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## **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.**

### **Horizon Health and Wellness is required by law to:**

- Make certain that medical information that identifies you is kept private.
- Make certain that you are given notice of our legal duties and privacy practices with respect to your medical information.
- Make certain that Horizon Health and Wellness and its provider network follow the terms of the Notice of Privacy Practices that is currently in effect.

**If you have any questions about this Notice, please contact the Compliance Coordinator at (480) 474-5579.**

### **This Notice of Privacy Practices tells you:**

- How we may use and share your protected health information for treatment, billing, or program operations and other reasons permitted or required by law.
- How to access and control your protected health information. "Protected health information" is any information that may identify you or relates to your past, present or future health care services.
- We have to follow the terms of this Notice.
- We can change the terms of our Notice, at any time. When you ask, we will provide you with the changed Notice in the following ways:
  - Accessing our website.
  - Calling the office.
  - Requesting a revised copy be sent to you in the mail.
  - Asking for a copy at the time of your next appointment.
- The new Notice will only apply to the protected health information we receive after the date of the new Notice.

### **How we can use your protected health information when you give us written permission:**

- Before we can use your protected health information, you will be asked to sign an authorization form.
- After you have signed an authorization form, those who are involved in your treatment may use and/or share your protected health information for treatment, billing and program operations.
- Here are some examples of how we may use and/or share your protected health information:
  - To provide, coordinate, or manage your treatment and/or services such as reviewing services provided to you and utilization review activities.
  - Billing to a third party payor (AHCCCS, Insurance Companies, etc.) when you have also signed authorization with the third party payor.
  - Your protected health information may be shared with your primary care physician to make sure that the physician has the necessary information to diagnose or treat you.
  - We may share your protected health information with other providers who, at the request of your physician, may become involved in your care.
  - To support Agency activities such as quality assessment, employee review, and training of agency staff.
  - Other reasons we may use and/or share your protected health information will be made only with your written authorization, unless otherwise permitted or required by law.
  - You may cancel the authorization in writing at any time with the understanding that information may have been used and/or shared before you canceled.
  - Horizon Health and Wellness participates in Health Current, Arizona's health information exchange (HIE). Your health information may be securely shared through the HIE. You may choose not to participate in the HIE program and are not required to sign the consent for disclosure in order to receive treatment.



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**We may use and/or share your protected health information when you have been given a chance to agree or disagree:**

- You have the opportunity to agree or disagree to the use or sharing of any part of your protected health information.
- If you are not present or able to agree or disagree, we may use and/or share your protected health information if we decide it is in your best interest. In this case, only the protected health information about your treatment may be used and/or shared.

**Others Involved in Your Healthcare:**

- Unless you disagree, we may share your protected health information with a member of your family, a close friend or any other person you choose, only as it relates to that person's involvement in your treatment such as:
  - Relevant information about your treatment, location, or general condition
  - In the event of your death.
- We may use and/or share your protected health information with authorized public or private official(s) who may be involved in disaster relief efforts.

**Emergencies:**

- We may use and/or share your protected health information in an emergency treatment situation.
  - We will try to obtain your written authorization as soon as possible after the emergency treatment.
  - If we are required by law to treat you and have attempted to obtain your written authorization, but we're unable to obtain it, we may still use and/or share your protected health information in order to treat you.

**Communication Barriers:**

- We may use and/or share your protected health information if:
  - There are any significant communication problems (such as a different primary language or need for an interpreter),
  - We try, but are unable, to obtain written authorization and
  - We determine that you intended to give permission for the use and/or sharing of your information under the circumstances.
- We provide information in manner tailored to the patient's age, language, and ability to understand.
- We communicate with patients who have vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.

**Protected health information we can use and/or share without your written authorization:**

- We may use and/or share your protected health information in the following situations:

**Required By Law:**

- If we are required by law to use and/or share any part of your protected health information, you will be notified.

**Public Health:**

- We may use and/or share your protected health information with a public health authority for the following reasons:
  - Controlling disease, injury, and/or disability.
  - To inform any foreign public health agency if there is risk of spreading contagious disease(s) and/or condition(s).

**Communicable Diseases:**

- We may share your protected health information, if authorized by law, with a person who may have been exposed to a disease or may otherwise be at risk of contracting or spreading the disease(s) and/or condition(s).

**Health Oversight:**

- We may share your protected health information with a health oversight agency for these reasons:
  - Activities authorized by law (such as audits, investigations, and inspections).
  - Oversight agencies include government agencies that oversee the health care system (such as government benefit programs, other government regulatory programs and civil rights laws).

**Abuse or Neglect:**

- We may share your protected health information with any public health agency authorized by law to receive reports in the case of:
  - Child abuse or neglect.
  - You have been a victim of abuse, neglect or domestic violence
- We evaluate and report all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the organization.

**Food and Drug Administration:**

- We may share your protected health information with a person or company required by the Food and Drug Administration to report the following:
  - Adverse events, product defects and/or problems.
  - To track products.
  - To enable product recalls, make repairs or replacements.

**Legal Proceedings:**

- We may share your protected health information for the following legal reasons:
  - In response to a court order (only protected health information specified in the order).
  - In certain conditions in response to a subpoena or other lawful process.

**Law Enforcement:**

- We may also share your protected health information for these law enforcement reasons:
  - Legal processes and otherwise required by law.
  - Limited information requests for identification and location purposes.
  - Information about victims of a crime.
  - Suspicion that death has occurred as a result of criminal conduct.
  - In the event that a crime occurs on our agency property.
  - Medical emergency not on our agency property and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:**

- We may share your protected health information with a coroner or medical examiner for:
  - Identification purposes, determining cause of death, and/or to perform other duties authorized by law.
- We may share your protected health information with a funeral director, as authorized by law:
  - In order to permit the funeral director to carry out their duties.
  - To inform the funeral director in reasonable anticipation of death.
- Your protected health information may be used and/or shared for organ, eye or tissue donation reasons.

**Research:**

- We may share your protected health information with researchers when our agency review board has reviewed the research proposal and established ways to make sure your privacy is protected.
- We will provide an explanation of the purpose of the research, the expected duration of the patient's participation, a clear description of the procedures to be followed, a statement of the potential benefits, risks, discomforts, and side effects and alternative care, treatment or services available to the patient that might prove advantageous to the patient.
- We will inform the participant that refusing to participate in research, investigation, or clinical trials or discontinuing participation at any time will not jeopardize the patients access to care, treatment, or services unrelated to the research.

**Criminal Activity:**

- We may share your protected health information as required by federal and state law(s) when:
  - We believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
  - If it is necessary for law enforcement officers to identify or apprehend an individual.

**Military Activity and National Security:**

- When the appropriate conditions apply, we may use and/or share protected health information if you are in the Armed Forces for the following reasons:
  - Activities deemed necessary by appropriate military command authorities.
  - Determination by the Department of Veterans Affairs of your eligibility for benefits.
  - To a foreign military authority if you are a member of that foreign military service.
  - To authorized federal officials for conducting national security and intelligence activities.
  - Provision of protective services to the President or others legally authorized.

**Workers' Compensation:**

- We may use and/or share your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:**

- We may use and/or share your protected health information if you are an inmate of a correctional facility and we created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:**

- Under the law, we must share your protected health information with you, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996.

**Confidentiality of Alcohol and Drug Abuse Patient Records:**

- The confidentiality of alcohol and drug abuse patient records maintained by Horizon Health and Wellness is protected by Federal law and regulations.
- Horizon Health and Wellness cannot confirm patient engagement or disclose any information identifying a patient as an alcohol or drug user, unless the following conditions are met:
  - You (the patient) consents in writing.
  - The disclosure is allowed by a court order.
  - The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
- Violation of 42 U.S.C. 290dd-3, 42 U.S.C. 290ee-3, and 42 C.F.R. Part 2 is a crime.
  - Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.
- Federal law and regulations does not provide protection in the following instances:
  - Information about a crime committed by a patient either at Horizon Health and Wellness or against any person who works for Horizon Health and Wellness.
  - Information about a threat of any crime committed by a patient either at Horizon Health and Wellness or against any person who works for Horizon Health and Wellness.
  - Information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

**Your Rights:**

- The following are statements of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information:**

- For as long as we maintain our records, you may look at and/or get a copy of your protected health information including:
  - Medical, billing, and any other records used in making treatment decisions about you.
- You may **not** inspect and/or copy the following records:
  - Psychotherapy notes,
  - Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or in other limited circumstances, and
  - Protected health information that is subject to law that prohibits access to protected health information.
- In some cases, a decision to deny access to your record may be reviewed.
  - Contact our Privacy Officer to request a review of your records.

**You have the right to request a restriction of your protected health information:**

- You may ask us not to use and/or share any part of your protected health information:
  - For the purposes of treatment, payment or healthcare operations.
  - To family members or friends who may be involved in your care.
  - To your health insurance plan about any services for which you have paid out-of-pocket.
  - For notification purposes as described in this Notice.
- Your request must state the specific restriction(s) requested and to whom you want the restriction to apply.
- We are not required to agree to any restriction that you may request.
- If we believe it is in your best interest to permit use and/or sharing of your protected health information, your protected health information will not be restricted.
- If we do agree to the requested restriction, we may not use and/or share your protected health information unless it is needed to provide emergency treatment.
- Any restriction you wish to request may be discussed with our Privacy Officer.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location:**

- We will accommodate reasonable requests without requesting an explanation from you.
  - We will ask you to tell us:
    - How to get confidential information to you.
    - Where we will send this information.
      - A specific alternate address.
      - A specific method of contact.
  - We will not request an explanation from you as to the basis for the request.
  - Please make this request in writing to our Privacy Officer.

**You may have the right to have us change your protected health information.**

- You may request your protected health information to be changed for as long as we maintain this information in your record.
- We may deny your request for any change.
- If we deny your request for any change:
  - You have the right to file a statement of disagreement.
  - We will prepare a timely response to your statement.
  - We will provide you with a copy of any such response.
- Please contact our Privacy Officer to change your protected health information



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**You have the right to receive an account of certain information we have shared, if any, of your protected health information:**

- This right applies to information shared for purposes other than treatment, payment or program operations as described in this Notice.
- This right **excludes** the following:
  - Information we may have shared with you.
  - Information about you we may have shared with family members or friends involved in your care for notification purposes.
- You have the right to receive specific information about your protected health information used and/or shared by us after April 14, 2003.
- You may request a shorter timeframe.
- The right to receive this information is subject to certain exceptions, restrictions and limitations.
- You may request a list of who your information was shared with through the Health Information Exchange.
  - A request form will need to be completed and provided to Health Current.

**You have the right to obtain a paper copy of this notice:**

- Upon request to us, even if you have agreed to accept this notice electronically.

**Complaints:**

- If you believe your privacy rights have been violated, you may submit your complaint in writing to Horizon Health and Wellness' Quality Management at 625 N. Plaza Drive, Apache Junction, AZ 85120.
- For further information about the complaint process, contact our Complaints Hotline by phone at (866) 587-7847 or by email at [hhwqualitymanagement@hhwaz.org](mailto:hhwqualitymanagement@hhwaz.org).
- If we cannot resolve your concern, you have the right to file a written complaint with the United States' Secretary of the Department of Health and Human Services.
- We will not retaliate against you for filing a complaint.
- The quality of your care will not be jeopardized, nor will you be penalized for filing a complaint.
- We provide the individuals served (and, when deemed beneficial, his or her family) with the phone number and address needed to file a complaint with the relevant state authority.

**Changes to this policy:**

- Horizon Health and Wellness reserves the right to change this Notice.
- Horizon Health and Wellness reserves the right to make the revised Notice effective for the protected health information Horizon Health and Wellness already has about you, as well as any information we will receive following the revision.
- Horizon Health and Wellness will post a copy of the current Notice on its website.
- The Notice will contain the effective date at the bottom of each page.

**Other Uses and Disclosures:**

- Other uses and/or sharing of your protected health information **not covered** by this Notice will be made only with your written authorization. There is a possibility that your protected health information may be re-used and/or shared by others who may have received your information.
- If you provide us with written authorization to use and/or share your protected health information, you may revoke that authorization, in writing, at any time.
- If you revoke your written authorization, Horizon Health and Wellness will no longer use and/or share your protected health information for the reasons covered by the authorization.
- Horizon Health and Wellness is unable to take back any information already used and/or shared based on your authorization.

*This notice was originally published and became effective on April 11, 2003. This notice was revised on February 23, 2021.*