NOTICE OF PRIVACY RIGHTS

March 17th, 2022

This notice describes how health information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

The Coconino County Health & Human Services (CCHHS), as required by law, is committed to protecting your personal health information. Protected Health Information (PHI) includes information that we have created or received regarding your health, your health care, and payment for your health care.

THIS NOTICE COVERS THE FOLLOWING ENTITIES PROVIDING YOUR CARE:

All employees, contracted staff, nursing students, interns, volunteers, and other health care professionals providing you care through CCHHS clinics and/or programs must abide by this Notice of Privacy Practices. CCHHS may share your information with these covered entities to help them provide health care to you.

Special state and federal laws may require us to provide a higher level of protection for some types of PHI. Additional protections found in state and federal law may apply to information about sexually transmitted diseases, drug and alcohol treatment records, mental health records and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

PART 1 – YOUR RIGHTS WITH RESPECT TO YOUR PHI

Here is a list of your rights with respect to your PHI, along with a description of how you may exercise these rights:

- You have a right to request limits on the way we use or disclose your health information. You must make the request in writing to the Clinical Services Manager (see end of document for contact information) and tell us what information you want to limit and to whom you want the limits to apply. CCHHS is not required to agree to the restriction, with one exception. If you have paid for a service in full, we will not disclose that service information to your health plan for payment.

- You have the right to request how we provide confidential communications to you. For example, we may communicate your test results to you by mail or by telephone. You may ask CCHHS to share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address; you may also request that we call you at work instead of at home. You must make this request in writing to the Clinic Manager. You do not have to explain the reason for your request. We are required to follow your request, if it is reasonable.

- In most cases, you have the right to look at or get copies of your records, including a copy of your records in an electronic format. You must make the request in writing to the Clinical Services Manager.
Manager. We may charge you a reasonable fee based on copying and other costs. In certain situations, we may deny your request; in these cases, we will tell you why we denied it. In some cases, you may have the right to ask for a review of our denial.

- You have a right to request a correction or an update of your records. You may ask CCHHS to amend or add missing information if you think there is a mistake. You must make the request in writing to the Clinical Services Manager and provide a reason for your request. In certain cases, we may deny your request in which case we will notify you in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included in your health care record.

- You have a right to get a list of persons or agencies to which your health information was sent. You must make this request in writing to the Clinical Services Manager. The list will not include the releases of your information made for the purpose of treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your written authorization.

- You have the right to withdraw your permission for us to release your information. If you sign an authorization to use or disclose information, you can revoke that authorization at any time. The revocation must be made in writing and given to the Clinical Services Manager. This will not affect information that has already been used or disclosed.

- You have a right to get a paper copy of the most recent version of this Notice of Privacy Rights, if you request it.

- To exercise your rights under the law, call the numbers listed in this document; write to our Clinical Services Manager or visit the clinic. Our staff will assist you with your request.

PART 2 – PUBLIC HEALTH'S RESPONSIBILITIES UNDER THE LAW

CCHHS is required by law to provide you with our Notice of Privacy Practices. This law is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this law, we must protect the privacy of your PHI. PHI is information that we have created or received regarding your health or payment for your health care. It includes both your health records and personal information such as your name, social security number, address, and phone number.

**We are required to:**

- Keep your PHI private except as indicated in this Notice
- Follow the terms of the Notice currently in effect
- Get your written authorization for any use or disclosure not covered in this Notice
- Notify you following a breach of unsecured PHI
- Give you this Notice

We reserve the right to change our practices regarding the PHI we maintain. If we make changes, we will update our Notice and make it available to you. The most recent copy of the Notice will be posted in all clinic lobbies, and on our web site at [www.coconino.az.gov/health](http://www.coconino.az.gov/health).
PART 3 – HOW WE MAY USE OR DISCLOSE HEALTH INFORMATION ABOUT YOU

CCHHS may use and disclose your medical information, without your permission, when required by law, and in the following situations:

- For public health, including to report communicable disease, child abuse, and adult abuse, neglect or domestic violence;
- To avert a serious and imminent threat to health and safety;
- For health care oversight, such as activities of state licensing and peer review authorities, and fraud prevention;
- To coroners, medical examiners and funeral directors;
- As authorized by state worker’s compensation laws;
- In response to court and certain administrative orders and other lawful process;
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspect or other persons;
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding person in lawful custody; and
- To provide you with health treatment or services. We may disclose health information about you to doctors, nurses or other healthcare professionals involved in your care. For example, your doctor will need to know if you are allergic to any medicines. The doctor may share this information with pharmacists and others caring for you.
- To other professionals providing your health care. For example, if we refer you to a specialist so you may receive the proper care, we may need to tell that specialist about your health conditions.
- If you have health insurance, the District may request payment from your health insurance plan for the services we provide. For example, we may need to give your health plan information about your visit, your diagnosis, procedures, and supplies used so that we can be compensated for the treatment provided. However, we will not disclose your health information to a third-party payer without your authorization except as required by law.
- To provide information regarding your recommended treatment to your health plan to get prior approval, if that is required under your insurance plan.
- To manage our programs and activities. For example, we may use your health information to review the quality of services you receive or to provide training to our staff.
- To contact you by telephone or by mail as a reminder that you have an appointment for treatment or to inform you of test results.

For joint activities: Your health information may be used and shared by the Providers in furtherance of their joint activities and with other individuals or organizations that engage in joint treatment, payment or healthcare operational activities with the Providers.

Disaster Relief: We may use and disclose PHI about you to assist in disaster relief efforts.

For Health Information Exchange (HIE): We may make your PHI available electronically through an information exchange service to other healthcare providers, health plans, and healthcare clearinghouses that request your information for treatment or payment for that treatment. Participation in health information exchange services also provides that we may see information about you from other participants.
Your participation in a HIE is voluntary and subject to your right to opt-out. Where possible, you will be provided with educational information prior to the enrollment of these services. For more information please contact the Clinical Services Manager.

**OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION:** In general, CCHHS does not engage in marketing, psychotherapy notes, or the sale of PHI. However, we are required to inform you that most use of PHI for these purposes requires your authorization.

Uses and disclosures not described in this Notice will be made only as allowed by law or with your written authorization. You may revoke your authorization to use or disclose PHI at any time; the revocation must be in writing. The revocation will not affect uses or disclosures that have already been made.

**PART 4 – HOW YOU MAY ASK FOR HELP OR FILE A COMPLAINT**

For More Information, please contact:

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<th>Clinical Services Manager</th>
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<tr>
<td>Coconino County Health and Human Services District</td>
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<tr>
<td>2625 N. King St.</td>
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<td>Flagstaff, AZ 86004</td>
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<td>Phone: 928-679-7222</td>
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If you believe your privacy rights have been violated, you may file a complaint with the Clinical Services Manager, at the address above. You may also complain to the Secretary of the U.S. Department of Health and Human Services, at the address below. You will not be retaliated against for filing a complaint.

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<th>Office for Civil Rights</th>
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<tr>
<td>Medical Privacy, Complaint Division</td>
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<td>U.S. Department of Health and Human Services</td>
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<td>200 Independence Avenue, SW, HHH Building, Room 509H</td>
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<td>Washington D.C., 20201</td>
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<td>Phone: 866-627-7748</td>
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<td>TTY: 886-788-4989</td>
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<td>Online: <a href="http://www.hhs.gov/ocr">www.hhs.gov/ocr</a></td>
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Signature__________________________________________                  Date:___________________