

## HIPAA Notice of Privacy Practices

Effective Date: July 1, 2015

**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.**

### Who Will Follow This Notice?

This Notice of Privacy Practices (Notice) describes how Option 1 Healthcare Solutions (we or us) may use and disclose your health information. All of our employees, staff and other personnel are required to follow this Notice. It also describes your rights to access and control your health information.

### Your Health Information

Your health information includes information and records that we have about you. This includes demographic information that may identify you and information about your health and the healthcare services that you have received or may receive from us. Your health information may be verbal, written or electronic.

### Your Choices

You have 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; and

If you are unable to tell us your preference (such as if you are unconscious) we may share your information if we believe it is in your best interest. We may also share your information when needed to reduce a serious and imminent threat to health or safety.

**Fundraising:** We may contact you for fundraising purposes. If we do contact you, we will tell you how to instruct us not to contact you for fundraising in the future.

**Marketing or Sale:** Unless you give us written permission, we will not sell your health information or use or share your health information for marketing purposes.

### Our Uses and Disclosures of Your Health Information

Your health information may be used and disclosed by our clinical staff, our office staff and others outside of our office that are involved in your care to treat you, have your health care bills paid, and support the operations of our business. We may also use and disclose your health information for other purposes required or allowed by law.

**Treatment:** We may use and share your health information to provide, coordinate, or manage your health care, including the products and services that are prescribed for you. For example, we may share your health information with a home health agency that provides care to you. Your health information may also be provided to your physician so the physician has the necessary information to diagnose or treat you. We may also consult with your physician regarding your prescribed products or services.

**Payment:** We may use and share your health information, as needed, to be paid for the health care products and services that are provided to you. For example, obtaining payment approval for our prescribed products may require that some of your health information be shared with a health plan to obtain the approval.

**Healthcare Operations:** We may use and share your health information, as needed, to support our business activities. These activities include, but are not limited to, assessing the quality of our activities, training or reviewing our employees, and conducting or arranging for other business activities. For example, we may share your health information as necessary to train our employees. We may share your health information with other entities for their healthcare operations in limited circumstances and only if the other entity has or had a relationship with you.

In some cases, we have contracts with third parties to perform services for us that may require them to use or share your health information. In those cases, the third party is required to safeguard the health information it receives.

**How else do you we use or disclose 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 before we can share your information for these purposes. For more information, please see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consurers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consurers/index.html)

*Public health and safety issues:* We can share health information about you for certain situations such as:

- Preventing disease;
- Helping with product recalls;
- Reporting adverse reactions to medications;
- Reporting suspected abuse, neglect or domestic violence; or
- Preventing or reducing a serious threat to anyone’s health or safety.

*Research:* We can use or share your information for health research.

*Comply with 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 are complying with federal privacy law.

*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:

- For workers’ compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law; and
- For special government functions such as military, national security, and presidential protective services.

*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.

**Other Uses and Disclosures of Health Information**

We do not create or manage a facility directory for the public. We do not create or maintain psychotherapy notes either. If we ever do have psychotherapy notes, we will obtain your authorization before we use or share them, except when we use or share them for your treatment, to train our personnel, or to defend ourselves in legal actions.

**Your Rights**

**You have the right to inspect and copy your health information.** You can ask to see or get an electronic or paper copy of your medical record and other health information that 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. Under federal law, however, you may not inspect or copy psychotherapy notes; information compiled in anticipation of, or for use in, a court or administrative proceeding; and health information that is subject to laws that prohibit your access.

**You have the right to request a restriction of your health information.** This means you may ask us not to use or share your health information for the purposes of treatment, payment or healthcare operations. We are not required to agree to your request, and we may say no if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurer. We will say yes unless a law requires us to share that information.

**You have the right to request confidential communications.** You may 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 honor all reasonable requests.

**You have the right to get a copy of this Notice.** You may 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.

**You have the right to ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or

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incomplete. Ask us how to do this. We may deny your request, but we will tell you why in writing within 60 days.

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

**You have the right to 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. We will make sure the person has this authority and can act for you before we take any action.

**You have the right to file a complaint.** You may complain to us or to the Secretary of Health and Human Services, if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. **We will not retaliate against you for filing a complaint.**

### **State Law**

We will never use or share your information if state law prohibits it. Ask us for the State Law Supplement if you would like to learn more.

### **Our Responsibilities**

**Breach.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

### **Other Ways to Use or Disclose Your Information.**

Other uses or disclosures not described in this Notice will be made only with your written authorization as required by law. If you give us this permission, you may change your mind and revoke it at any time.

**Our Legal Requirements.** We are required by law to maintain the privacy of, and provide individuals with, this Notice of our legal duties and privacy practices with respect to health information. We must follow the duties and privacy practices described in this Notice and give you a copy of it. If you have any objections to this form, please ask to speak with our Privacy Officer in person or by phone at the number below.

**Changes.** We may change this Notice, and the changes will apply to all information we have about you. We will inform you by mail of any changes. The new Notice will also be available upon request, in our offices, and on our website.

**Effective Date.** This Notice was originally effective on April 14, 2003, and this update of the Notice is published and effective as of **July 1, 2015.**

**Privacy Officer.** If you have questions about this Notice or wish to file a complaint, please contact our Privacy Officer at:

**Privacy Officer  
Option 1 Healthcare Solutions  
2460 East Germann Road, Suite 18  
Chandler, Arizona 85286  
480-883-1188**

**Acknowledgement.** By initialing the New Patient Technician Document and the Initial Set up Delivery Ticket you are acknowledging that you have received this document.

## STATE LAW SUPPLEMENT

### How do State Laws Matter?

Many states have laws that are stricter than the federal privacy practices that we describe in this Notice. If a state law applies to us and is stricter or places limits on the ways we can use or share your health information, we will follow the state law. The way that state and federal laws interact is complicated. If you would like to know more, please ask the Privacy Officer.

### Arizona

Arizona law provides greater protection for certain types of information, including:

- Communicable disease information;
- Genetic information;
- HIV/AIDS information; and
- Records of minor child's blood or DNA.

We will not share such information except in situations where you authorize us in writing or where we are allowed or required by state or federal law to make the disclosure. For records of minor child's blood or DNA, written consent must come from the parent.

### Colorado

Colorado law provides greater protection for certain types of information, including:

- Genetic information;
- Alcohol / drug abuse treatment information; and
- Mental health information.

We will not share such information except in situations where you authorize us in writing or where we are allowed or required by state or federal law to make the disclosure.

### Nevada

Nevada law provides greater protection for certain types of information, including:

- Prescription information;
- Genetic information;
- HIV/AIDS information;
- Communicable disease information;
- Mental health records; and
- Alcohol / drug abuse treatment information.

We will not share such information except in situations where you authorize us in writing or where we are allowed or required by state or federal law to make the disclosure.

### Oregon

Oregon law provides greater protection for certain types of information, including:

- Prescription information;
- Genetic information;
- HIV/AIDS information;
- Mental health records; and
- Alcohol / drug abuse records.

We will not share such information except in situations where you authorize us in writing or where we are allowed or required by state or federal law to make the disclosure.

### Texas

Texas law provides greater protection for certain types of information, including:

- Prescription information;
- Genetic information;
- Information concerning birth defects;
- HIV/AIDS information;
- Communicable disease information;
- Mental health records; and
- Alcohol / drug abuse records.

We will not share such information except in situations where you authorize us in writing or where we are allowed or required by state or federal law to make the disclosure.

### Washington

Washington law provides greater protection for certain types of information, including:

- Genetic information;
- HIV/AIDS information;
- Sexually transmitted disease information;
- Mental health records; and
- Alcohol / drug abuse records.

We will not share such information except in situations where you authorize us in writing or where we are allowed or required by state or federal law to make the disclosure.