

Pima Health System

NOTICE OF PRIVACY PRACTICES



EFFECTIVE DATE APRIL 14, 2003

WE ARE REQUIRED BY LAW TO MAINTAIN YOUR PRIVACY AND GIVE YOU THIS NOTICE. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

We know how important privacy is to you. Protecting the information we have about you is important to us, too. We are giving you this Notice because the law requires us to protect your information. It tells about the ways we keep your information safe, and how we use or share it with others. This Notice tells you about your rights.

WE WANT TO PROTECT YOUR PRIVACY

- Everyone who works at Pima Health System has made a promise to protect your privacy and follow this Notice.
- We will get your permission to use or share your health information when required by Arizona or Federal law.
- We expect the healthcare professionals working with us to protect information about you and to follow the law.
- We do not sell information about you to anyone.
- We will only give out the minimum amount of information about you and only as much as is needed.

WE COLLECT INFORMATION ABOUT YOU TO MEET YOUR HEALTHCARE NEEDS

To meet your healthcare needs and to manage our business, it is important that we collect and keep correct information about you. For example:

- We get information such as your name, address, and telephone number from forms you fill out.
- We get medical information about you from your healthcare provider such as a doctor, nurse, or therapist.
- We get other information about you from talking with you or from a family member.

This helps us provide you with the care you need, for example:

- We will need to know if you use a wheelchair to make the right type of transportation arrangements for you.
- or
- We will need to know what your living arrangements are to help you get the care you need.

WE USE OR SHARE INFORMATION WE COLLECT ABOUT YOU TO MEET YOUR HEALTHCARE NEEDS AND TO MANAGE OUR BUSINESS

When you enrolled with AHCCCS, you signed a consent form which lets us use or share health information about you in a number of ways.

For your healthcare treatment, or to provide you with healthcare products or services. Here are some examples of how we might use or share your information:

- We may send information about you to a medical equipment company, when your doctor orders medical equipment for you.
- We may need to let transportation know if you use a wheelchair so they can help you.
- We may need to talk to a home health agency so they can take care of you.

For payment to the healthcare providers who deliver these treatments, services or products to you. Here is an example:

- We may tell your doctor you are part of Pima Health System so we can pay for your healthcare services.

For us to manage our healthcare operations so we can:

- Manage your care.
- Do medical reviews.
- Consult with healthcare providers.
- Case manage and to do care coordination.
- Manage our compliance programs.
- Do accounting, legal and auditing work.
- Do business planning and general administrative activities.
- Provide customer services.
- Resolve concerns and grievances.
- Create our reports and collect data.

Here are some examples of what we might do:

- Our quality management staff may check on how well our doctors are meeting your medical care needs.
- A case manager may talk to you about other treatments or healthcare services to help you.
- We might call you to remind you of an appointment we've scheduled for you.
- We might talk about concerns you may have about your medical care.

For use by our business partners who carry out some of our work for us. These may be companies that help us process your prescriptions, or review dental services you receive through us.

For studies with state agencies to develop new and better medical treatments.

To anyone you have named as helping you with your care or who helps pay for your care.

FEDERAL AND STATE LAW ALLOWS US TO SHARE INFORMATION WE COLLECT ABOUT YOU FOR OTHER REASONS WITHOUT YOUR PERMISSION

- For your own protection by reporting fraud or abuse to law enforcement agencies or protective service agencies.
- For national security reasons, law enforcement purposes, or orders of a court.
- To a state or federal agency who oversees healthcare and does audits, investigations, inspections, licensure, or studies.
- For worker's compensation programs.
- To prevent serious threats to your safety or to the public.
- For public health activities such as:
 - preventing or controlling disease;
 - information for death certificates;
 - information to coroners and medical examiners;
 - reporting child abuse or neglect;
 - reactions to medications or problems with products;
 - to notify people of drug recalls;
 - possible spread of a communicable disease.

WE TAKE SPECIAL CARE TO PROTECT YOUR INFORMATION

- We take physical, and electronic measures to help safeguard your information.
- We have written standards and procedures that our staff and healthcare providers must follow when handling your private information.
- Our employees receive training and sign a form to promise to protect your information.

THESE ARE YOUR RIGHTS

- You may get a copy of health information we collect about you. If there is information that the law does not let us give you, we will tell you.
- If we have incorrect information about you, you may ask us in writing to change it and why.
- You may ask us in writing for a list to whom we gave your health information. The list will not include for treatment, payment, or our healthcare operations. You must tell us which time period (up to 6 years) you want but may not include dates before April 14, 2003.
- You can ask us *not* to use or share certain information about you to anyone you name. You must do this in writing to us. However, the law lets us use or share this information when we feel it is in your best interest to do so even if you do not agree with us.
- If anything we communicate with you could endanger you, you may ask to talk or write to you in a confidential manner or send things to you at a different address. We will do this if it is a reasonable request.
- If you have given us permission to use your information for a special reason, you may write to us to cancel that permission at any time.
- You have the right to receive this Notice:
 - When you enroll in our health plan.
 - Whenever we change our privacy practices.
 - Any time you ask for it.
 - In paper form even if you got it in electronic form.
- You have the right to complain to us if you believe we have violated your right to privacy as explained in this Notice. You may also complain to the Secretary of Health and Human Services. We will not stop your healthcare services because you complain.

CHANGES TO THIS NOTICE

- When rules change we will make changes to this Notice. If we make any changes to this Notice, it will apply to the information we already have about you and to any information we receive about you in the future.
- If we make a change to this Notice, it will have a new effective date on the first page, just like this one.
- We will remind you at least every three years, of how you can get this Notice from us.

PERSONS TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

To ask questions about this Notice, or **ask for a copy, or to make a complaint about our privacy practices**, you may call the Pima Health System Compliance Coordinator at (520) 512-5626 from 8:00AM to 5:00PM Monday through Friday.

Or, you can write us at:

**Pima Health System Compliance Office
5055 East Broadway Blvd., Suite A-200
Tucson, Arizona 85711**

