

## **PHOENIX SOAR Program – Private Health Information HIPAA Notice of Privacy Practices.**

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This notice describes how protected health information (“PHI”) you provide to us as part of your application for the Phoenix SOAR program may be used and disclosed and how you can get access to this information.

### **Your Rights**

You have the right to:

- Get a copy of the PHI we collect in paper or electronic form.
- Correct your paper or electronic PHI.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we’ve shared your information.
- Get a copy of this privacy notice.
- File a complaint if you believe your privacy rights have been violated.

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide crisis relief.
- Include you in a peer support database.
- Provide and/or access mental health interview notes and/or records.
- Market our services and sell your information.
- Raise funds.

### **Our Uses and Disclosures**

- We may use and share your information as we:
- Place you as a peer supporter.
- Run our organization.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Address worker’s compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions.

## Your Rights

**When it comes to your protected health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your PHI.**

- You can ask to see or get an electronic or paper copy of the PHI we have on you. Ask us how to do this.
- We will provide a copy or a summary of your protected health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical information.**

- You can ask us to correct PHI about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information in certain circumstances, or at all.

### **Get a list of those with whom we have shared information.**

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice.**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you.**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- If you provide us with the proper documentation appointing someone as your power of attorney or establishing guardianship, we will make sure the person has this authority and can act for you before we take any action (note: Power of Attorney documents need to be notarized).

**File a complaint if you feel your rights are violated.**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with those involved in your care.
- Share information in a disaster relief situation.
- Include your information in a Phoenix SOAR peer support directory.

In these cases, you may opt out of us sharing information for the following:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Place you as a Peer Supporter.**

We can use your PHI and share it with other professionals as part of the Phoenix SOAR program Peer Supporter.

#### **Run our organization.**

We can use and share your PHI to run our organization, improve the Phoenix SOAR program and peer support training, and contact you when necessary.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues.**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

#### **Do research.**

We can use or share your information for health research.

#### **Comply with the law.**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Work with a medical examiner or funeral director.**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

HIPAA and HITECH Compliance Policy

Implemented: 5/10/21

Last reviewed: 5/10/21



### **Address worker's compensation, law enforcement, and other government requests.**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions.**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## **Contact Information**

- This Notice is effective \_\_\_\_\_ [date]
  
- [Insert name or title of the privacy official (or other privacy contact) and his/her email address and phone number.]

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