

## 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 talk with Harry S. Cole Jr., LMFT at 480-254-6395, 180001 N. 79<sup>th</sup> Ave., Suite B-45, Glendale, AZ 85308.

This Notice of Privacy describes how I may use and disclose health information I have about you. It also describes your rights to access this health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

I am required by law to protect your PHI and to abide by the terms of this Notice of Privacy Practices and to provide you with information regarding my privacy policies and practices. I may change the terms of my notice at any time. The new notice will be effective for all protected health information that I maintain at that time. I will post the new notice at each office, and at ([www.familytalkaz.com](http://www.familytalkaz.com)). I will provide you with any revised Notice of Privacy Practices if you request a revised copy.

### Your Rights

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- ❖ You have a right to review your records and must be requested in writing. Reasonable copy fees apply. I prefer to give you in person and discuss the information you request, versus mailing you the documents to minimize the possibility of misinterpretation. I do not keep any "secret notes", so please do not ask me to do so. Any part of your record in the files can be released to you, or any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful in any way to you.
- ❖ You have the right to request a restriction of your PHI; Harry is not required to agree to your request. You must submit your request in writing to your assigned clinician. In your request you must tell us what information you want to limit; whether you want to limit my use, disclosure or both; and to whom you want the limits to apply. If I do agree with your request I will abide by it except if the information is needed to provide you emergency treatment.
- ❖ You have the right to request to amend your PHI. To request an amendment, you must submit your request in writing to your assigned clinician. In addition, you must provide a reason that supports your request. I may deny your request for amendment if it is not in writing or does not include a reason to support the request. In addition, I 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 medical information kept by me; is not part of the information which you would be permitted to inspect or copy; or is accurate and complete.
- ❖ You have the right to receive an accounting of certain disclosures I have made, if any, of your PHI. You must submit this request for a list or accounting of disclosures in writing to me. Your request must state a time period that may not be longer than 6 years and may not include dates prior to April 14, 2003. Your request should include in what form you want the list. The first list you request within a 12-month period will be free. I may charge a fee for any additional lists you request. I will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred. You have the right to obtain a paper copy of this notice from us. You may ask us to give you a paper copy of the notice at any time. Even if you have received this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at [www.familytalkaz.com](http://www.familytalkaz.com). To obtain a paper copy of this notice contact me at the address above.

### I. Complaints

You have a right to inform me of any complaint you may have concerning your PHI. You may also file your complaint with the US Secretary of Health and Human Services if you believe I have violated your privacy rights or the Arizona Board of Behavioral health Examiners.

### II. Uses and Disclosures of Protected Health Information (PHI)

- A. Uses and disclosures for treatment, payment, and health care operations. I will use and disclosure your protected health information for treatment, payment and health care operations. For example, your PHI may be used and disclosed by your psychiatrist, my office staff, myself, and others outside of this office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed so that payment of your health care bills can be sought, and also for the operations of my practice.

Following are examples of the types of uses and disclosures of your PHI that I am permitted to make. These examples are not meant to include all possible uses of your PHI, but to describe the types of uses and disclosures that may be made by my offices.

- ❖ Treatment: I will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management with a third party that has already obtained your permission to have access to your PHI. This may include other physicians who may be treating you when I have your permission to disclose your PHI. 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 for a medical condition.
- ❖ Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services I request or recommend for you such as making a determination of eligibility or coverage for benefits, reviewing services provided to you

for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the insurance plan or I may need to tell your health plan about recommended services or medications to get prior approval for those services or medications.

- ❖ **Healthcare Operations:** I may use or disclose your PHI in order to support my business activities. These activities include, but are not limited to, auditing of services and billing records, quality assessment, employee review, risk management activities, staff member training, licensing and accreditation. I will share your PHI with others that perform various activities for me. Whenever an arrangement between my office and a business associate involves the use or disclosure of your PHI, I will have a written contract that contains terms that will protect the privacy of your PHI.

**B. Other Permitted and Required Uses and Disclosures that may be made without your Consent, Authorization, or Opportunity to Object.**

I may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

- ❖ **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
- ❖ **Regulatory Bodies**—to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition
- ❖ **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 premises.
- ❖ **Coroners, Funeral Directors and Organ Donation**—for identification purposes, determination of cause of death,
- ❖ **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
- ❖ **Required Uses and Disclosures**—to comply with Section 164.500 for investigative purposes as requested by the Secretary of the Department of Health and Human Services

**C. Other Permitted and Required Uses and Disclosures that may be made.**

I may use and disclose your PHI in the following instances. You have the opportunity to object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then I will, using professional judgment, will determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

- ❖ Unless you object, I may disclose to a member of your family, a relative, a close friend or any other person you identify your PHI that directly relates to that person's involvement in your health care (ARS 36-509.A.7). If you are unable to agree or object to that person's involvement, I disclose such information as necessary to your best interest, based upon my professional judgment. I may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care and your location, general condition or death. Finally, I may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- ❖ **To Avert a Serious Threat to Health or Safety:** I may use or disclose medical information 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 would only be to someone able to help prevent the threat.
- ❖ **As Required by Law:** I will disclose medical information about you when required to do so by federal, state, or local law.

### **III. Uses and Disclosure of your PHI with your Permission**

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally be made only with your written permission, called an "authorization" or "release of information" (ROI). You have the right to revoke an authorization at any time. If you revoke your authorization I will not make any further uses or disclosures of your PHI under that authorization, but I cannot undo any use or disclosure I have already made on your previous authorization.

### **IV. Confidentiality of HIV or AIDS-related Information**

Disclosure of HIV or Aids-related information is prohibited under Arizona State law. You must provide written authorization before SBH will disclose this information.

### **V. Who will follow this Notice**

This Notice of Privacy Practices will be followed by all personnel associated with Harry S. Cole Jr., LMFT, and is applied to all sites and facilities in which he conducts services.