

## 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.**

HonorHealth is committed to protecting the confidentiality of its patients' medical information, and is required by law to do so. This Notice describes how we may use your medical information within the HonorHealth system and how we may disclose it to others outside of HonorHealth. This Notice also describes your rights concerning your own medical information. Please review it carefully and let us know if you have questions.

### HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

Your authorization is not required for us to use or disclose your medical information for the following purposes:

**Treatment:** We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need it to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, your physician will be allowed to have access to your HonorHealth medical record to assist in your treatment at HonorHealth and for follow-up care.

**Appointments and Services:** We may use your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Patient Directory:** We maintain a patient directory in order to assist family members and other visitors in locating you while you are in our care. This directory includes your name, room number (if applicable), your general condition (such as good, fair, serious, or critical), and your religious affiliation (if any). We will disclose this information to someone who asks for you by full name, although your religious affiliation will be disclosed only to clergy members. If you do not want to be included in our patient directory, you will need to complete a Facility Directory Opt-out Form available through any HonorHealth staff member and return it to a HonorHealth registration staff person.

**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. If you do not want us to disclose your medical information to family members or others involved in your care, please inform the HonorHealth staff member assigned to your care. You may modify this list of family members or friends at any time.

**Disaster Relief Organizations:** We may disclose your medical information to disaster relief organizations to help them notify a family member or friend of your location, general condition, or death in a disaster.

**Payment:** We may use and disclose your medical information to get paid for the medical services and supplies that are provided to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

**Healthcare Operations:** We may use and disclose your medical information for our health care operations. Healthcare operations include, but are not limited to: training and education; quality assessment/ improvement activities; risk management; claims management; legal consultation; physician and employee review activities; licensing; regulatory surveys; and other business planning activities.

**Fundraising:** We may use certain information (name, address, telephone number, dates of service, age/date of birth, gender, department of service, treating physician, outcome information, and health insurance status) to contact you to raise funds for HonorHealth. We may also provide this information to our institutionally-related foundation for the same purpose. If you receive such a communication from us, you will be provided an opportunity to opt-out of receiving such communications in the future.

**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, and local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases.

**Workers' Compensation:** We may disclose information to the Arizona Workers' Compensation Program for work-related injuries pursuant to applicable law.

**Public Health:** We may use your medical information for public health activities such as reporting births, deaths, communicable diseases, injuries or disabilities; ensuring the safety of drugs and medical devices; and for work place surveillance or work related illness and injury.

**Law Enforcement:** We may disclose your medical information to law enforcement in limited circumstances, such as to identify or locate suspects, fugitives, or witnesses, or victims of crime, to report deaths from crime, to report crimes on our premises or in emergency treatment situations.

**Public Safety Risks:** We may disclose your medical information to law enforcement officials and others to prevent or lessen a serious and imminent threat to the health or safety of the community or an individual.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees HonorHealth or our personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, the Arizona Medical Board or the Board of Nursing. These agencies need medical information to monitor our compliance with state and federal laws.

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

**Organ and Tissue Donation:** We may disclose medical information consistent with applicable law to organizations that handle organ, eye or tissue donation or transplantation

**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. We may also disclose medical information to authorized federal officials for intelligence and national security purposes or for Presidential protective services.

**Legal Proceedings:** We may disclose medical information in any judicial or administrative proceeding if ordered to do so by a court or if we receive a subpoena or a search warrant.

**Correctional Institutions:** If you are an inmate of a correctional institution, we may disclose the medical information necessary for your health and the health and safety of other individuals in the institution or its agents.

**Business Associates:** We may disclose your medical information to our third-party business associates (e.g., an accounting or billing company) that perform activities or services on our behalf. Each business associate must agree in writing to protect the confidentiality of your medical information.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, 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, we are required to get your permission before disclosing it to others in many circumstances.

**Organized Health Care Arrangement:** We participate in an Organized Health Care Arrangement (OHCA) with certain other health care providers, with which we are clinically integrated or with which we provide joint utilization review, quality assessment and improvement or payment activities, including those facilities under common ownership or control with us, and we may share health information with such other providers as necessary to carry out treatment, payment and health care operations. For example, your health information may be shared across the OHCA in order to assess quality, effectiveness and cost of care. Physicians and other caregivers may have access to your health information in their offices to assist in reviewing past treatment to the extent it may affect current treatment. For a complete list of the health care providers in the OHCA(s) in which we participate, please contact the Privacy Administrator.

**Other Uses and Disclosures:** If we wish to use or disclose your medical information for a purpose that is not discussed in this Notice, we will seek your permission. Specific examples of uses and disclosures of medical information requiring your permission include: (i) most uses and disclosures of psychotherapy notes (private notes of mental health professional kept separately from a medical record); (ii) most uses and disclosures of your medical information for marketing purposes; and (iii) disclosures of your medical information that

constitute the sale of your medical information. Permission granted to us may be rescinded at anytime, unless we have already relied on your permission to use or disclose the information. To revoke your permission, please notify our Privacy Administrator at the address provided below:

**WHAT ARE YOUR RIGHTS?**

Although your medical information is our property, you have the right to:

**Request Access to Your Medical Information:** Patients have a right to look at their own medical information and to get a copy of that information. This includes your medical record, your billing record, and other records we use to make decisions about your care. Medical information that is available electronically may be obtained in that format. To request your medical information, please contact the Health Information Management Department at:

HonorHealth  
Health Information Management Department  
7400 E. Osborn Road  
Scottsdale AZ., 85251  
(480) 882-4040

If you request a copy of your information, you will be charged for our costs to copy the information. You will be notified in advance what the cost will be. Patients can view their record at no cost.

**Request Amendment of Medical Information:** 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, please contact the Privacy Administrator at the Corporate Compliance Office address below. We may deny your request to amend information if the information was not created by us, maintained by us, or if we determine the information is accurate. You may appeal in writing a decision by us not to amend your information.

**Request an Accounting of Disclosures:** You have the right to request a list of many of the disclosures we

make of your medical information. To receive a list, please contact the Health Information Management Department at the above address. The first list will be provided to you for free, but you may be charged for any additional lists requested during the same year. You will be notified in advance what these additional lists will cost.

**Request Restrictions:** 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 HonorHealth. Although we may consider your request, we are not legally required to agree to your request, except as noted below. If you make a request for a restriction on the disclosure of your medical information to a health plan where the medical information relates solely to an item or service for which you paid for out of pocket in full, we are required to abide by your request, unless we are required by law to make the disclosure. It is your responsibility to notify any other providers about your request. To request a restriction, please contact the Health Information Management Department and describe your request in detail.

**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. At the time of admission or upon registration you may orally request confidential communications. Otherwise you must submit a request in writing to the Health Information Management Department at the above address. You can also ask to speak with your health care providers in private outside the presence of other patients.

**Receive a Paper Notice:** If you have received this Notice electronically, you have the right to a paper copy at any time. You may download a paper copy of this Notice from our Website, at <http://www.honorhealth.com>, or you may obtain a paper copy of this Notice at any HonorHealth facility.

**Receive Notice of a Breach:** You have the right to be notified in writing following a breach of your medical information that is not secured in accordance with certain

security standards.

**CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or disclose 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. A revised Notice will be published for any future changes to these practices. Copies of the current Notice may be obtained by contacting the Privacy Administrator, or by visiting our Website: <http://www.honorhealth.com>.

**WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?**

This Notice applies to HonorHealth and its personnel, volunteers, students, and trainees. This Notice also applies to other health care providers that come to HonorHealth to care for patients, such as physicians, physician assistants, therapists, other health care providers not employed by HonorHealth, and emergency service providers, medical transportation companies, or medical equipment and other suppliers who come to HonorHealth. We may share your medical information with these providers for treatment purposes, to be reimbursed for treatment, or to conduct health care operations. These health care providers will follow this Notice for information they receive about you from HonorHealth. These other health care providers may follow different practices at their own offices or facilities.

**DO YOU HAVE CONCERNS OR COMPLAINTS?**

Please tell us about any problems or concerns you have with your privacy rights or how we use or disclose your medical information. If

you have a concern, please contact our Privacy Officer at:

HonorHealth Corporate Compliance Office  
8125 N. Hayden Road  
Scottsdale AZ., 85258  
(480) 882-4133 or toll free 1-(844) 732-6241

If for some reason we 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 us or the federal government.

DO YOU HAVE QUESTIONS?

We are required by law to give you this Notice and to follow the terms of this Notice. If you have any questions about this Notice, or have further questions about how we may use and disclose your medical information, please contact our Privacy Administrator at the above address.

Effective date: February 01, 2003

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