



Notice of Privacy Practices

This notice describes how clinical information about you may be used and disclosed and how you can access this information.

Please review it carefully.

Ryan White HIV/AIDS Program Grantees and Contractors (the Ryan White Program) have always maintained your privacy. We are required by law to maintain the privacy of your Protected Health Information (PHI). We must give you this Notice of Privacy Practices (NPP). The NPP includes our legal duties and your rights concerning your PHI. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and services you get. The NPP describes how we may use and disclose your PHI to carry out treatment, payment or operations and for other purposes that are permitted or required by law.

The Ryan White Program is required to abide by the terms of this NPP. We reserve the right to change the terms of this notice at any time. We will provide you with a revised notice if privacy practices change.

A list of Ryan White Grantees for Parts A, C, and D, and Contractors covered by this NPP is attached. All Ryan White Program Grantees and Contractors have signed Business Associate Agreements which govern the use and disclosure of your PHI.

Permitted Uses and Disclosures of Your Information

All uses, disclosures of, or requests for PHI will be limited to the minimum amount necessary to accomplish the stated purpose. Professional judgment will determine the amount of information released.

The following are examples of the types of uses and disclosures of your PHI that the Ryan White Program is permitted to make. These are just examples and not meant to be complete. They describe the types of uses and disclosures that may be made once you have provided consent for services.

Treatment: We will use and disclose your PHI to provide, coordinate or manage your care and related services, including coordination with a third party that has already obtained your permission to access your PHI. For example, we would disclose your PHI as necessary to AHCCCS.

Payment: PHI will be used, as needed, to obtain payment for services provided to you. This may include activities that your health insurance plan takes before it approves or pays for the services we recommend for you. For example, we may give PHI to your insurance plan to determine eligibility or coverage for insurance benefits.

Operations: We may use your PHI in order to support the business activities of the Ryan White Program. These activities include, but are not limited to, quality assurance activities, employee review activities, student and employee training, and licensing.

Business associates performing services on behalf of the Ryan White Program related to treatment, payment, or health care operations may also have access to your PHI only for the purpose of providing these services. The business associate has agreed in writing to maintain the privacy of your PHI.

Other Uses and Disclosures of Your Protected Information

We must disclose your PHI to you. We will not disclose your PHI to other parties unless we have written permission from you. Exceptions to this practice are listed below. You may revoke your authorization at any time by giving written notice of revocation. Your revocation will not affect any disclosures permitted by your authorization while it was in effect.

The following is a description of possible ways the Ryan White Program is permitted or required by law to use and/or disclose your Protected Health Information (PHI) without your specific authorization:



Notice of Privacy Practices

- **Mandated Reporting:** We are required by law to report threats of suicide, homicide or evidence of child/elder abuse or neglect. We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.
- **Emergency Treatment:** We may disclose your PHI to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others in emergency treatment situations. If your PHI is used or disclosed in such a situation, we will try to obtain your consent as soon as possible after the delivery of treatment.
- **Required by Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and limited to its relevant requirements. For example, we must disclose your PHI to officials with the US Department of Health and Human Services if they request it in order to show that we follow federal privacy rules.
- **Legal Process and Proceedings:** We may disclose your PHI in response to a court order, destruction or theft of property, or other lawful process.
- **Oversight:** We may disclose your PHI to an oversight agency for activities authorized by law (for example, in the case of audits, investigations, licensure, and inspections). Oversight agencies include government agencies that oversee benefit programs, government regulatory programs and civil rights laws. *Oversight also includes new mandates for client-level data reporting starting January 1, 2009.*
- **Medical Examiners:** We may disclose your PHI for the purposes of identification in the event of your death without a next of kin or power of attorney.
- **Notifiable Conditions:** Some Ryan White Grantees and Contractors are required by law to report notifiable public health conditions. In accordance with confidentiality laws and this notice, only the minimum amount of information required for compliance shall be disclosed.

Your Rights

You have certain rights under this Notice of Privacy Practices (NPP). These rights include, but are not limited to, the following:

- **Access:** You have the right to inspect and copy your Protected Health Information (PHI), including clinical and billing records. Your right to access PHI does not extend to certain information, including information compiled in reasonable anticipation of or use in a civil, criminal or administrative proceeding. Records will be made available within a reasonable timeframe. We reserve the right to charge a reasonable fee for copies that we provide. Requests to access your PHI must be made in writing.
- **Restriction:** You have the right to ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. Your written request must state the specific restrictions requested and to whom you want the restriction to apply. The Ryan White Program is not required to restrict disclosure.
- **Shared Data Systems:** You have the right to ask us what parts of your PHI have been entered into shared data systems. The law requires the reporting of PHI in certain circumstances. (See the section titled "Other Uses and Disclosures of Your Protected Information" for more information about required reporting.)
- **Amendment:** You have the right to request an amendment to your PHI in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a grievance.
- **Accounting of Disclosures:** You have the right to ask for and receive an accounting of disclosures of your PHI. We are not required to provide an accounting of disclosures if:
 - Disclosure was made prior to April 14, 2003;
 - Disclosure was for treatment, payment or health care operations activities;
 - Disclosure was to you or pursuant to your written authorization; or
 - Disclosure was in response to a compliance authority that submitted a written statement superseding the requirement to document an accounting of disclosures.
- **Confidential Communications:** You have the right to request that we communicate with you about your PHI at an alternate location or by alternate means. If you believe that you will be in danger if we communicate PHI to you at your address of record, then we will make reasonable efforts to accommodate your request.
- **Privacy Practices:** You have the right to obtain additional paper copies of this NPP upon request.



RYAN WHITE PART A PHOENIX

Notice of Privacy Practices

- **Complaints:** You have the right to file a grievance under the Ryan White Program guidelines. You have the right to contact a Ryan White Contractor, a Ryan White Grantee, and/or the Secretary of Health and Human Services if you believe we have violated your privacy rights.

You will not be penalized or retaliated against for filing a complaint.

Contact the Ryan White Office at (602) 506-5340 for more information about this Notice of Privacy Practices, your rights, or the grievance procedure.

EXCEPTION FOR PART D CLIENTS

If you receive only Ryan White Part D services, you have the right to opt out of certain shared data systems. If you choose to not permit the disclosure of your PHI or other information and opt out of providing such information to other Ryan White Contractors or Grantees, or into shared data systems, your ability to receive some services may be limited. If you have questions about Ryan White Part D, please call (602) 344-2628 or (602) 344-2629.