**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 READ IT CAREFULLY.**

Journey of Hope Healing Center understands that your medical information and your health are personal. We are committed to protecting your medical information. Journey of Hope Healing Center creates a record of the care and services you receive during your enrollment. We need this record to provide you with quality care and to comply with certain legal requirements. This “Notice of Privacy Practices” applies to all of the records of your care generated and/or maintained by Journey of Hope Healing Center, including the following people and organizations:

1. Any health care professional who is authorized to enter information in your record;
2. Any member of a volunteer group that we allow to help you while you are receiving services.

This Notice will tell you about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Journey of Hope Healing Center is required by law to:

* Make sure that medical information that identifies you is kept private.
* Make sure that you are given notice of our legal duties and privacy practices with respect to your medical information.
* Make sure that Journey of Hope Healing Center follows the terms of the “Notice of Privacy Practices” that is currently in effect

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| **How We May Use or Disclose Your Medical Information** |

The following describes different ways 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 sections entitled “Substance Abuse Information” and “HIV Information” for those rules.

* **For Treatment.** We may use your medical information 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, and 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. If you are in a juvenile detention facility, Journey of Hope Healing Center may share your medical information with necessary medical personnel to coordinate ongoing care. Your provider may request your signed authorization for some treatment disclosures even though it is not required as a way to inform and involve you in your care.

* **For Payment.** We may use and disclose your medical information so that the services you receive through Journey of Hope Healing Center may be billed and payment may be collected from payers, such as the Arizona Division of Behavioral Health Services/Department of Behavioral Health Services (ADHS/DBHS), the Regional Behavioral Health Authority (RBHA), your insurance company, or a third party. For example, we may share medical information with your insurance company or a third party to check that you qualify for services, get approval for services, and/or determine whether your insurance will pay for services.
* **For Health Care Operations.** We may use and disclose your medical information for the business activities of Journey of Hope Healing Center. These uses and disclosures are necessary for administrative functions and to ensure patients receive quality care. For example, we may use your medical information during a review by the Arizona Department of Health Services/Office of Behavioral Health Licensure or the Regional Behavioral Health Authority (Magellan) so they can evaluate our performance and program compliance in caring for you. We may ask you to complete a patient satisfaction survey to determine how we can improve services. 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 disclose your medical information to a family member actively involved in your care as allowed under Arizona state law and in accordance with Journey of Hope Healing Center policies and procedures. This information is limited and will not be disclosed without first obtaining your written authorization.

✓ **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for services.

✓ **Sign-In Sheet.** We may use a sign-in sheet to tell us when you leave, and also when you return to our facility.

* **Health-Related Information and Resources**. We may use and disclose medical information to tell you about resources that may be of interest to you.

✓ **Substance Abuse Information.** The privacy of alcohol and drug abuse medical information is protected by federal law and regulations (42 *U.S.C.* 290dd-3 and 42 *U.S.C.* 290ee-3) and regulation (42 *C.F.R*. part 2). Generally, Journey of Hope Healing Center may not disclose that a patient attends substance abuse services or disclose any information identifying a patient as an alcohol or drug abuser, unless:

* The patient gives authorization in writing, (a general authorization for the disclosure of medical information is not sufficient for this purpose), or
* The disclosure is allowed by a valid court order, or
* The disclosure is made to medical personnel in a medical emergency or to a qualified staff person for research, audit, or program evaluation, or
* The patient commits or threatens to commit a crime either at Journey of Hope Healing Center or against any person who works for Journey of Hope Healing Center.
Violations of the federal law and regulations by Journey of Hope Healing Center are a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs, or to the Administrator or Clinical Director of Journey of Hope Healing Center. Federal law and regulations do not protect any information about suspected child abuse and neglect from being reported under state law to appropriate state or local authorities.

✓ **HIV Information.** All medical information regarding HIV is kept strictly confidential and disclosed only in accordance 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 disclosure of medical information is not sufficient for this purpose.

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| **Uses and Disclosures for Purposes of Public Responsibility** |

Federal and state laws require or allow Journey of Hope Healing Center to use and/or disclose your medical information in certain circumstances that include, but are not limited to, the situations described below.

* **As Required By Law.** We may disclose your medical information when required to do so by federal, state, or local law.

✓ **Public Health (health and safety for you and/or others).** We may disclose your medical information for public health activities. We may use and disclose your medical information to a public health authority, when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

* To prevent or control disease, injury, or disability;
* To report births or 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 or safety of a person or the public; or
* To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure when required or authorized by law.
* **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities may include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral health care system, government programs, and compliance with civil rights laws.
* **Lawsuits and Disputes.** If you are involved in a lawsuit or legal action, we may disclose your medical information in response to a valid court or administrative order, a valid subpoena, a discovery request, or other lawful process that complies with state law and Journey of Hope Healing Center policies and procedures.
* **Law Enforcement.** In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime, we may disclose your medical information if asked to do so by a law enforcement official.
* **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your medical information to a coroner or medical examiner. This may be necessary for identification or to determine the cause of death. We may also disclose your medical information to funeral directors as necessary to carry out their duties.

✓ **Research.** Under certain limited circumstances, we may use and disclose your medical information for research or for research purposes. For example, a research project may involve the care and recovery of all patients who receive one medication for the same condition. All research projects are subject to a special approval process. We will obtain your written authorization if the researcher will use or disclose your medical information.

* **National Security and Intelligence Activities.** We may disclose your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
* **Protective Services for the Ppatient and Others.** We may disclose your medical information to authorized federal officials so they may provide protection to the patient or other authorized persons.

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| **Your Rights Regarding Your Medical Information** |

* **Right to Access.** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and/or copy your medical information, contact the Administrator or Clinical Director. If you make a written request for a copy of your medical information, you may receive one copy each year at no cost. For any additional copies during the same 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 part of your medical information, you may request that the denial be reviewed. Information regarding how to initiate the review process will be provided in writing at the time of any denial of access to your medicalinformation.
* **Right to Amend.** If you feel that your medical information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as your medical information is kept by Journey of Hope Healing Center. To request an amendment, your request must be made in writing and submitted to the Administrator or Clinical Director. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:
	+ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
	+ Is not part of the medical information kept by or for Journey of Hope Healing Center;
	+ Is not part of the medical 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 Journey of Hope Healing Center. The accounting does not include medical information disclosed as a part of treatment, payment, or health care operations as described above. The accounting does not include disclosures that were authorized by you in writing or disclosures of your medical information to you. To request an accounting of disclosures, you must submit your written request to the Administrator or Clinical Director. Your request must specify a period of time for an accounting that may not be longer than six years and may not include dates before June 1, 2007

* + **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 comply with your request, we reserve the right to use or disclose medical information asneeded to provide you emergency treatment. To request a restriction, you must make your request in writing to the Administrator or Clinical Director. In your request, you must tell us what information you want to us to limit 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. For example, you can ask that we only contact you at a certain telephone number or address. To request confidential communications, you must make your request in writing to the Administrator or Clinical Director. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted and how payment for services will be handled as applicable.
	+ **Right to Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time by requesting it from any staff member at Journey of Hope Healing Center.

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| **Changes to the “Notice of Privacy Practices”** |

Journey of Hope Healing Center reserves the right to change this Notice. Journey of Hope Healing Center reserves the right to make the revised notice effective for your medical information that Journey of Hope Healing Center already has about you, as well as any medical information we will receive following the revision. Journey of Hope Healing Center will post a copy of the current Notice at both physical locations of this agency. The Notice will contain the effective date at the bottom of each page. Journey of Hope Healing Center will make you aware of any revisions by posting the revised Notice in all the above locations.

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| **Complaints** |

If you believe your privacy rights have been violated, you may submit your complaint in writing to the Journey of Hope Healing Center Administrator. 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. The quality of your care will not be jeopardized, nor will you be penalized for filing a complaint.

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| **Other Uses and Disclosures** |

Other uses and disclosures of your medical information not covered by this Notice 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, Journey of Hope Healing Center will no longer use or disclose your medical information for the reasons covered by the authorization. Journey of Hope Healing Center is unable to take back any disclosures already made based on your authorization.