

Notice of Privacy Practices

Effective: April 14, 2003

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.

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as "medical information." In this notice, we simply call all of that protected health information, "health information."

This notice also will tell you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your rights.

How We May Use and Disclose Health Information about You

✕ For Treatment

We may use health information about you to provide, coordinate or manage the services, supports, and health care you receive from us and other providers. We may disclose health information about you to doctors, nurses, qualified mental retardation professionals (QMRPs), psychologists, social workers, direct support staff and other agency staff, volunteers and other persons who are involved in supporting you or providing care. We may consult with other health care providers concerning you and, as part of the consultation, share your health information with them. For example, staff may discuss your information to develop and carry your individual service plan. Staff may share information to coordinate needed services, such as medical tests, transportation to a doctor's visit, physical therapy, etc. Staff may need to disclose health information to entities outside of our organization (for example, another provider or a state/local agency) to obtain new services for you.

✕ For Payment

We may use and disclose health information about you so we can be paid for the services we provide to you. This can include billing a third party payor, such as Medicaid or other state agency (for example, the state's Office of Mental Retardation), or your insurance company. For example, we may need to provide the state Medicaid program information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.

✕ For Health Care Operations

We may use and disclose health information about you for our own operations. These are necessary for us to operate AIREs and to maintain quality for our patients. For example, we may use health information about you to review the services we provide and the performance of our employees supporting you. We may disclose health information about you to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation or licensing activities, or for our compliance program.

✕ How We Will Contact You

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" in this Notice.

✘ AIREs Directory

We may include your name, your location in our facility, your condition described in general terms in our directory while you receive services. This information may be released to people who ask for you by name. If you do not want included in our facility directory, or you want to restrict the information we include in the directory, you must notify the Privacy Officer at 824 E Fort Lowell, Tucson, AZ 85719 of your objection.

✘ Disclosures to Family and Others

We may disclose to a parent/guardian, personal representative, family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. If there is a family member, other relative, or close personal friend that you do not want use to disclose health information about you to, please notify the Privacy Officer at 824 E Fort Lowell, Tucson, AZ 85719 or our staff member who is providing care to you.

✘ Disaster Relief

We may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

✘ Public Health Activities

We may disclose health information about you for public health activities and purposes. This includes reporting health information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease.

✘ Victims of Abuse, Neglect or Domestic Violence

We may disclose health information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you or your personal representative; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims.

✘ Health Oversight Activities

We may disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

✘ Disclosures for Law Enforcement Purposes, Judicial and Administrative Proceedings

We may use or disclose health information about you when we are required to do so by law. We may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose health information about you in response to a subpoena, discovery request, or other legal process. We may also disclose health information about you to a law enforcement official for law enforcement purposes:

- a) As required by law.
- b) In response to a court, grand jury or administrative order, warrant or subpoena.
- c) About crimes that occur at our facility.

✘ To Avert Serious Threat to Health or Safety

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

✘ Inmates & Persons in Custody

We may disclose health information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

✘ Workers Compensation

We may disclose health information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

✘ Other Uses and Disclosures

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the local Privacy Officer in writing of your desire to revoke it.

Your Rights With Respect to Health Information about You

✘ Right to Request Restrictions

You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to the Privacy Officer at 824 E Fort Lowell, Tucson, AZ 85719 and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse). *However, we are not required to agree to any requested restriction.*

✘ Right to Receive Confidential Communications

You have the right to request that we communicate health information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at an alternative phone number. If you want to request confidential communication, you must do so in writing to the Privacy Officer at 824 E Fort Lowell. Your request must state how or where you can be contacted.

✘ Right to Inspect and Copy

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of health information about you. To inspect or copy health information about you, you must submit your request in writing to the Privacy Officer at 824 E Fort Lowell, Tucson, AZ 85719. Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

✘ Right to Amend

You have the right to ask us to amend health information about you. To request an amendment, you must submit your request in writing to the Privacy Officer at 824 E Fort Lowell, Tucson, AZ 85719. Your request must state the amendment desired and provide a reason in support of that amendment. If we deny your

request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial.

✕ Right to an Accounting of Disclosures

You have the right to receive an accounting of disclosures of health information about you. Certain types of disclosures are not included in such an accounting:

Disclosures to carry out treatment, payment and health care operations;

Disclosures of your health information made to you;

Disclosures that are incident to another use or disclosure;

Disclosures that you have authorized;

Disclosures for our facility directory or to persons involved in your care;

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at 824 E Fort Lowell, Tucson, AZ 85719. Your request must state a time period for the disclosures.

Right to Copy of this Notice

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain the most current version of our Notice of Privacy Practices over the Internet at our web site, www.aires.org. To obtain a paper copy of this notice, contact to the Privacy Officer at 824 E Fort Lowell, Tucson, AZ 85719.

Our Duties

✕ Generally

We are required by law to maintain the privacy of health information about you and to provide individuals with notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

✕ Our Right to Change Notice of Privacy Practices

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

✕ Complaints

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact the Privacy Officer at 824 E Fort Lowell, Tucson, AZ 85719. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

You will not be retaliated against for filing a complaint.

✕ Questions and Information

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Privacy Officer at 824 E Fort Lowell, Tucson, AZ 85719.