

Posada del Sol Healthcare Center

NOTICE OF PRIVACY PRACTICES



Posada del Sol

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.

This Notice describes the privacy practices of Posada del Sol, including all physicians and other health care professionals on staff, all departments and units and their employees, and all volunteers and other facility personnel considered part of our workforce.

Some physicians are independent contractors; these are not agents, servants or employees of Posada del Sol, and Posada del Sol is not responsible for their judgment or conduct. Certain subcontractors used by us will also follow the terms of this Notice.

OUR OBLIGATIONS

Posada del Sol is required by law to safeguard the privacy of your personal health information (PHI). This Notice will tell you how we may use or disclose your PHI. We are required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. We reserve the right to change the terms of this Notice and to make any new provisions effective to all of the PHI that we maintain about you. If we change this Notice, we will post the revised Notice in the facilities and on our Web site.

EXAMPLES OF INFORMATION WE COLLECT AND MAINTAIN

We receive several kinds of PHI from a variety of sources, including (but not limited to):

- We obtain information directly from you, in conversations and from forms that you complete and submit, and from other documents and information you provide to us.
- We create a record of the care and services you receive here, including billing records and medical records. These records are used to provide you with quality care and to meet certain legal requirements.
- We obtain information about your health care from providers involved in your health care.
- We obtain information from other entities, such as healthcare providers or insurance companies, in order to obtain prior authorization or verify payment.

USES OR DISCLOSURES OF PHI

Uses and disclosures that may be made without your authorization:

The law permits us to use or disclose some of your PHI without your permission for treatment, payment, and healthcare operations, and under other circumstances permitted by law and/or described in the HIPAA regulations. We may disclose your PHI to subcontractors who are "business associates." In addition:

Treatment:

We may use and disclosure your PHI to health care providers to enable them to provide you with treatment or services. For example, a doctor may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian

if you have diabetes so we can arrange for appropriate meals. We may also disclose medical information about you to people who may be involved in your medical care after you leave the facility, such as family members, or other healthcare professionals.

Payment:

We may use and disclose your PHI to carry out payment activities such as billing, claims management, coordination of benefits, medical necessity review, utilization review, and so on. For example, we may contact a payor to see if you are eligible for coverage or what percentage of the bill will be paid by the Plan.

Operations:

We may use and disclose your PHI to carry out our operations, such as quality assurance, disease management, medical review, legal services and auditing, and general administrative activities. For example, we may review the competence or qualifications of health care professionals and conduct quality assessment activities. We may combine medical information about many facility patients to decide what services the facility should offer, or whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, professional healthcare students, and other facility personnel for review and learning purposes. We may combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer.

Treatment Alternatives:

We may use your PHI to tell you about other treatments and services that may be of interest to you.

Appointment Reminders:

We may use and disclose medical information to contact you as a reminder that you have an appointment.

In Situations Permitted or Required by Law:

We may use or disclose your PHI for other purposes, such as:

- As authorized by and to the extent necessary to comply with workers's compensation or other no-fault laws.
- To a health oversight agency for activities including audits or civil, criminal or administrative hearings.

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- To a public health authority for purposes of public health activities such as communicable disease reporting, reporting births and deaths, and reports to the FDA regarding product defects.
- To a law enforcement official for law enforcement purposes or in response to a court order or in the course of any judicial or administrative proceedings.
- To organ procurement organizations, or to other entities for approved research purposes.
- To a government authority, such as a social service or protective services agency, authorized to receive reports of abuse, neglect or domestic violence.
- If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- We may use and 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.
- We may use and disclose information in order to notify your friends and family that you are in our facility. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- We may release medical information to a coroner or medical examiner. We may also release medical information about patients of the facility to funeral directors as necessary to carry out their duties.
- We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Uses or Disclosures to Which You May Object:

You may object or restrict disclosures for the following purposes. If you do not exercise your right to object to the uses and disclosures described below, we may use and disclose your PHI for these purposes:

Individuals Involved in Your Care or Payment for Your Care:

We may disclose health information to your family or other persons who are involved in your health care or payment for your health care.

Hospital Directories:

We may use limited information about you to maintain a facility directory while you are here to assist family, friends, and others who ask for you by name to locate you. We may also provide your name and religious affiliation to a member of the clergy.

Uses or Disclosures that Require Authorization:

Uses and disclosures not addressed above may only be made with your written authorization. You have the right to revoke an authorization. Revocation must be in writing and addressed to the Privacy Official at the address provided in this Notice. If you revoke an authorization, it will stop future uses and disclosures of the information described in the authorization for that purpose, except to the extent that we have already acted in reliance on your authorization.

YOUR RIGHTS

Right to Request Restrictions on How We Use and Disclose Information:

You have the right to request us to restrict how we use and disclose your PHI. We are not obligated to agree to honor all requests, but we must honor your reasonable requests.

Access to Records:

You have the right to access, inspect and copy your PHI in our files. Requests to access your PHI should be sent to the contact person and address listed in this Notice. You may be charged a fee for copying your records. If you authorize us to prepare a summary of your record, you may be charged a fee for that service. Access may be denied in certain cases.

Right to Request Amendment:

You have the right to request that we amend PHI that we have in your file. Your request must be in writing and sent to the Posada del Sol Privacy Official at the address listed in this Notice. We may deny your request in certain circumstances.

Right to an Accounting:

You have the right to request a list of disclosures of your PHI that may be made by us for a period of six years prior to the date of the request, except that we are not required to tell you of disclosures made before April 14, 2003.

This list will not include disclosures made for treatment, payment or health plan operations purposes, or disclosures made to you or your family, or disclosures made at your request. If you request more than one list of disclosures in a 12-month period, we may charge you a fee.

Right to Confidential Communications:

You have the right to receive communications from us in a certain way, or to a certain place. For example, you may request that we contact you at a particular telephone number or address. We will accommodate your reasonable requests.

Right to Copy of This Notice:

You have the right to receive a paper copy of this Notice at any time.

Complaints:

You have the right to file a complaint if you do not agree with how we have used or disclosed information about you. You may also file written complaints with the Secretary of the Department of Health and Human Services. We will not retaliate against you if you file a complaint with us or with the Secretary. You may also file a complaint to any of the following:

Pima County Health Care Component Privacy Official
Pima County Attorney's Office – Civil Division
32 North Stone Avenue, 21st Floor
Tucson, Arizona 85701

(520) 740-5750

Posada del Sol Privacy Official
Department of Social Services
Posada del Sol Healthcare Center
2250 North Craycroft
Tucson, Arizona 85712

(520) 886-5481

EFFECTIVE DATE OF THIS NOTICE

This Notice is effective April 14, 2003.

We reserve the right to change this Notice at any time. Any changes will apply to all PHI that we may already have. We will post revised Notices on our Web site and in the facility.

