



Maricopa County Department of Public Health
Division of Community Health and Records Services
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 AND LET US KNOW IF YOU HAVE ANY QUESTIONS.

We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This Notice describes how we may use your medical information within the Clinic and how we may disclose your medical information to others outside the Clinic. Certain uses and disclosures of your medical information require authorization. Other uses and disclosures not described in this notice will be made only with the individual's authorization.

This Notice also describes the rights you have concerning your own medical information. Please note that incarcerated patients do not have the right to notice under this section.

PURPOSES FOR WHICH WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

Healthcare Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to other health care providers or emergency medical personnel who need that information for your treatment and follow-up medical care.

Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, organizations which pay for your services, such as the state or a health plan, may ask to see parts of your medical record before they will pay us for your treatment.

Health Care Operations: For example, we may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. We may employ the services of business associates who may assist us in one or more tasks and who may use, handle, or create medical information.

Family Members and Others Involved in Your Care: We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want Maricopa County to disclose your medical information to other individuals, please inform the registration staff.

Research: We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law: Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect, vulnerable adults, and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to Workers' Compensation Programs for work-related injuries.

Public Health: We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the state government. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Public Safety: We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct within Maricopa County. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat of health or safety.

Health Oversight Activities: We may disclose medical information to a government agency that oversees Maricopa County or its personnel, such as the State Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor Maricopa County's compliance with state and federal laws.

Coroners, Medical Examiners, and Funeral Directors: We may disclose information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

Military, Veterans, National Security and Other Government Purposes: If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. Maricopa County may also disclose medical information to Maricopa County federal officials for intelligence and national security purposes or for presidential protective services.

Organ and Tissue Donation: We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

Judicial Proceedings: Maricopa County may disclose medical information if ordered to do so by a court or if a subpoena or search warrant is served. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Information with Additional Protection: Certain types of medical information have additional protection under state and federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, Maricopa County is required to get your permission before disclosing that information to others in many circumstances.

Restrictions on disclosure of PHI to health plan: Maricopa County must abide by a request to restrict disclosure of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

Other Uses and Disclosures: If Maricopa County wishes to use or disclose your medical information for a purpose that is not discussed in this notice, Maricopa County will seek your authorization. If you give your authorization to Maricopa County, you may take back that authorization any time, unless we have already relied on your authorization to use or disclose information. If you would ever like to revoke your authorization, please notify the Medical Records Department in writing.

YOUR RIGHTS UNDER HIPAA

Right to Request Your Medical Information: You have the right to look at your own medical information and to get a copy of that information. Please note that exceptions may apply as provided by law. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, call or write to the Medical Records Department (contact information at the end of this Notice) .

Right to Request Amendment of Medical Information You Believe is Erroneous or Incomplete: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, submit a written request to the Medical Records Department.

Right to Get a List of Certain Disclosures of Your Medical Information: You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, submit a written request to the Medical Records Department. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How Maricopa County Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations: You have the right to ask us NOT to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the system. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Compliance / Privacy Officer and describe your request in detail. Maricopa County is required to agree to a request to restrict disclosure of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which the patient has paid out of pocket in full.

Right to Request Confidential Communications: You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please discuss this with your caregiver, or submit a written request to the Compliance/Privacy Officer. You can also ask to speak with your health care providers in private outside the presence of other patients.

Right to be Notified Following a Breach of Unsecured PHI: You have the right to be notified if your medical information has been breached. Maricopa County's HIPAA Compliance Office will notify you in any event where your medical information has been breached.

CHANGES TO THIS NOTICE: From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time at any Maricopa County Facility or by requesting one from the Compliance / Privacy Officer.

DO YOU HAVE CONCERNS OR COMPLAINTS? Please tell us about any problems or concerns you have with your Privacy Rights or how Maricopa County uses or discloses your medical information. If you have a concern, please contact the Compliance / Privacy Officer. If for some reason Maricopa County cannot resolve your concern, you may also file a complaint with the federal government. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS?

Maricopa County is required by law to give you this notice and to follow the terms of the notice that is currently in effect. If you have any questions about this notice, or have further questions about how Maricopa County may use and disclose your medical information, please contact the Compliance / Privacy Officer.

Maricopa County Department of Public Health, Division of Clinical Services, Medical Records Office:
1645 E. Roosevelt St, Phoenix, AZ 85006, (602) 506-6018

Maricopa County HIPAA Compliance/Risk Management:
4041 N Central Ave, Suite 1400, Phoenix, AZ 85012, (602) 506-6606

Department of Health & Human Services, Office of Civil Rights:
50 United Nations Plaza, Room 322, San Francisco, CA 94102