
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.

If you have any questions about this notice, please contact Christian Family Care's (CFC) Vice President (VP) of Community and Human Flourishing at (602) 234-1935.

WHO WILL FOLLOW THIS NOTICE

This notice describes our agency's practices and that of:

- All departments and units of the agency.
- All employees, staff, and other agency personnel.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI):

We understand that protected health information ("PHI") about you and your health is personal. We are committed to protecting PHI. We create a record of the care and services you receive at the agency. We need this record to provide you with quality care and to comply with certain legal requirements. We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. We are also required by law to notify you in the event of a breach of your unsecured PHI. This Notice applies to all the records of your care generated by the agency, whether made by agency personnel or your personal therapist/case worker.

This Notice will tell you about how we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required to abide by the terms of this Notice currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU WITHOUT YOUR WRITTEN AUTHORIZATION.

- > For Treatment – We may use PHI about you to provide you with health care services. We may disclose PHI about you to doctors, interns, and other health professionals who are involved in taking care of you at the agency. We may also disclose information about you to other health care providers outside the agency so they can provide health care to you.
- > For Payment – We may use and disclose information about you so that the treatment and services you receive may be billed to a third-party payer and so that payment may be collected on your behalf. For example, we may need to give your health plan information about services received at the agency so that your health plan will pay us or reimburse you for the services rendered. We may also tell your health plan about services you are *going to* receive to obtain prior approval or to determine whether your plan will cover the services.
- > For Health Care Operations – We may use and disclose PHI about you for agency operations. These uses and disclosures are necessary to run the agency and to ensure that all our clients receive quality care. For example, we may: use PHI to review our treatment and services and

to evaluate the performance of our staff in caring for you; combine PHI about many clients to decide what additional services the agency should offer, what services are not needed, and whether certain new services are effective; disclose information to other staff and interns for review and learning purposes; combine the PHI we have with PHI from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer; or remove information that identifies you and disclose such “de-identified” information so that others may use it to study health care and health care delivery without identifying specific clients.

- > Appointment Reminders – We may use and disclose PHI to contact you as a reminder that you have an appointment for services at the agency.

OTHER USES AND DISCLOSURES WITHOUT WRITTEN AUTHORIZATION.

- > Treatment Alternatives - We may use and disclose PHI to tell you about or recommend treatment options or alternatives that may be of interest to you.
- > Health-Related Benefits and Services - We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- > Individuals Involved in Your Care or Payment for Your Care – We may release PHI about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. We may disclose the relevant PHI to these persons if you do not object or we can reasonably infer from the circumstances that you do not object to the disclosure; however, when you are not present or are incapacitated, we can make the disclosure if, in the exercise of professional judgment, we believe the disclosure is in your best interest.
- > Research - Under certain circumstances, we may disclose PHI about you for research purposes, provided certain measures have been taken to protect your privacy.
- > As Required by Law – We will disclose PHI about you when required to do so by federal, state, or local law. The use and disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- > To Avert a Serious Threat to Health or Safety – We may use and disclose PHI 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, however, would only be to someone reasonably likely to be able to help prevent the threat.
- > Military and Veterans – If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- > Public Health Risks – We may disclose PHI about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury, or disability;
 - To report births and deaths;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- To notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- > Health Oversight Activities – We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - > Lawsuits and Disputes – We may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process without a court or administrative order, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
 - > Law Enforcement – We may release PHI if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the agency; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
 - > National Security and Intelligence Activities – We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
 - > Inmates – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with services; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
 - > Coroners, Funeral Directors, and Organ Donation – CFC may disclose health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties. We may disclose such information in reasonable anticipation of death. Health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
 - > Workers' Compensation – Your health information may be disclosed by CFC as authorized by and to the extent necessary to comply with workers' compensation laws and other similar legally-established programs.
 - > Other Required Uses and Disclosure – Under the law, CFC must make disclosures to you, and when required by the Secretary of the U.S. Department of Health and Human Services, to investigate or determine our compliance with the law.

FUNDRAISING:

We may use PHI about you to contact you to raise money for the agency, or an agency-related foundation, and its operations. If you wish to have your name removed from the list to receive fundraising requests supporting CFC or a CFC-related foundation, please call (602) 234-1935 or send an email to info@cfcare.org.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION:

- > Use or Disclosure with Your Authorization – We must obtain your written authorization for most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes (with limited exceptions), and disclosures that constitute the sale of PHI. Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your *written* permission. For instance, you will need to complete and sign an authorization form before we can send your PHI to your life insurance company. If you provide us with permission to use or disclose PHI about you, you may revoke that permission, *in writing*, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your *written* authorization. We cannot take back any disclosures we have made with your permission, and we must retain our records of the services we provided you in accordance with AZ Revised Statute §12-2297 “Retention of Records” and CFC Administrative Guideline (AG) 29 – Case Record Maintenance, Closing and Destruction.
- > Uses and Disclosures of Your Highly Confidential Information – Federal and state law sometimes require special privacy protections for certain highly confidential information about you (“**Highly Confidential Information**”). This Highly Confidential Information may include the subset of your PHI that: (1) is maintained in counseling notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about sexually-transmitted disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (7) is about domestic abuse of an adult with a disability; or (8) is about sexual assault. For us to disclose your Highly Confidential Information for a purpose other than those permitted or required by law, we will generally seek your *written* permission.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU:

You have the following rights regarding PHI we maintain about you:

- > Confidentiality – You have the right to request that CFC use only confidential means of communicating with you about health information. This means you may request to have information delivered to you at a certain time or place. CFC asks that such requests be made *in writing*, on a form provided by CFC that must be submitted to the VP of Community and Human Flourishing. CFC will accommodate all reasonable requests.
- > Right to Inspect and Copy – You have the right to inspect and/or request a copy of PHI that may be used to make decisions about your care. Usually, this includes behavioral health and billing records. You may also request that we provide copies of this PHI in a format other than photocopies, such as providing them to you electronically, if the PHI is readily producible in such form and format.

To inspect PHI that may be used to make decisions about you, you must submit your request *in writing* to the VP of Community and Human Flourishing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect or receive a copy in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- > Right to Amend - If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency.

To request an amendment, your request must be made *in writing* and submitted to the VP of Community and Human Flourishing. In addition, you must provide a reason that supports your request.

We may deny your request for an 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 PHI kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is not accurate and complete.

If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision, and we have the right to rebut that statement.

- > Right to an Accounting of Disclosures – You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of information about you other than disclosures related to treatment, payment, health care operations, with your authorization, or certain other types of disclosures.

To request this list of accounting of disclosures, you must submit your request *in writing* to the VP of Community and Human Flourishing. Your request must state a time period which may not be longer than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, on paper, electronically, etc.). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- > Right to Request Restrictions – You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a certain service you have received.

We are not required to agree to your request, except requests to restrict disclosures to a health plan where (a) the disclosure relates to Payment or Health Care Operations disclosures and is not required by law, and (b) the PHI pertains solely to a health care item or service for which you (or another person) have paid in full. If we do agree, we will comply with your request.

To request restrictions, you must make your request *in writing* to the VP of Community and Human Flourishing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- > Right to a Paper Copy of This Notice – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.cfcare.org.

To obtain a paper copy of this notice, submit your request to the VP of Community and Human Flourishing via U.S. mail, fax, e-mail, or phone call.

CHANGES TO THIS NOTICE:

- > We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you and any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, in the lower left-hand corner, the effective date. In addition, each time you begin services at the agency, we will offer you a copy of the current notice in effect.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the agency, Arizona Department of Child Safety, or with the U.S. Department of Health and Human Services. To file a complaint with the agency, contact CFC's VP of Community and Human Flourishing, 2346 N. Central Avenue, Phoenix, AZ 85004 (602) 234-1935. All complaints must be submitted *in writing*.

You will not be penalized for filing a complaint.

Also refer to: CFC Policy 3.7 – Client Rights
CFC Policy 3.9 – Client Grievances
CFC Policy 3.10 – Research Projects
CFC Policy 3.11 – Confidentiality
CFC Policies Section 4.0 – Case Records
CFC AG-29 – Case Record Maintenance, Closing and Destruction
CFC Notice of Privacy Practices
CFC Privacy Policy available in Spanish

Health Insurance Portability and Accountability Act of 1996 (HIPAA),
Public Law 104-191

COA Cross Reference: RPM 5; CR 2

PROCEDURAL APPROVAL: _____



DATE: _____

3.6.23