



This notice describes your rights as a patient at Chiricahua Community Health Centers, Inc. (CCHCI) and this notice is followed by our employees, staff and other personal under the Federal Health Insurance Portability and Accountability Act, (HIPAA) Notice of Privacy Practices for Protected Health Information. This notice also describes how your health information may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Understanding Your Health Record/Information

What is in your health care record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and for you to make better informed decisions when authorizing disclosure to others.

Each time you visit one of our office locations a record of your visit is made. This record includes, but is not limit to your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, referred to as “your health record”, may be used or shared by our practice for the following reasons:

- A basis for planning your care and treatment.
- A means of communication among health professionals inside and outside of CCHCI, to include health care/ behavioral health providers and clinical care coordinators who contribute to your care.
- A legal document describing the care we provided to you.
- A record that you or a third-party payer can verify that services billed for were actually provided.
- A training tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of this county, state and the nation.
- A tool which we can assess and continually work to improve the care we render and the outcomes we achieve.

- To provide you with information on additional treatment alternatives and other health related benefits.
- We may use your information for appointment reminders as defined by the “consent” section of the patient registration form.

Your Health Information Rights:

Although your health record is the physical property of this organization, the information belongs to you. You have the right to:

- Obtain a copy of this “Notice of Patient Privacy Practices”
- Right to request an amendment to your health information record. If you believe health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is stored by CCHCI. To request an amendment, obtain a medical record amendment/correction form from any staff member; complete and return the request to the CCHCI Risk Manager. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny or partially deny your request if you ask us to amend information that: We did not create, unless the person or entity that created the information is no longer available to make the amendment, is not part of the health information that we keep, you would not be permitted to inspect and copy, or is accurate and complete. If we deny or partially deny your request for amendment, you have the right to submit a rebuttal and request the rebuttal be made a part of your

medical record. Your rebuttal needs to be 10 pages in length or less and we have the right to file a rebuttal responding to yours in your medical record. You also have the right to request that all documents associated with the amendment request including rebuttal, be transmitted to any other party any time that portion of the medical record is disclosed.

- Inspect and/or receive a paper or electronic copy of your health record upon request as provided for in 45 Code of Federal Regulations (CFR) 164.512 and 45 CFR 164.524 (HIPAA).
- If your request to inspect or receive a copy of your healthcare record is approved, we will contact you and provide you with supervised access to your medical record. We will provide a copy or a summary of your healthcare information, within 30 days of your request. We may charge a reasonable, cost-based fee. In certain situations, such as; if providing access would cause harm, we can deny access. You do not have a right of access to the following:

Mental Health or Psychotherapy notes. Such notes comprise those that are recorded in any medium by a health care professional who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of your medical record.

Information compiled in reasonable anticipation of or for use in civil, criminal or administrative actions or proceedings.

PHI (protected health information) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42



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U.S.C § 263a, to the extent that the provision of access to the individual would be prohibited by law.

Information obtained from someone other than a health care professional under the promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

In other situations, the provider may deny you access but, if the provider does, the provider must provide you with a review of the decision denying access. These “reviewable” grounds for denial include:

Licensed healthcare professional has determined, in the exercise of professional judgment that the access is reasonably likely to endanger the life or physical safety of the individual or another person.

- If you choose to use the Patient Portal, you are responsible for maintaining the confidentiality of your account and password and for restricting access to your account, and you agree to accept responsibility for all activities that occur under your account. We do not sell or rent or share personally-identifying information collected during your use of Patient Portal without your permission. A full patient portal privacy policy is available on the NextGen Patient Portal website.

- Obtain an accounting of disclosures of your health information. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement. To obtain this list, you must submit your request in

writing to the Privacy Officer. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

- Request confidential communications of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information. The right to request a restriction does not extend to uses and disclosures permitted or required under subsection §§ 164.512 (uses and disclosures required by law, for mandatory communicable disease reporting), in these cases, you do not have the right to request restriction certain information to health plans if you fully paid for these services out of pocket.

- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

- You have a right to opt out of communications for fund raising activities of this practice. CCHCI will participate in Notice of Health Information Practice (HIO Notice) as is in accordance with 42CFR part 2. CCHCI is authorized to disclose all or parts of your record, including without limitation, information pertaining to substance abuse, psychiatric, HIV and other information, in accordance with federal, state and other applicable laws including HIPAA. Some of your

health information will be sent to Health Current, unless you opt out in writing.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information as defined by federal and state laws.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Notify you of a breach of your protected health care information.
- Notify you if we are unable to agree to a requested restriction.

We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the changes in our reception area. At your request, we will provide you with a revised “Notice of Patient Privacy Practices.”

To Report a Problem If you believe your privacy rights have been violated, you may file a complaint by calling our Compliance Hotline 1-520-515-8662 ext. 7599. Or with the Secretary of the Department of Health and Human Services at: Office for Civil Rights Region X U.S. Department of Health and Human Services 2201 Sixth Avenue – Mail Stop RX-11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD). There will be no retaliation for filing a complaint.

Treatment, Payment and Health Operations:

Treatment: Information obtained by a member of our health care team will be recorded in your record and will be used to determine the course of treatment we believe is best for you. We may also share with others involved with your treatment, copies of your health care information to assist them in treating you.



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- **Payment:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as, your diagnosis, procedures, and supplies used.
- **Healthcare Operations:** Members of the medical staff may use or disclose information in your health record to assess the care and outcomes in your case and others like it. This information may be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.
- **Business Associates:** There are some services provided to our organization through contracts with business associate(s). When these services are contracted, we may need to use or disclose your health information to our business associate(s) so they can perform the job we've hired them to do. HIPAA now requires the business associate to protect your health information just as we do. Therefore, this practice requires the business associate, their agents, subcontractors and representatives to sign a "Business Associate Agreement" protecting and securing your health information as required by federal and state law.
- **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. (As governed by federal and state law and the "consent" section of the patient registration form).
- **Communication with Family:** Our health care professionals, using their best judgment, may disclose to a family member, other relative, close

personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care, as governed by federal and state law.

- **Research:** We may disclose information to researchers, when an institutional review board having reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research. This information will be de-identified.

- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- **Workers Compensation:** We may use or disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

- **Public Health:** As required by law we may disclose your health or legal information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- **Correctional Institution:** Should you be an inmate of a correctional institution; we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

- **Law Enforcement:** We may use or disclose your PHI as required by law or required by a court ordered subpoena.

- **Abuse and Domestic Violence:** As provided by federal and state law, we may, at our professional discretion, disclose to proper federal or state authorities health care information related to possible or known abuse or domestic violence.

- **Authorization:** We will not use or disclose your health information without written authorization from you or your legal representative for: psychotherapy notes, HIV/AIDS status, drug and alcohol abuse records, marketing purposes, disclosures that constitute the sale of your PHI, or other uses and disclosures not described in this notice.