

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record.
- Request confidential communication.
- Get a list of those with whom we've shared your information.
- Choose someone to make your health care decisions when you cannot.
- Be notified in the event your information is breached.
- Ask us to correct your paper or electronic medical record.
- Ask us to limit the information we share.
- Get a copy of this privacy notice.
- File a complaint if you believe your privacy rights have been violated.

Your Choices:

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition, location or death, or obtain payment for services provided to you.
- Market our services and sell your information.
- Provide information to assist in disaster relief.
- Provide mental health care.
- Raise funds.

Our Uses and Disclosures:

We may use and share your information as we:

- Treat you.
- Bill for your services.
- Do research.
- Respond to organ and tissue donation requests.
- Address workers' compensation, law enforcement, and other government requests.
- Address reports made to oversight agencies, public health authorities or attorneys.
- Run our organization.
- Help with public health and safety issues.
- Comply with the law.
- Work with a medical examiner or funeral director.
- Respond to lawsuits and legal actions.
- Engage in marketing and fundraising.
- Work with psychotherapy notes.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone or to send mail to a different address).
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations. In most cases, we are not required to agree to your request, and we may say “no”. If we do agree, however, we may still share your information where needed for emergency treatment or as otherwise permitted or required by law.
- If you, or someone on your behalf other than your health insurer, pay for a service or health care item out-of-pocket in full, you may ask us not to share information about that item or service with your health insurer for the purpose of payment or our operations. We must say “yes” unless a law requires us to share that information or as may be necessary to get paid by your insurer for follow up or other treatment.

Get a list of those with whom we’ve shared information:

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.

Get a copy of this privacy notice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information when you are unable to make your own health care decisions.
- We will make sure the person has this authority and can act for you before we take any action.

Request more information or file a complaint if you feel your rights are violated:

- If you need more information about our privacy practices or if you feel we have violated your rights contact us using the information on page 2
- We will not retaliate against you for filing a complaint.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you:

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our Organization:

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We may use health information about you to train employees, seek legal advice, or review the quality of care we provide. We may use third parties called "Business Associates" to help us, but they must protect the privacy of your information.

Bill for your services:

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We may give information about you to your health insurance plan so it will pay for your services, confirm coverage or give prior approval for services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Reports to public health and the FDA

We may disclose your health information to public health or legal authorities who work to prevent or control disease, injury or disability. We may also disclose adverse event information to the FDA or someone under its jurisdiction for product recall, repairs or replacement.

Do research:

We can use or share your information for health research when certain conditions have been met.

Comply with the law:

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests:

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director:

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- To someone, like law enforcement, who may be able to lessen a serious and imminent threat to the health or safety of a person or the public
- For law enforcement purposes or to a law enforcement official, to respond to requests or make certain reports
- For workers' compensation claims
- If you are an inmate, with a correctional institution or an agent for purposes of health and safety
- To report suspected abuse, neglect or domestic violence

Respond to lawsuits and legal actions:

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Reports about our conduct:

One of our staff or business associates may disclose your information to a health oversight agency, public health authority or attorney, with the belief we have acted illegally or improperly and are endangering one or more patients, workers, or the public.

Marketing Using Health Information:

We may use your health information to send you refill reminders, for treatment, care coordination, to recommend alternative treatments, therapies, health care providers, or care settings, or to describe a product or service we provide. We will obtain your authorization before using or disclosing your information for other marketing purposes and anytime we are paid to make a communication. We will not obtain your authorization for face-to-face marketing communications or if we provide you with a promotional gift of nominal value. We will not sell your information without your written authorization.

Charitable Contributions:

We may contact you in the future to raise donations for us or our programs. You may opt out by calling 602-334-4519 or e-mailing marketing@wccphx.net.

Psychotherapy Notes:

We will not use or disclose your psychotherapy notes without your authorization, unless allowed or required by law.



Wesley Community & Health Centers Notice of Privacy Practices

Information with Additional Protection:

Certain types of medical information have additional protection under state law. In some cases, we will require your consent to disclose information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and mental health treatment.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html

Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Wesley Community and Health Centers
 1300 S. 10th Street
 Phoenix, AZ 85034
 Phone: (602) 257-4323
 Fax: (602) 257-4338
www.wesleycenterphx.org

Patient/Parent/Guardian Signature: _____ Date: _____

Printed Name: _____