

100.17 Notice of Health Information Practices Policy

POLICY

ARS 36-3801 provides that patients have a right to be notified that the Practice is participating in and HIO and subsequently “opt-out” of sharing their health information with others through an HIO. We have developed a Notice of Information Practices to meet these requirements and will make the Notice available to our patients as part of our HIPAA Notice of Privacy Practices Policy. Our Practice will strive to abide by the terms of our Notice as currently in effect.

PROCEDURE

- The content of the Notice shall describe the following:
 - The individually identifiable health information that the HIO collects about individuals.
 - The categories of persons who have access to information, including individually identifiable health information, through the HIO.
 - The purposes for which access to the information, including individually identifiable health information, is provided through the HIO.
 - The individual's right to opt out of participating in the HIO.
 - An explanation as to how an individual opts out of participating in the HIO.

- The notice shall include a statement informing the patient of the right to choose to keep the patient's personal health information out of the health information organization and that this right is protected by article XXVII, section 2, Constitution of Arizona.
- An HIO must post its current notice of health information practices on its website in a conspicuous manner.
- An HIO must provide an individual with a copy of the notice of health information practices within thirty days after receiving a written request for that information.
- The Practice must provide the HIO's notice of health information practices in at least twelve-point type to our patients before or at our first encounter with a patient, beginning on the first day of the Practice's participation in the HIO. Practice must document that it has provided the HIO's notice of health information practices to a patient and that the patient has received and read and understands the notice. Documentation must be in the form of a signature by the patient indicating the patient has received and read and understands the notice of health information practices and whether the patient chooses to opt out.
- If the patient chooses to opt out of the HIO, the patient's personal health information shall not be accessible through the HIO no later than thirty days after the patient opts out.
- If there is a material change to a HIO's notice of health information practices, Practice will redistribute the notice of health information practices at the next point of contact with the patient or in the same manner and within the same time period as is required by 45 Code of Federal Regulations section 164.528 in relation to the Practice's notice of privacy practices, whichever comes first.

200.001 Notice of Privacy Practices

ARIZONA ASSOCIATED SURGEONS PLLC. NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.**

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- 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
- Choose someone to act for you
- 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 disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law

- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your 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 medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information 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 for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll 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.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us at:

HIPAA Official
Arizona Associated Surgeons PLLC.
2320 N. 3rd St
Phoenix, AZ 85004
602-340-0201

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/.

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 your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

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.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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.

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.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

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.

Address workers' 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.

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.

200.032 Combined Notice of Privacy Practices and Health Information Practices

ARIZONA ASSOCIATED SURGEONS PLLC.
COMBINED NOTICE OF PRIVACY PRACTICES AND HEALTH INFORMATION PRACTICES

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.**

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- 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
- Choose someone to act for you
- 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 disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law

- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your 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 medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information 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 for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll 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.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us at:

HIPAA Official
Arizona Associated Surgeons PLLC.
2320 N. 3rd St.
Phoenix, AZ 85004
602-340-0201

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/.

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 your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

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.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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.

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.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

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.

Address workers' 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.

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.

NOTICE OF HEALTH INFORMATION PRACTICES

You are receiving this notice because your health care provider participates in an electronic information service offered by Health Information Network of Arizona (HINAz), a nonprofit 501(c) (3) non-governmental organization. This service does not cost you anything and can help your doctor and health care providers better coordinate your care by securely sharing your health information. This notice explains how electronic information sharing works and will help you understand your rights regarding this service under Arizona law.

If you would like your doctor and other health care providers to electronically and securely share your health information to better coordinate your care, YOU DO NOT NEED TO DO ANYTHING.

Your information will automatically be shared with your health care providers, unless you decide to "opt out." (See Your Rights Regarding Electronic Information Sharing on this notice.)

What does it mean to securely share information and how can it help you get better care?

In a paper-based medical system, your medical tests or lab results are either mailed or faxed to your primary care doctor. But sometimes paper or faxed records are lost or don't arrive in time for your doctor visit. With electronic information sharing, your doctors and other health providers are able to securely share your health information with each other in a safe and timely manner.

What medical information is available to be securely shared?

Authorized medical practices will be able to share several types of health information about you, including but not limited to:

- Hospital: Admission and discharge information from hospitals that use the service
- Medical history
- Medicines you take
- Allergies – including allergies to medicines
- Lab test results and radiology reports
- Doctor visit information
- Health plan enrollment and eligibility

Who can view your medical information electronically?

Only people involved in your care have access to your information. This may include doctors, nurses, and other care providers who are providing and coordinating your care. Your health insurer may also view your information to help coordinate or manage your care.

How is your medical information protected?

HINAz is required to follow federal law – the Health Insurance Portability and Accountability Act or “HIPAA” – to protect your private health information. People with access have a unique username and password and get training before they can see your information, so that they know how to protect it. In addition, the system records every time someone looks at your medical information, and you can ask for a list of who has viewed your information and when.

Are there additional security measures?

Information is shared using secure, encrypted transmission.

YOUR RIGHTS REGARDING SECURE ELECTRONIC INFORMATION SHARING

If you do nothing, your information may be securely shared with your health care providers.

You have the right to:

1. Ask for a copy of your medical information that is available to be shared. Just ask your health care provider and you can get a copy within 30 days or sooner.
2. Request to have any information corrected. If any information in the system is incorrect, you can ask that provider to correct the information.
3. Ask for a list of providers who have viewed your information. Contact HINAz for a list of people who have viewed your information in the system. Please let HINAz know if you think someone has viewed your information who should not have.

You have the right under article 27, section 2 of the Arizona Constitution to keep your medical information from being shared electronically through HINAz. Specifically, you may:

1. “Opt out” of having your information available for sharing. To opt out, you must ask your provider for the Opt Out Change Form. After you submit the form, your information will not be available for sharing. Caution: There are risks in preventing your health care providers from sharing your health care information, especially in an emergency.

2. Choose to exclude some information from being shared. For example, if you see a clinician and you do not want that information shared, you can prevent it. On the Opt Out form, fill in the information and name of the provider for the information that you do not want shared. Caution: If that provider works for an organization (like a hospital or a group of physicians), all your information from that hospital or group of physicians may be blocked from view.

3. Change your mind at any time. If you say no today, you can change your mind at any time. If you do nothing today and allow your health records to be shared, you may “opt out” in the future.

For questions or further information:

Email TheNetwork@azhec.org / Call (602) 688-7200 / Visit www.azhec.org

200.033 Combined Patient Acknowledgement of Receipt of Notice of Privacy Practices and Notice of Health Information Practices

ARIZONA ASSOICATED SURGEONS PLLC. ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE AND HEALTH INFORMATION NOTICE

Patient Name: _____ Date of Birth: _____

I acknowledge that I have been provided the Arizona Associated Surgeons PLLC. ("Practice") Notice of Privacy Practices:

- It tells me how Practice will use my health information for the purposes of my treatment, payment for my treatment, and Practices health care operations.
- The notice explains in more detail how Practice may use and share my health information for other than treatment, payment, and health care operations.
- Practice will also use and share my health information as required/permitted by law.

I acknowledge that I have been provided the Arizona Associated Surgeons PLLC. ("Practice") Notice of Health Information Practices ("Notice"):

- It tells me how Practice will electronically share health information with a Health Information Organization (HIO).
- The notice explains in more detail how I may Opt-out of sharing my health information with the HIO.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Address

Description of Personal Representative's Authority

Telephone

200.034 HIO Opt-Out Change Form

ARIZONA ASSOCIATED SURGEONS PLLC.
 HIO OPT-OUT CHANGE FORM

Patient Name: _____ Date of Birth: _____

Please check next to your choice regarding the secure sharing of your health information among your health care providers. Be sure to sign the form at the end. Each family member should fill out and submit a separate form.

_____ Choice 1: I do not agree to have my medical information securely shared among my health care providers. I understand and accept the risks associated with denying any access by anyone under any circumstances including medical emergencies.

_____ Choice 2: I want to change an earlier decision not to have my medical information shared among health care providers. I now agree to have my medical records securely shared. This may include health information gathered prior to the date I signed this form.

_____ Choice 3: I agree to have my information shared among my health care providers EXCEPT information from the health care provider(s) listed below. This means others will not see information about me from this health care provider. You must provide the full name, address and phone number of each health care provider you wish to exclude from sharing your health information. Incomplete information cannot be implemented.

Health Care Provider	Address	Telephone Number

 Signature of Patient or Personal Representative

 Date

 Name of Patient or Personal Representative

 Address

Description of Personal Representative's Authority

Telephone

200.035 HINAz Release of Information Form



Release of Information Request Form

Requestor's First Name:	
Requestor's Last Name:	
Birthdate:	
Requestor's phone number:	

I _____ am an individual who has received medical care in the State of Arizona and have not opted out of my medical data being accessed for legitimate purposes through Health Information Network of Arizona (HINAz). I request the following information from HINAz,

(please check all boxes that apply)

- all of the clinical information about me that HINAz has available to its users
- a list of all Entities and Providers who have accessed my medical information through HINAz in the past one year. I understand that in some instances, I may have to obtain a more complete listing from the Participating Entity.

I would like to have this information provided to me:

- by mail at the address indicated below.

Street:	
Street #2:	
City:	
State:	
Zip:	

I understand that the information will be provided to me at the address listed above within 30 days.

- electronically directly into my Personal Health Record. My PHR ID is:

Complete the information below only if you have signed the form for another person:

Do you have the authority to make health care decisions on behalf of the patient? Yes No

What is your relationship with the patient? _____

Signature: _____ **Date:** _____

For office use only - Countersigned By

Signature:	
Name:	
Position:	