

## SMMHC, INC.

### NOTICE OF PRIVACY PRACTICES

P.O. Box 3160, Apache Junction, Arizona 85217-3160

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION —  
PLEASE READ THIS NOTICE CAREFULLY**

SMMHC, Inc. understands that information about you and your health is personal. We are committed to protecting health information about you. SMMHC, Inc. has created a health record of the care and services you receive during your treatment. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. Understanding what is in your record and how your health information is used helps you to ensure its accuracy and better understand who, what, when, where and why others may access your health information.

This Notice of Privacy Practices applies to your health information generated and maintained by SMMHC, Inc. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

SMMHC, Inc. is required by law to:

- Make certain health information that identifies you is kept private.
- Make certain that you are given notice of our legal duties and privacy practices with respect to your health information.
- Make certain that SMMHC, Inc. follows the terms of the Notice of Privacy Practices currently in effect.

#### HOW WE WILL USE OR DISCLOSE HEALTH INFORMATION ABOUT YOU

The following describes different ways we use and disclose health information about you. If you are receiving services for the evaluation or treatment of substance abuse or Human Immunodeficiency Virus (HIV) conditions, specific rules apply to the use and disclosure of information related to those services. Please refer to the sections entitled Confidentiality of Substance Abuse Records and HIV Information for those rules.

- **For Treatment.** We may use your health information to provide you with behavioral health treatment or services. We may disclose your health information to your primary care physician, psychiatrists, nurses, therapists, case managers or other behavioral health professionals who are involved in your care. For example, a psychiatrist treating you may need to contact your primary care physician to obtain information. Another example is your therapist may need to contact your case manager to obtain or receive information. Different departments or programs within SMMHC, Inc. may also share your health information to arrange or coordinate the services you need, such as medications, therapy, intensive home counseling or case management services. If you are in jail, SMMHC, Inc. may share your health information with necessary medical personnel to coordinate your ongoing care.
- **For payment.** We may use and disclose your health information so that the treatment and services you receive may be billed and payment may be collected from appropriate payors, such as an insurance company or a third party payor. For example, we may need to give Pinal Gila Behavioral Health Association or Value Options health information about treatment you received at SMMHC, Inc. so we can receive payment. Another example is we may need to give your AHCCCS insurance company health information about treatment you received so we can

receive payment. In addition, SMMHC, Inc. may share your health information with your insurance company or a third party payor to check that you qualify for services or to obtain approval for the services requested.

- **For Health Care Operations.** We may use and disclose your health information for the business activities of SMMHC, Inc. These uses and disclosures are necessary for administrative functioning and to ensure our consumers receive quality care. For example, we may use your health information to review and evaluate the specific services you received. We may combine health information about many of our clients to decide what additional services SMMHC, Inc. should offer, what services are needed, and whether certain new treatments are effective. We may use and disclose your health information to assess SMMHC Inc.'s compliance with Arizona Department of Health Services, AHCCCS, or the Joint Commission on Accreditation of Healthcare Organizations standards. For example, this disclosure may be required to evaluate the quality of services we provide or to resolve a specific treatment issue you have raised.
- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or services.
- **Health-Related Information and Resources.** We may use and disclose health information to tell you about other resources that may be of interest to you. If you do not want us to provide you with information about health-related benefits or services, you must notify the Privacy Officer in writing.
- **Fundraising.** We may use or disclose information to contact you about raising money for our programs, services and operations. If you do not want us to contact you for fundraising purposes, you must notify the Privacy Officer in writing. Please state clearly that you do not want to receive any fundraising solicitations from us.

#### **USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION, BUT FOR WHICH YOU WILL HAVE AN OPPORTUNITY TO OBJECT**

- **Facility Directory.** We do not maintain a facility directory at our inpatient unit. If asked, we will not confirm orally, in writing, or through any other medium that you are our current or former consumer, with the exception of those persons listed below under "Individuals Involved in Your Care."
- **Individuals Involved in Your Care.** We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may also use or disclose you health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care. In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make healthcare decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. But, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care. And, if you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to:
  - A person designated to participate in your care in accordance with an advance directive validly executed under state law;
  - Your guardian or other fiduciary if one has been appointed by a court; or
  - If applicable, the state agency responsible for consenting to your care.

## **SPECIAL CIRCUMSTANCES – USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

Federal and state laws allow or require SMMHC, Inc. to disclose your health information, other than substance abuse or HIV information, without your written authorization or opportunity to object in certain special situations, if they occur.

- **Emergencies.** We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance. If a clinician is required by law to treat you, and your treating clinician has attempted to obtain your authorization but is unable to do so, the treating clinician may nevertheless use or disclose your health information to treat you.
- **Public Health Activities.**
  - To prevent or control disease, injury or disability.
  - To report births or deaths.
  - To report child abuse or neglect.
  - To report reactions to medications.
  - To notify people of recalls regarding medications they may be using.
  - To notify a person who may have been exposed to or may be at risk for contracting a disease.
  - To notify the appropriate government authority if we believe a consumer has been the victim of abuse, neglect or domestic violence. We will make this disclosure as authorized by law.
- **Research.** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to protect the privacy of your information.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the behavioral health system, government programs and compliance with civil rights laws.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety, or to the health or safety of the public, or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.
- **Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when:
  - A valid court order, subpoena, warrant, summons or similar lawful process that complies with state law or similar process requires us to do so; or to provide limited information to identify or locate a suspect, fugitive, material witness or missing person;
  - We report a death that we believe may be the result of criminal conduct;
  - We report criminal conduct occurring on the premises of our facility;
  - We determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person;
  - The disclosure is otherwise required by law; or
  - A consumer who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure, or in the case of the victim's incapacity, the following occurs:
    - The law enforcement official represents to us that the victim is not the subject of the investigation and an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure; and
    - We determine that the disclosure is in the victim's best interest.
- **Coroners, Medical Examiners and Funeral Directors.** We may release your health information to a coroner or medical examiner. This may be necessary for identification or to determine a cause of death. We may also release your health information to funeral directors as necessary to carry out their duties.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the

Department of Veterans Affairs. Finally, if you are a member of a foreign military service, we may disclose your health information to that foreign military authority.

- **Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.
- **National Security and Intelligence Activities**. We may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Organ and Tissue Donation**. If you are an organ donor, we may release your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.
- **Protective Services for the President and Others**. We may disclose your health information to authorized federal officials so they may provide protection to the President or other authorized persons.
- **As Required By Law**. We may disclose your health information when required to do so by federal, state, or local law.
- **Disclosures in Legal Proceedings**. We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when we receive a subpoena for your health information. We will not provide this information in response to a subpoena without your authorization if the request is for records of a federally-assisted substance abuse program.
- **Workers' Compensation**. We may disclose health information about you to comply with the state's Workers' Compensation Law.

## USES AND DISCLOSURES OF YOUR HEALTH INFORMATION WITH YOUR PERMISSION

Uses and disclosures not described in the above section of this Notice of Privacy Practices entitled "How We Will Use and Disclose Your Health Information" will generally only be made 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 health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

- **Right to Inspect and Copy**. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes progress notes, evaluations/ assessments, treatment plans and billing information. To inspect and copy your health information, contact the SMMHC Privacy Officer. If you request a copy of the information, you may receive one copy each year at no cost. For any additional copies during the same year, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. Your request to inspect and copy your health information may be denied in certain limited circumstances. If you are denied access to all, or any part, of your health information, you may request that the denial be reviewed. Information regarding how to initiate the review process will be provided in writing at the time of any denial of access to your health information.
- **Right to Amend**. If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as your health information is kept by SMMHC, Inc. To request an amendment, your request must

be made in writing and submitted to the SMMHC, Inc. Privacy Officer. You must provide a reason that supports your request. 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; or
  - Is not part of the health information kept by or for SMMHC, Inc.; or
  - Is not part of the health information which you would be permitted to inspect or copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of your health information. This is a list of disclosures we made of your health information to others outside of SMMHC, Inc. The accounting does not include information disclosed as a part of treatment, payment or health care operations. The accounting does not include disclosures that were authorized by you in writing. To request this accounting, you must submit your request in writing to the SMMHC, Inc. Privacy Officer. Your request must state a period of time for the accounting that may not be longer than six years and may not include dates before April 14, 2003.
- **Right to Request Restrictions.** You have the right to request a restriction on the health information we use or disclose about you. We are not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide you with emergency treatment. To request a restriction, you must make your request in writing to the SMMHC, Inc. Privacy Officer. In your request, you must tell us what information you want to restrict, and to whom you want the restriction to apply.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location if you believe that you will be otherwise endangered. For example, you can ask that we only contact you at a certain telephone number or address. To request confidential communications, you must make your request in writing to the SMMHC, Inc. Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. SMMHC, Inc. is required only to accommodate requests where the consumer is endangered.
- **Right to Paper Copy of this Notice.** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting it from your therapist or the SMMHC, Inc. Privacy Officer.

## **CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS**

All health information regarding alcohol and drug abuse related to the diagnosis, treatment, referral for treatment or prevention is kept strictly confidential and released only in conformance with the requirements of federal law (42 U.S.C. 29033-3 and 42 U.S.C. 290ee-3) and regulation (42 C.F.R. part 2). Generally, a substance abuse program may not disclose to anyone outside the program that a consumer attends the program or disclose any information identifying a consumer as an alcohol or drug abuser, unless:

- The consumer consents in writing;
- The disclosure is allowed by a court order;
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation; or
- The consumer commits or threatens to commit a crime either at our program or against any person who works for our drug or alcohol abuse program.

A violation by us of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. Please see 42 U.S.C. 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulation governing confidentiality of alcohol and drug abuse consumer records.

## **HIV INFORMATION**

All health information regarding HIV is kept strictly confidential and released only in conformance with the requirements of state laws (A.R.S. 36-664). Disclosure of any health information referencing HIV status may only be made with your written authorization. A general authorization for the release of health or other information is not sufficient for this purpose.

### **CHANGES TO THIS NOTICE**

SMMHC, Inc. reserves the right to change this notice. SMMHC, Inc. reserves the right to make the revised notice effective for your health information that SMMHC, Inc. already has about you, as well as any information we will receive following the revision. SMMHC, Inc. will post a copy of the current notice at each program site and on its web page. The notice will contain the effective date at the bottom of each page. SMMHC, Inc. will make you aware of any revisions by posting the revised notice in all of the above locations.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may submit your complaint in writing to the SMMHC, Inc. Privacy Officer, P.O. Box 3160, Apache Junction, Arizona 85217-3160. For questions, you may contact the SMMHC, Inc. Privacy Officer at (480) 983-0065. Our Privacy Officer will assist you with writing your complaint if you request such assistance. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

### **OTHER USES AND DISCLOSURES**

Other uses and disclosures of your health information not covered by this notice will be made only with your written permission. If you provide us with written permission to use or disclose your health information, you may revoke that permission in writing, at any time. If you revoke your permission, SMMHC, Inc. will no longer use or disclose health information about you for the reasons covered in your written authorization. You understand that SMMHC, Inc. will be unable to take back any disclosures already made based on your permission, and that we are required to retain our records of the care and services we provided to you.

### **WHO WILL FOLLOW THIS NOTICE**

All SMMHC, Inc. employees, volunteers, student interns and business associates with whom we conduct business shall follow this notice, in addition to all appropriate entities with whom we share health information for treatment, payment or health care operations purposes.