



**SOUTHWEST BEHAVIORAL HEALTH SERVICES (SBH)  
NOTICE OF PRIVACY PRACTICES  
Revised 12/19/2017**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

If you have any questions about this Notice, please contact the SBH Privacy Officer (602-265-8338 x4433). The Privacy Officer may also be contacted in writing at: Privacy Officer, Southwest Behavioral Health, 3450 N. 3rd Street, Phoenix, Arizona 85012.

This Notice of Privacy Practices describes how we may use and disclose health information we 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. This Notice of Privacy Practices will be followed by all SBH personnel and is applied to all sites and facilities operated by SBH Services.

We are required by law to protect your PHI, to abide by the terms of this Notice of Privacy Practices and to provide you with information regarding SBH privacy policies and practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. We will post the new notice at our Administrative Offices, each program site and on the SBH website ([www.sbhservices.org](http://www.sbhservices.org)). We will provide you with any revised Notice of Privacy Practices if you request a revised copy.

**Uses and Disclosures of Protected Health Information (PHI)**

**A. Uses and disclosures for treatment, payment, and health care operations**

SBH will use and disclose your protected health information for treatment, payment and health care operations. The following are examples of the types of uses and disclosures of your PHI that SBH is 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 our offices.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. Your PHI may be used and disclosed by your psychiatrist, our office staff, your clinician, and others outside of this office that are involved in your care and treatment for the purpose of providing health care services to you. 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 we 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 we may need to tell your health plan about recommended services or medications to get prior approval for those services or medications.

**Healthcare Operations:** We may use or disclose your PHI in order to support the business activities of SBH. 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. For example, SBH regularly reviews the quality and content of the clinical charts. This requires that actual clinical records be reviewed on a random basis to ensure that clinical documentation meets the regulatory requirements under which we operate. In addition, we may call you by name in the waiting room when your clinician is ready to see you.

We will share your PHI with others who perform various activities for SBH. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we 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.**

We may use or disclose your PHI in the following situations without your consent or authorization:

- 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 including 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 report 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
- Food and Drug Administration—to a person or company required by the FDA to report adverse events, product defects or problems
- 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 occurring on SBH premises
- Coroners, Funeral Directors and Organ Donation—for identification purposes, determination of cause of death
- Research—to comply with SBH approved and reviewed research
- 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
- Inmates receiving Services from SBH Practitioners—if your SBH clinician is providing services to you while you are incarcerated
- Required Uses and Disclosures—to comply with Section 164.502 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.**

We 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 your clinician, 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.

**Others Involved in Your Healthcare or Payment for Your Healthcare:** In compliance with A.R.S. 36-509.A.7, we may disclose PHI to other persons, such as family members, other relatives, close personal friends or any other persons you identify when we receive your verbal or written consent, if you have been given the opportunity to object and did not tell us an objection or if we reasonably infer, based on the circumstances, that you do not object. If you are unable to agree or object to a disclosure of information, we may disclose information if we determine it is in your best interest. We may also disclose PHI without your agreement in circumstances in which we believe you present as a serious and imminent threat to the health or safety to yourself or others and believe your family members or others may be able to help prevent the threat. In addition, we may notify your family or others identified without your permission your location, general condition or of your death. Finally, we may disclose PHI to public or private entity to assist in disaster relief effort and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all consumers who received one medication to those who received another, for the same condition.

All research projects are subject to a special SBH approved process that balances a proposed research project and its use of medical information with the consumer's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this evaluation process. We will always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your treatment at SBH.

**To Avert a Serious Threat to Health or Safety:** We 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.

**Communication Barriers:** We may use and disclose your PHI if your clinician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the clinician, using professional judgment, determines that you intend to consent to use or disclose under the circumstances.

**As Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law.

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

Uses and disclosures not described above will generally be made only with your written permission, called an "authorization". You have the right to revoke an authorization at any time. If you revoke your authorization, we will not make any further uses or disclosures of your PHI under that authorization, but we cannot undo any use or disclosure we have already made on your previous authorization.

### **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 the right to inspect and copy your PHI. You must submit your request in writing to your assigned clinician. We may charge a fee for the costs of copying the material you requested and will provide you with access and/or copies within 30 days (for those individuals who have been identified as having a Serious Mental Illness, we will provide you with access and/or copies of your requested records within 10 working days, or provide you with a written explanation of why SBH is not able to comply with the request). We may deny your request to inspect and copy in certain very limited circumstances. You may request that the denial be reviewed. The person who reviews the denial will not be the person who denied your request. We will comply with the outcome of the review.
- You have the right to request a restriction of your PHI. 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 our use, disclosure or both; and to whom you want the limits to apply. We are not required to agree to your request unless you are asking us not to send PHI to a health plan for payment or healthcare operations if the PHI is specific to a service that you (or another person other than the health plan) has paid SBH for in full. If we do agree with your request we will abide by it except if the information is needed to provide you emergency treatment.
- You have the right to request to receive confidential communications from SBH by alternative means or at an alternative location. You must make your request in writing to your assigned clinician. Your request must specify how or where you wish to be contacted and must contain a statement that disclosure of all or part of your medical information that you are requesting to be communicated in a certain way or at a certain location could endanger you.
- You have the right to request to have your clinician 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. We may deny your request for amendment if it is not in writing or does not include a reason to support the request. In addition, we 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 SBH; is not part of the information which you would be permitted to inspect or copy; or is accurate and complete. SBH will respond to your request in a timely manner, no later than 60 days after receipt of the request.

- You have the right to receive an accounting of certain disclosures SBH has made, if any, of your PHI. You must submit this request for a list or accounting of disclosures in writing to your assigned clinician. 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. We may charge a fee for any additional lists you request. We 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 be notified in the event of a breach of unsecured protected health information involving your PHI.
- 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.sbhservices.org](http://www.sbhservices.org).

### **Notice of Health Information Practices**

SB&H participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. This is a free service that can help you and your health care providers better coordinate care by securely sharing your health information. This program allows your doctors and health care providers to share your health information, such as hospital admissions and discharges, medical history, labs and other health information. **If you would like your doctor and health care providers to electronically and securely share your health information to better coordinate your care, you do not need to do anything. However, if you do not want to participate in this sharing of your health care information you will need to “Opt-Out”.**

### **Your Rights Regarding Secure Electronic Information Sharing**

You have the right to:

1. Ask for a copy of your health information that is available through Health Current. Contact your healthcare provider and you can get a copy within 30 days.
2. Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
3. Ask for a list of people who have viewed your information through Health Current. Contact your healthcare provider and you can get a copy within 30 days. Please let your healthcare provider know if you think someone has viewed your information who should not have.

Below are your rights under article 27, section 2 of the Arizona Constitution to keep your medical information from being shared electronically through the Network. Specifically, you may

1. You may “opt out” of having your information available for sharing through Health Current. To opt out, ask SBH for the Opt Out Form. After you submit the form, your information will not be available for sharing through Health Current. **Caution:** If you opt out, your health information will NOT be available to your healthcare providers even in an emergency.
2. You may exclude some information from being shared. For example, if you see a doctor and you do not want that information shared with others, you can prevent it. On the Opt Out Form, fill in the name of the healthcare provider for the information that you do not want shared with others. **Caution:** If that healthcare provider works for an organization (like a hospital or a group of physicians), all your information from that hospital or group of physicians may be blocked from view.
3. If you opt out today, you can change your mind at any time by completing an Opt Back In Form that you can obtain from SBH.
4. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

**Complaints**

You may file a complaint with SBH by notifying our Privacy Officer of your concern regarding handling of your PHI. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, 602-285-4433 or [privacyofficer@sbhservices.org](mailto:privacyofficer@sbhservices.org) for further information about this process. Complaints must be submitted in writing. You may also file your complaint with the US Secretary of Health and Human Services if you believe we have violated your privacy rights.