

SOUTHWEST HUMAN DEVELOPMENT (SWHD) NOTICE OF PRIVACY PRACTICES

Effective Date April 14, 2003

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.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Southwest Human Development. We need this record to provide you with quality care and to comply with legal requirements. We are required by law to abide by the terms of this Notice of Privacy Practices and to provide you with information regarding SWHD privacy policies and practices.

CHANGES TO THIS NOTICE

We may change the terms of our notice at any time. We will post the new notice at our Administrative Offices and on the SWHD Web Site (www.swhd.org). You may also obtain the revised Notice of Privacy Practices by calling the Privacy Officer (602-200-0434) and requesting that a revised copy be sent to you or be provided to you at the time of your next appointment.

YOUR RIGHTS REGARDING YOUR P.H.I.

The following is a statement of your rights with respect to your PHI. You have the right to:

- See and Receive copies of your PHI.
- Request a restriction of your PHI.
- Choose how the program communicates with you in a certain way or at a certain place.
- Request to amend or correct your PHI if you think there is a mistake. You must provide a reason for your request.
- Receive a list of certain disclosures SWHD has made, if any, of your PHI.
- Obtain a paper copy of this notice from us.

Any of the above requests must be made in writing and submitted to the SWHD Privacy Officer.

USES AND DISCLOSURES OF P.H.I.

The following are examples of the types of uses and disclosures of your PHI that SWHD is permitted to make without your authorization:

- **Treatment:** Your PHI will be used to provide, coordinate or manage your health care and any related services. This may include other physicians who may be treating you. 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. For example, obtaining approval for payment may require that your relevant PHI be disclosed to the insurance plan.

- **Healthcare Operations:** Your PHI will be used or disclosed, as needed, in order to support the business activities of SWHD. These activities include, but are not limited to, quality assessment, employee review, risk management activities, staff member training, licensing and accreditation. For example, SWHD 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 meet 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.
- **Business Associates:** We may use and disclose your information with third party "Business Associates" that perform various activities for SWHD. 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.
- **Appointment Reminders:** We may use and disclose your information to remind you of appointments.
- **Treatment Options:** We may use your health information to inform you of treatment options or other health-related services we offer that may be of interest to you.

USES AND DISCLOSURES OF P.H.I WHEN PERMITTED OR REQUIRED BY LAW

We may use or disclose your PHI in the following situations without your authorization when permitted or required to by law:

- **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.
- **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.
- **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 SWHD premises and a medical emergency where it is likely that a crime occurred.
- **Coroners, Funeral Directors and Organ Donation** - for identification purposes, determination of cause of death.
- **Research** - to comply with SWHD 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 SWHD Practitioners** - if your SWHD clinician is providing services to you while you are incarcerated.
- **In any other instance required by law.**

USES AND DISCLOSURES OF P.H.I. WITH YOUR AUTHORIZATION

Uses and disclosures not described above 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, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

SWHD may also disclose PHI to family members and/or other persons involved in your care or payment for your care. If you do not want us to do so, please inform our Privacy Officer in writing.

WHO WILL FOLLOW THIS NOTICE

This Notice of Privacy Practices will be followed by all SWHD representatives and is applied to all applicable sites and facilities operated by SWHD. In addition, these sites and facilities may share health information with each other for treatment, payment or health care operation purposes.

COMPLAINTS

You may file a complaint with SWHD 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, (602-200-0434) or SWHDprivacy@swhd.org for further information about this process.