

**Phoenix Interfaith Counseling
Notice of Privacy Practices
Abbreviated Version**

(This notice becomes effective on April 14th 2003 as per HIPAA Federal Regulations)

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 contact the Phoenix Interfaith Counseling (PIC) HIPAA Privacy Officer (602-532-0777 ext. 116)

This Notice of Privacy describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information", is information about you, including demographic information, that may identify you and that related to your past, present, or future physical and mental health condition and related health care services.

We are required by law to abide by the terms of this Notice of Privacy Practices and to provide you with information regarding PIC 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 the time. We will post the new notice at our Administrative Office and Each PIC location. We will provide you with any revised Notice of Privacy Practices via telephone request to the HIPAA Privacy Officer for PIC at 602-532-0777 ext. 116 or via request at the location at which you receive your services via the Branch Manager at the time of your next appointment.

I. Your Rights

- a. **The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.**
- i. You have the right to inspect and copy your PHI
 - ii. You have the right to request a restriction of your PHI
 - iii. You have the right to request and to receive confidential communications from PIC by alternative means or at an alternative location
 - iv. You have the right to request to have your clinician amend your PHI
 - v. You have the right to receive an accounting of certain disclosures PIC has made, if any of your PHI
 - vi. You have the right to obtain a paper copy of this notice

II. Complaints

- a. If you believe your privacy rights have been violated, you may file a complaint with PIC or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

III. How we may use and disclose medical or behavioral health information about you

- a. **Treatment:** We 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 we 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 the necessary information to diagnose and treat you.
- b. **Payment:** Your PHI will be used, as needed, to obtain payment for the health services which have been provided to you by PIC. This may include activities required by your Health Insurance Plan before the plan will pay for the services that were provided to you. Additionally when PIC requested services on your behalf from your Health Plan they may request your PHI in order to determine your eligibility and clinical need for the services requested. These are called Utilization Management Activities or Reviews. For example if a hospital stay is requested or recommended for you by PIC your PHI may be required by your Health Insurance Plan prior to their authorization of the hospital stay.
- c. **Health Care Operations:** We may use or disclose, as needed your PHI in order to support the business activities of PIC. These activities include, but may not be limited to, quality assessment, employee review, risk management activities, staff training, licensing and accreditation. For example, PIC regularly reviews the quality content of its clinical records/files for each program and/or clinician. This ensures that the clinical documentation meets the regulatory requirements under which we operate. In addition your name will be called when you clinician is ready to see you while you are waiting in the lobby. We will share your PHI with third party "Business Associates" that perform various activities for PIC. Whenever an agreement between our office and a business associate involves the use or disclosure of your PHI, we will have written into the PIC contract with said business associate the terms of protection of your PHI. We may also use your demographic information in aggregation with other client's demographics in order to produce reports about PIC's operations to regulatory or funding bodies.

IV. Other uses of medical or behavioral health information

- a. Other uses and disclosures of medical or behavioral health information not covered by this notice or the laws that apply to us will be made only with your written permission.

V. Who will follow this Notice

- a. This Notice of Privacy Practices will be followed by all PIC personnel and is applied to all sites and facilities operated by PIC. In addition, these sites and facilities may share health information with each other for the purpose of treatment, payment or health care operations.

VI. We are required by law to

- a. Make sure that medical or behavioral health information that identifies you is kept private and to provide you with this notice of our legal duties and privacy practices.