. We may deny your request to inspect and copy in certain very limited circumstances. You may request that the denial be reviewed. The person who reviews the denial will not be the person who denied your request. We will comply with the outcome of the review.
- You have the right to request a restriction of your PHI, but SBH is not required to agree to your request. You must submit your request in writing to your assigned clinician. In your request you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply. If we do agree with your request we will abide by it except if the information is needed to provide you emergency treatment.
- You have the right to request to receive confidential communications from SBH by alternative means or at an alternative location. You must make your request in writing to your assigned clinician. We will not ask you for the reason for your request. Your request must specify how or where you wish to be contacted and must contain a statement that disclosure of all or part of your medical information that you are requesting to be communicated in a certain way or at a certain location could endanger you.

- You have the right to request to have your clinician amend your PHI. To request an amendment, you must submit your request in writing to your assigned clinician. In addition, you must provide a reason that supports your request. We may deny your request for amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by SBH; is not part of the information which you would be permitted to inspect or copy; or is accurate and complete.
- You have the right to receive an accounting of certain disclosures SBH has made, if any, of your PHI. You must submit this request for a list or accounting of disclosures in writing to your assigned clinician. Your request must state a time period that may not be longer than 6 years and may not include dates prior to April 14, 2003. Your request should include in what form you want the list. The first list you request within a 12-month period will be free. We may charge a fee for any additional lists you request. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.
- You have the right to obtain a paper copy of this notice from us. You may ask us to give you a paper copy of the notice at any time. Even if you have received this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at [www.sbhservices.org](http://www.sbhservices.org). To obtain a paper copy of this notice contact your assigned clinician.

## **I. Complaints**

You may file a complaint with SBH by notifying our Privacy Officer of your concern regarding handling of your PHI. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer at 602-265-8338 x4433 or [privacyofficer@sbhservices.org](mailto:privacyofficer@sbhservices.org) for further information about this process. Complaints must be submitted in writing. You may also file your complaint with the US Secretary of Health and Human Services if you believe we have violated your privacy rights.

## **II. Uses and Disclosures of Protected Health Information (PHI)**

### **A. Uses and disclosures for treatment, payment, and health care operations.**

SBH will use and disclosure your protected health information for treatment, payment and health care operations. For example, your PHI may be used and disclosed by your psychiatrist, our office staff, your clinician, and others outside of this office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed so that payment of your health care bills can be sought, and also for the operations of Southwest Behavioral Health Services

Following are examples of the types of uses and disclosures of your PHI that SBH is permitted to make. These examples are not meant to include all possible uses of your PHI, but to describe the types of uses and disclosures that may be made by our offices.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management with a third party that has already obtained your permission to have access to your PHI. This may include other physicians who may be treating you

when we have your permission to disclose your PHI. For example, your PHI may be sent to a physician to whom you have been referred to ensure that he/she has necessary information to diagnose or treat you for a medical condition.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we request or recommend for you such as making a determination of eligibility or coverage for benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the insurance plan or we may need to tell your health plan about recommended services or medications to get prior approval for those services or medications.

**Healthcare Operations:** We may use or disclose your PHI in order to support the business activities of SBH. These activities include, but are not limited to, auditing of services and billing records, quality assessment, employee review, risk management activities, staff member training, licensing and accreditation. For example, SBH regularly reviews the quality and content of the clinical charts. This requires that actual clinical records be reviewed on a random basis to ensure that clinical documentation meets the regulatory requirements under which we operate. In addition, we may call you by name in the waiting room when your clinician is ready to see you.

We will share your PHI with others that perform various activities for SBH. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may also use your demographic information in aggregation with other consumer demographic information to produce reports about SBH operations to regulatory or funding bodies.

**B. Other Permitted and Required Uses and Disclosures that may be made without your Consent, Authorization, or Opportunity to Object.**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

- Required by Law—in keeping with the law and only that information relevant to the requirements of the law
- Public Health for the purposes of controlling disease, injury or disability
- Regulatory Bodies—to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition
- Abuse or Neglect—to receive reports of child abuse/neglect or if you have been the victim of abuse or neglect
- Health Oversight—to government agencies that oversee health care systems, benefit programs and/or civil rights laws
- Food and Drug Administration—to a person or company required by the FDA to report adverse events, product defects or problems, track products or enable product recalls, replacements or repairs,

- Legal Proceedings and/or Response to a Court Order—in response to a judicial or administrative proceeding or in response to a legal order of the court
- Law Enforcement—as required to comply with legal processes, limited information for identification and location purposes, pertaining to victims of crime, in the event that a crime occurs on SBH premises.
- Coroners, Funeral Directors and Organ Donation—for identification purposes, determination of cause of death,
- Research—to comply with SBH approved and reviewed research
- Criminal Activity—to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- Military activity and National Security—to Armed Forces personnel for activities deemed necessary for military command authority, to determine eligibility for veteran's benefits, for national security or intelligence activities
- Worker's Compensation—to comply with worker's compensation laws
- Inmates receiving Services from SBH Practitioners—if your SBH clinician is providing services to you while you are incarcerated
- Required Uses and Disclosures—to comply with Section 164.500 for investigative purposes as requested by the Secretary of the Department of Health and Human Services

### **C. Other Permitted and Required Uses and Disclosures that may be made.**

We may use and disclose your PHI in the following instances. You have the opportunity to object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your clinician, using professional judgment, will determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

**Facility Directories:** Unless you object, we will use and disclose in our facility directory the location at which you are receiving care. This directory is only available to SBH staff members and to persons who have a need to know this information based upon the business that he/she is conducting with SBH.

**Others Involved in Your Healthcare or Payment for Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify your PHI that directly relates to that person's involvement in your health care (ARS 36509A.8). If you are unable to agree or object to that person's involvement, we disclose such information as necessary to your best interest, based upon our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care and your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Health-Related Benefits and Services:** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may

involve comparing the health and recovery of all consumers who received one medication to those who received another, for the same condition. All research projects are subject to a special SBH approved process that balances a proposed research project and its use of medical information with the consumer's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this evaluation process. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your treatment at SBH.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

**Communication Barriers:** We may use and disclose your PHI if your clinician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the clinician, using professional judgment, determines that you intend to consent to use or disclose under the circumstances.

**As Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law.

### **III. Uses and Disclosure of your PHI with your Permission**

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally be made only with your written permission, called an "authorization". You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your PHI under that authorization, but we cannot undo any use or disclosure we have already made on your previous authorization.

### **IV. Confidentiality of Substance Abuse Records**

For individuals who have received treatment, diagnosis, or referral for treatment from our drug or alcohol abuse programs; federal law and regulations (42 CFR, Part 2) protect the confidentiality of drug or alcohol records. In general, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol drug abuser, unless:

- You authorize it in writing, or
- The disclosure is permitted by court order, or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes, or
- You threaten to commit a crime either at the program site or against any person who works for SBH
- There is a reason to suspect child abuse or neglect may be occurring.

### **V. Confidentiality of HIV or AIDS-related Information**

Disclosure of HIV or Aids-related information is prohibited under Arizona State law. You must provide written authorization before SBH will disclose this information.

### **VI. Who will follow this Notice**

This Notice of Privacy Practices will be followed by all SBH personnel and is applied to all sites and facilities operated by SBH Services.