

## Your Privacy

### **Desert Mission Patient Care Programs**

Like other industries, healthcare is using computer and other electronic systems to process communications, claims, and the payment process. Privacy Standards were developed to protect and secure your personal, financial, and health information. The attached Notice of Privacy covers how information known by the healthcare provider can be used and disclosed.

#### **How medical information will be routinely used and disclosed:**

- For treatment;
- To family members, and others involved in your care; and how to opt out;
- To be paid for services provided to you;
- For our business decisions and to improve the quality of our services.

#### **Your Rights regarding your medical information, you can:**

- Review or copy your records;
- Request amendment to your records;
- Get a list of certain disclosures;
- Request restrictions on use and disclosure;
- Request confidential communications;
- Get a paper copy of the notice if you received this electronically.

#### **The situational uses and disclosures of Medical Information:**

- Research;
- As required by law;
- For public health, public safety and health oversight purposes;
- To coroners, medical examiners and funeral directors;
- For military, veterans, national security, other governmental purposes;
- In judicial proceedings;
- Additional protection for certain medical information;
- Other uses and disclosures that require your authorization.

This notice also includes administrative issues such as how this notice is changed, the healthcare providers that will comply with this notice, and what to do if you have questions, concerns, or complaints about the handling of your healthcare information.

Please read the Notice and feel free to ask questions. Be prepared to sign to show that you have received this notice. Thank you.

## Notice of Privacy Practices

**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 describes how your medical information may be used, and how we may disclose it to others involved in your care. It also describes the rights you have concerning your medical information. Please review it carefully and let us know if you have questions.

Medical information is defined as the contents of your medical record, your billing record, and other records we use to make decisions about your care. Examples include notes made about you at the time of your visits and for other reason such as phone calls, results of tests, medicines, x-rays, and the information obtained to process the billing.

### **WHAT ARE THE ROUTINE USES AND DISCLOSURE OF YOUR MEDICAL INFORMATION?**

**Treatment:** Treatment includes medical services and supplies provided to you. We will use or disclose your medical information to others who need it to treat you, such as other doctors, nurses, clinical students, technicians, laboratories, and any others involved in your care. For example, the medical assistant will have access to your medical record to assist in your treatment. We will also use your information to notify you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Payment:** Medical Information will be used and disclosed for the physician or medical office to be paid for the services provided to you. For example, your health plan or health insurance company may see parts of your medical record before paying for your treatment.

**Business Operations:** We may use and disclose your medical information to improve the care and service we provide. This would include quality improvement activities, billing audits, accounting or legal services, or to conduct business management and planning. For example, to evaluate whether personnel, or other health care professionals did a good job.

**Family Members and Others Involved in Your Care:** Medical Information may be disclosed to a family member or care giver who is involved in your medical care. It may also be disclosed to someone who helps to pay for your care. For example, information regarding upcoming appointments and test results may be left as messages at your home or on an answering machine. If you do not want the office to disclose information to family members or others, please notify our staff.

### **WHAT ARE YOUR RIGHTS?**

**To Request Your Medical Information:** You have the right to look at and obtain a copy of your medical information. The original belongs to the Office. To request a copy of your medical information, write to our Office, attention Medical Record Department. Prior to sending you the copies, we will notify you of the cost to copy the information. You can look at your record at no charge by coming in to the office.

**To Request Amendment of Medical Information:** If you believe that information in your record is wrong or incomplete, you may ask us to change your record. To do so, send a written request to the Office. The written request must include the change requested and the reason for the request.

**To Get a List of Certain Disclosures of Your Medical Information:** You have the right to obtain a list of disclosures other than those for treatment, payment, or healthcare operations. To receive such a list, write to the

physician or medical office, attention Medical Records Department. The first list will be free. We will charge for additional lists requested within the same year. We will tell you in advance what this list will cost.

**To Request Restrictions on How the Medical Office Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations:** You have the right to ask us not to use or disclosure your medical information to treat you, to seek payment for care or for business operations. We are not required to agree to your request, but if we do agree, we will follow that agreement. If you want to request a restriction, write to the medical office, attention Medical Records Department and describe your request in detail.

**To Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more private. For example, you can ask us not to call your home, but to communicate only by mail. To do this, tell the Registration employees when you are here. You can also ask to speak with your health care providers in private outside the presence of other patients-just ask.

**To Get a Paper Copy:** If you have received this notice electronically, you have the right to a paper copy at any time, just ask the office personnel.

### **HOW ARE SPECIAL SITUATIONS (uses and disclosures) HANDLED?**

**Research:** Research may be done to study the effectiveness of a treatment you received. Such research projects must go through a special process that assures that your confidentiality and privacy will be protected.

**Required by Law:** Federal, state, or local laws sometimes require us to disclose information. For instance, we are required to report child abuse or neglect and must provide information to law enforcement officials in domestic violence cases. We are also required to report information to the Arizona Workers' Compensation Program for work-related injuries.

**Public Health:** The law requires us to report births, deaths, and communicable diseases to the State of Arizona. We also may need to report patient problems with medications or medical products may need to be reported to the FDA. We may also need to report problems to suppliers so that patients may be notified about product recalls.

**Public Safety:** In limited circumstances we may need to disclose medical information to law enforcement officials. For example, we may disclose medical information in response to a search warrant or a grand jury subpoena, or to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct at the Medical Office; or to prevent a serious threat to health or safety.

**Health Oversight Activities:** We may disclose medical information to a government agency that oversees the medical practices, or its personnel, such as the Arizona Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor our compliance with state and federal laws.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Military, Veterans, National Security and Other Government Purposes:** We may disclose information about members of the armed forces, as required by military command authorities or to the Department of Veterans Affairs. If requested to do so, we will provide information to federal officials for intelligence and national security purposes or for presidential Protective Services.

**Judicial Proceedings:** We may be ordered to disclose information by a court in response a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

**Information with Additional Protection:** Certain types of medical information have additional protection under state or federal law. For instance, Communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness may have additional measures of protection. The office is required to get your permission before disclosure of this special information to others in certain circumstances.

**Other Uses and Disclosures:** If the physician or medical office wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, the Office will seek your permission. You may take back your permission at any time, unless we have already acted on your permission to use or disclose the information. To revoke your permission, please notify the medical office in writing.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and to make the new provisions effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. A copy of the current Notice of Privacy Practices is available from the medical offices as well as on the John C. Lincoln website at [www.jcl.com](http://www.jcl.com).

## **WHAT HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE?**

This Notice of Privacy Practices applies to the Desert Mission Patient Care Programs and their personnel, volunteers, students, and trainees; for example, Marley House, the Community Health Center and the Children's Dental Clinic. This notice may also apply to other health care providers that come to the offices to care of patients, such as physicians, physician assistants, therapists, and other health care providers not employed by us. We may share your medical information with these providers for treatment purposes, to get paid for treatment, or to conduct health care operations. This arrangement is solely for sharing information and not for any other purpose.

This notice will not apply if these other health care providers give you their own Notice of Privacy Practices that describes how they will protect your medical information.

## **DO YOU HAVE CONCERNS OR COMPLAINTS**

Please tell us about any problems or concerns you have with your privacy rights or how the physician or medical office uses or discloses your medical information. If you have a concern, please contact the Privacy Officer, at the help line for Business Ethics and Corporate Compliance Help Line - at 602-331-5888.

If for some reason we cannot resolve your concern, you may also file a complaint with the Department of Health and Human Services. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

## **DO YOU HAVE QUESTIONS?**

The medical office is required by law to give you this Notice and to follow the terms of the Notice currently in effect. If you have any questions about this Notice, or have further questions about how the office may use and disclose your medical information, please contact the Privacy Officer, at the John C. Lincoln Health Network Corporate Compliance Help Line - at 602-331-5888.

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