

*Effective Date: September 6, 2011*

## **HIPAA Notice of Privacy Practices**



CAMP WELLNESS  
U of A - RISE  
HEALTH AND WELLNESS CENTER  
1030 N. Alvernon Way  
Tucson, AZ 85711  
**Phone: 520-396-2310**  
**Fax: 520-396-2306**

*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:

- make sure that information that identifies you is kept private. This information is your protected health information (PHI);
- tell you how we may use and disclose your PHI for services\*, payment and health care operations, as well as for other purposes that are permitted or required by law;
- give you this notice of our legal duties and privacy practices with regard to your health information;
- follow the terms of this Notice currently in effect.

You have certain rights regarding the privacy of your PHI. We describe them in this notice. If you need more information, you may call the Camp Wellness Program Director at 520-396-2310.

### **Ways in Which We May Use and Disclose Your Protected Health Information**

*The following paragraphs describe different ways that we use and disclose your PHI. We have provided examples for each category, but these examples are not meant to be exhaustive.*

\*The HIPAA Privacy Rule refers to this as "Treatment."

**Services:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We will also disclose your health information to the staff who are part of your treatment team. Additionally, at times, we may disclose your health information to another party who you have requested be involved in your care.

**Payment:** We will disclose your PHI to obtain payment for the AHCCCS services we provide you.

**Program Operation:** We will use and disclose your PHI to support the business activities of our program. We may use and disclose your PHI to assess RISE's compliance with the Arizona Department of Health Services or to review and improve the quality, efficiency and cost of care.

**Appointment Reminders:** We will use and disclose your PHI to contact you as a reminder about schedules, appointments or services.

**Services Alternatives:** We will use your PHI to tell you about or recommend possible alternative services or options that may be of interest to you.

**Others Involved in Your Care:** We will use and disclose your PHI to a family member, a relative, a close friend, or any other person you identify that is involved in your health care.

**Research:** We may use and disclose your PHI to researchers provided the research has been approved by an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**As Required or Permitted By Law:** We will use and disclose your PHI when required or permitted to do so by federal, state or local law.

Examples of this would include:

- Government agencies and their contractors as part of regulatory reports, audits, encounter reports
- In response to a court or administrative order, subpoena, or discovery request
- Health oversight agencies for licensure, inspections, disciplinary actions, audits, investigations government program eligibility, government program standards compliance, and for certain civil rights enforcement actions
- Law enforcement purposes in the event of an emergency
- Coroners to permit identification or determine cause of death or with funeral directors to allow them to carry out their duties
- Secretary of the Department of Health and Human Services to investigate our HIPAA compliance efforts.

There may be other situations when the law requires or permits us to share information.

**HIV Information:** All medical information regarding HIV status is kept confidential in accordance with Arizona state law. Unless otherwise required by law, disclosure of any medical information referencing HIV status may only be made with your specific written authorization. A general authorization for the release of such HIV information is not sufficient.

**To Avert a Serious Threat to Public Health or Safety:** We will use and disclose your PHI to a public

health authority that is permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your health information to a foreign government agency that is collaborating with the public health authority.

**Abuse, Neglect & Domestic Violence:** We may disclose your health information to public authorities as required by the law to report abuse, neglect, or domestic violence.

**Revisions to This Notice :** We may revise this notice to reflect any changes in our privacy practices. We reserve the right to make the revised or changed notice effective for information we already have about you as well as for any information we receive in the future. You may request a copy of the current notice in effect from the Program Director, and it will be posted on our website.

### **Your Health Information Rights**

You have the right to:

**A Paper Copy of This Notice:** You have the right to receive a paper copy of this notice upon request.

**Inspect and Copy:** You have the right to inspect and copy the PHI that we maintain about you in our designated record set as long as we maintain the information. This designated record set includes your health and billing records, as well as any other records or information we use as part of our services. If you wish to inspect or copy your health information, you must submit a request in writing to the Program Director. You may mail or bring in the request personally. We have 30 days to respond or 60 days if information is off-site, and we will inform you of this.

**Request Amendment:** You have the right to request an amendment to your health information if you feel that it is incomplete or inaccurate. You must make this request in writing to our Program Director, stating exactly what information is incomplete or inaccurate and your reasoning that supports your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment;
- The information is not part of the record which you are permitted to inspect and copy;
- The information is not part of the designated record set kept by this program;
- Or if it is the opinion of the health care provider that the information is accurate and complete.

**Request Restrictions:** You have the right to request a restriction or limitation of how we use or disclose your health information for services, payment, or program operations. Your request must be made in writing to our Program Director.

We are not required to agree to your request. However, if we do agree, we will comply with your request unless that information is needed for emergency services.

**An Accounting of Disclosures:** You have the right to request a list of the disclosures of your program information that we have made outside of our program that were not for services, payment, health care operations or authorized by you. Your request must be made in writing and must state the time period for

the requested information.

Records for Camp Wellness may be requested as of December 9, 2009, the beginning of the program and for a period of six years after that date or your first date of service, whichever comes first.

Your first request for a list of disclosures within a 12- month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

**Request Confidential Communications:** You have the right to request how we communicate with you to preserve your privacy. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

**File a Complaint:** If you believe we have violated your privacy rights, you have the right to file a complaint with the University of Arizona Privacy Officer, with the Program Director or directly with the U.S. Department of Health and Human Services.

To file a complaint you may call 520-621-1465, email ORCR-VPR@ email.arizona.edu, fax your complaint to 520-621-1429 or mail to Privacy Officer 1618 E Helen St. Tucson, Arizona 85719. Provide as much detail as you can about the suspected violation. You should know that there would be no retaliation for your filing a complaint.

#### **Other Uses or Disclosures**

Uses or disclosures of your health information not covered by this notice or the laws that apply to us may only be made with your written authorization. You may revoke such authorization in writing at any time, and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.