



Notice of Privacy Practices

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Legal Duty

This Notice of Privacy describes the ways in which your Protected Health Information (PHI) may be used and disclosed to carry out treatment, payment or health care operation and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, which may identify you and that is related to your past, present, future physical or mental condition and related health care services.

Transitions Center is required by law to abide by the terms of this Notice of Privacy Practices and to provide you with information regarding these privacy policies and practices. This Notice of Privacy Practices will be followed by all personnel. We reserve the right to change these privacy practices and the terms of this Notice at any time; provided the changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of the Notice are effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. In addition, the new Notice will be posted in the office.

You may request a copy of this Notice at any time. For more information about these privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information (PHI)

You will be asked by Transitions Center to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, Transitions Center will use your PHI as described in this section. Your PHI may be used and disclosed by your clinician, the office staff, and others outside of this office that are involved in your case and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to the following (ARS 36-509)

- Physicians and providers of health, mental health or social and welfare services involved in your care, treatment and rehabilitation.
- Individuals to whom you have given consent to have the information disclosed.
- Persons legally representing you.
- Persons authorized by a court order.
- Persons doing research or maintaining health statistics. In keeping with office policies and procedures on research and confidentiality.
- Family members who are actively involved in your treatment and to whom you have given written permission to be provided with your PHI.
- The State of Arizona when and if there is a need to investigate complaints of professional negligence, incompetence or lack of clinical judgement.
- The Department of Education or school district for which the information is necessary to provide educational services as required by federal law to persons with disabilities.
- A person appointed by the Court to act on your behalf under ARS 36 Chapter 32.
- A governmental agency or competent professional in order to comply with chapter 37 of this law.
- A Human Rights Committee established under ARS41-35.

Following are examples of the types of uses and disclosures of your PHI that Transitions Center is permitted to make after you have signed the consent form. 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 office once you have provided consent.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your health care and any related services. This may include the coordination or management with a third party that has already obtained your permission to have access to your PHI. We may use or disclose your health information to a physician or other health care provider providing treatment to you when we have 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.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities at your health insurance plan may undertake before it approves or pays for the health care services we request or recommend for you, 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.

Healthcare Operations: We may use and disclose your health information in connection with the health care operations of Transitions Center. Health care operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provide performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

We will share your PHI with third party "Business Associates" that perform various activities for Transitions Center. Whenever an arrangement between our office and a business associate involves the use of PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Your Authorization: In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice. PHI that is disclosed with your written authorization may be redisclosed by the recipient and is not protected by this rule.

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 PHI in the following instances. You have the opportunity to agree or object to the use of disclosure of all or part of your PHI. If you are not present or able to agree or object to the use of disclosure of the PHI, then your clinician, using professional judgement, will determine whether the disclosure is in your best interest. In this case, only the PID 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 Transitions Center staff members and to persons who have a need to know this information based upon the business that he/she is conducting with Transitions Center.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your PHI to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. (ARS 36-509A8) 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.

Other Persons Involved in Your Healthcare: We may use and disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care, 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.

Emergencies: We may use disclose your PHI in an emergency treatment situation. If this happens, your clinician will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

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 judgement, determines that you intend to consent to use or disclosure under the circumstances.

Marketing Health-Related Services: We will not use your PHI for marketing communications without written authorization.

Confidentiality of Substance Abuse Records: For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse services; federal law and regulations protect the confidentiality of drug or alcohol abuse 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 in writing, the disclosure is permitted by a court order, the disclosure is made to medical personnel in a medical emergency or to qualified for research, audit or program for evaluation purposes, or you threaten to commit a crime either at the Transitions Center or against any person who works for Transitions Center. Please see 42 CFR, Part 2 for federal regulations governing confidentiality of alcohol and drug abuse clinical records.

Confidentiality of HIV or AIDS- related Information: Redisclosure of HIV or AIDs-related information is prohibited under Arizona state law. Persons who request HIV or Aids-related information must specifically request this information in writing.

Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object.

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

- **As Required by Law** – in keeping with the law and only that information relevant to the requirements of the law.
- **Public Health Activities** – for the purpose 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.
- **Health Oversight Activities** – to government agencies that oversee healthcare systems, benefits programs and/or civil right laws.
- **Food and Drug Administration** – to a person or company required by the FDA to report adverse events, product defects or problems, tracks products or enables product recalls, replacements or repairs.
- **National Security**- Under certain circumstances your (Armed Forces personnel) PHI may be disclosed to military authorities. We may disclose to authorized federal officials PHI require for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.
- **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 the victim of crime, in the event that a crime occurs of Transitions Center premises or medical emergency and it is likely that a crime occurred.
- **Coroners, Funeral Directors, Organ Donation**- as necessary to allow them to carry out their duties, or in connection with organ or tissue donation.
- **Worker's Compensations**- to the extent necessary to comply with state law for workers' compensation programs.
- **Pertaining to Child Custody** – as per A.R.S 25-403, when either parent requests the records of their minor child
- **Pertaining to the Threat of Harm to Oneself or Others** – in response to a threat of harm to oneself or to another person that could potentially result in a life-threatening situation.
- **Appointment Reminders** – We may use or disclose your PHI information to provide you with appointment reminders (such as voicemail messages, postcards, or letters.)

Patient Rights

Access: you have the right to look at or receive copies of your PHI, with limited exceptions. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you prefer, we will prepare a summary or an explanation of your PHI for a fee.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates

disclosed your PHI for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2013. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to this additional request.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your PHI information by alternative means or to alternative locations. (You must make your request in writing.) You request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your PHI, (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances. If we deny your request to amend, we will notify you in writing. You then have the right to submit a written statement of disagreement with our decision and we have the right to rebut that statement.

Electronic Notice: If you receive this Notice by electronic mail (E-Mail), you are entitled to receive this notice in paper form.

Questions and Complaints

If you want more information about these privacy practices or have questions or concerns, please contact your clinician. You may file a complaint of your concern regarding the handling of your PHI with Transitions Center by utilizing the contact information listed at the end of this Notice. You will not be retaliated against for filing a complaint. You may also submit a written complaint to the U.S. Department of Health and Human Services. You will be provided with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Priscilla Curley
Attn: Privacy Officer
1030 E Guadalupe Rd Tempe Arizona, 85283
Office: (480) 491-1898
Fax: (480) 491-5108

By signing this, I have read and understand the Privacy Policy Notice.

Patient Signature

Date