

**Attach B 4111  
Terros Health, Inc.**

**NOTICE OF PRIVACY PRACTICES**

Abbreviated Version

**THIS NOTICE DESCRIBES HOW MEDICAL and/or BEHAVIORAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**Effective 8/1/2002**

*PLEASE REVIEW IT CAREFULLY*

If you have any questions about this notice, please contact your therapist, the Medical Records Department at 602-797-7019, or the Privacy Officer at 602-512-2966. At your request, you may have a copy of the full-length Notice which describes in greater detail how your personal medical and/or behavioral health information will be used and disclosed.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes our clinic's practices and that of:

- Any health care professional authorized to enter review or disclose information within your medical chart.
- All TERROS sites and employees.

**WE ARE REQUIRED BY LAW TO:**

- 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;
- Notify you following a breach of your unsecured health information.

**HOW WE MAY USE AND DISCLOSE MEDICAL or BEHAVIORAL HEALTH INFORMATION ABOUT YOU**

- **For Treatment.** We may use medical or behavioral health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other clinic personnel who are involved in taking care of you. We also may disclose medical or behavioral health information about you to people outside the clinic who may be involved in your care after you leave the clinic, such as family members, clergy or others we use to provide services that are part of your care. Our use and disclosure of protected health information (PHI) must comply not only with federal privacy regulations but also with applicable state law. Arizona law provides different and sometimes more stringent protections to medical or behavioral health information than federal regulations. Examples of these protections include: special protections for sensitive information, such as information about HIV/AIDS, treatment for psychiatric conditions or substance abuse problems, and certain genetic information.
- **For Payment.** We may use and disclose medical or behavioral health information about you so that the treatment and services you receive at the clinic may be billed to and payment may be collected from you, an insurance company or a third party.
- **For Health Care Operations.** We may use and disclose medical information about you for clinic operations. These uses and disclosures are necessary to run the clinic and make sure that all of our clients receive quality care. For example, we may use medical or behavioral health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical or behavioral health information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Department. You also have the right to an electronic copy, if the record is maintained electronically. We may deny your request to inspect and copy in certain very limited circumstances, for instance, if your treating psychiatrist/physician determines that your review is medically contraindicated (12-2293, 36-501).  
You may request an Administrative Review in writing. Terros Health's CEO or a designee will conduct a review, which must include an interview with the client, and issue a decision in writing within five working days. A copy of the decision must be placed in your chart. If you are denied access to medical or behavioral health information, you may request that the denial be reviewed.
- **Right to Amend.** If you feel that medical or behavioral health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the clinic. To request an amendment, your request must be made in writing and submitted to the Medical Records Department.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical or behavioral health information about you *unrelated to treatment, payment or healthcare*

*operations.* To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Department.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical or behavioral health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical or behavioral health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request such additional restrictions you must submit your request in writing to the Medical Records Department.  
**We are not required to agree to your request to amend your medical information or provide for additional restrictions.** However, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical or behavioral health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Medical Records Department.
- **Terros Health** does not sell PHI.
- **Right to restrict a disclosure.** You have the right to restrict a disclosure to your health plan for a service if you have paid out of pocket in full for the service. The health plan will not be billed or notified of the service.

**Please be aware** that Arizona and other federal laws may have additional requirements that we must follow or may be more restrictive than HIPAA on how we use and disclose certain pieces of your health information. If there are specific more restrictive requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission as required by such laws. For example, we will not disclose your HIV, STD, or other communicable disease related information without obtaining your written permission, except as permitted by Arizona law. We may also be required by law to obtain your written permission to use and/or disclose your mental illness, developmental disability, or alcohol or drug treatment records or your genetic test results.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the clinic, contact either your therapist or the Medical Records Department. All complaints must be submitted in writing.

***You will not be penalized for filing a complaint.***

## **OTHER USES OF MEDICAL or BEHAVIORAL HEALTH INFORMATION**

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.