



COPE Community Services, Inc. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU CAN BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes COPE's practices and that of:

- any healthcare staff member authorized to enter information into your medical record.
- all departments within the agency. all employees and staff members of COPE.
- any member of a volunteer/student group we allow to help you while you receive services.

All entities, sites, and locations of COPE follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for the treatment, payment, or healthcare purposes described in this notice.

OUR DUTY TO SAFEGUARD YOUR MEDICAL INFORMATION:

COPE must safeguard the privacy of your medical information . The purpose of this Notice of Privacy Practices is to provide you with information about the legal duties and privacy practices of COPE regarding your medical information. COPE may change its policies at any time, however, before any material revisions to our policies are made, we will change our Notice of Privacy Practices and deliver the revised Notice as required by law. The revised Notice will be effective for all PHI that we maintain at that time. Except when required by law, a material change to any term of the Notice may not be implemented before the effective date of the Notice that contains the material change.

You can obtain a copy of the current COPE Notice or Privacy Practices at any time by accessing our website at www.copecommunityservices.org. You also can request a copy of our Notice or get more information about how we safeguard your PHI by calling the COPE Privacy Officer.

COPE understands that medical information about you and your health is personal. We are committed to protecting the privacy of this information. We create a medical record of the care and services you receive during your enrollment with COPE. We need this medical record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the medical records of your care generated at COPE and its provider network.

This notice will tell you about the ways in which we may use and disclose medical information about you. Disclosure, as appropriate, may be verbal communication, electronic transmission, paper record, or by fax. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Make sure you are given notice of our legal duties and privacy practices with respect to medical information about you
- Make sure we follow the terms of the Notice of Privacy Practices that is currently in effect

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. 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 section entitled Substance Abuse Health Information and HIV information for those rules..

- **For Treatment:** We may use medical information about you to provide you with behavioral health treatment or services. We may disclose your medical information to psychiatrists, your primary care physician, nurses, therapists, case managers or other behavioral health professionals who are involved in your care. For example, a psychiatrist treating you may need to know if you have allergies to certain psychotropic medications. The psychiatrist may need to contact your primary care physician to obtain that information. Different departments within COPE may also share your medical information to arrange services you may need. Different departments of your provider network may also share your medical information in order to coordinate the services you need such as medications, therapy or case management. If you are in jail, COPE may share your medical information with necessary medical personnel to coordinate your ongoing care.
- **For Payment:** We may use and disclose medical 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. For example, we may need to give your network provider medical information about treatment you received at the hospital so the hospital can receive payment. Your network provider may share your medical 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 Healthcare Operations:** We may use and disclose medical information for the business activities of COPE and its network providers.. These uses and disclosures are necessary for administrative functioning and to ensure our members receive quality care. For example, we may use your medical information to review a network provider's services and to evaluate their performance in caring for you. We may combine medical information about many members to decide what additional services COPE and its provider network should offer, what services are needed, and whether certain new treatments are effective. We may use and disclose your medical information to assess COPE's compliance with the Arizona Department of Health Services, AHCCCS, or the Commission on Accreditation of Rehabilitation Facilities (CARF) . 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.
- **Individuals Involved in Your Care:** We may release medical information about you to a friend or family member actively involved in your care and treatment as allowed under Arizona state law and in accordance with COPE policies and procedures. This information is limited and will not be disclosed without first obtaining your written authorization.

SUBSTANCE ABUSE_HEALTH INFORMATION. All medical information regarding substance abuse is kept strictly confidential and released only in conformance with the requirements of federal law (42 U.S.C. 290dd-3) and regulation (42 C.F.R. part 2). Disclosure of any medical information referencing alcohol or substance abuse may only be made with your written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose.

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

Special Situations: Federal and state laws allow or require COPE and its contracted provider network to disclose your medical information in special circumstances that include but are not limited to the situations described below: following:

- **Public Health (Health and Safety for you and/or others).** We may disclose medical information about you for public health activities. They generally include the following:
 - To prevent or control disease, injury, or disability.
 - To report births and 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 a disease or may be at risk for contracting a disease
 - To avert a serious threat to the health and safety of a person or the public
 - To notify the appropriate government authority if we believe a member has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral healthcare system, government programs, and compliance with civil rights laws.

- **Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve the care and recovery of all clients who receive one medication for the same condition. All research projects require a special approval process. We will obtain your written authorization if the researcher will use or disclose your medical information.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information about you in response to a subpoena, discover request, or other lawful process that complies with state law and COPE policies and procedures.
- **Law Enforcement:** We may not release your medical information to a law official except in response to a valid court order, subpoena, warrant, summons, or similar lawful process that complies with state law and COPE policies and procedures.
- **Coroner, Medical Examiners, and Funeral Home Directors:** We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of the agency to funeral home directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or they may conduct special investigations.
- **As Required By Law:** We may disclose your medical information when required to do so by federal, state, or local law.

Note: Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

Right to Access. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the COPE Privacy Officer. If you request a copy of the information, you may receive one copy each year at no cost. You may request this information in an electronic format and if readily producible in the format requested, you will receive it in that format. For any additional copies during that 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 medical information may be denied in certain limited circumstances. If you are denied access to all or any part of your information, you may request that the denial be reviewed. You will be provided written information regarding the review process once access to your medical information is denied.

Right to Amend. If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by COPE. To request an amendment, your request must be in writing and submitted to the COPE Privacy Officer. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person that created the information is no longer available to make the amendment;
- is not part of the information kept by COPE;
- is not part of the 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 medical information. This is a list of the disclosures we made of your medical information to others outside of COPE. The accounting does not include information disclosed as a part of treatment, payment, or healthcare 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 COPE Privacy Officer. Your request must state a time period, which 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 medical 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 restrictions, you must make your request in writing to the COPE 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 address or telephone number. To request confidential communications, you must make your request in writing to the COPE Privacy Officer. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to Breach Notification. You have the right to be notified of any breach of your unsecured health information.

Right to Restrict Disclosure of PHI When Paid Out of Pocket. If you (or a 3rd Party) pay for services out of pocket in full, you have the right to restrict disclosure to COPE or a health plan unless disclosure is required by law.

Right to opt out of fundraising communications (if applicable)

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give a copy of this notice at any time by requesting it from COPE's Privacy Officer.

CHANGES TO THIS NOTICE:

COPE reserves the right to change this notice. COPE reserves the right to make the revised notice effective for the medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice at all service sites. The notice will contain the effective date at the bottom of each page. COPE will make you aware of any revisions by posting the revised notice at all service sites.

COMPLAINTS:

If you believe your privacy rights have been violated, you may submit your complaint in writing to the COPE Privacy Officer, 82 S. Stone, Tucson, AZ 85701. For questions, you may contact the COPE Privacy Officer at (520) 792-3293 x1114 . 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 Office of Civil Rights. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with written authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, COPE will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorizations.

COPE Community Services, Inc.
RECEIPT OF PRIVACY NOTICE

I, _____, have received a copy of COPE's Privacy Notice.
(print client name)

Client/Representative name: _____

Client/Representative signature: _____ Date: _____

Witness name, title: _____ COPE site: _____

Witness signature: _____ Date: _____

File original in client's medical record