

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.

Providence Corporation understands that your medical information and your health are personal. We are committed to protecting your medical information. Providence Corporation and its contracted provider network create a record of medical information about the care and services you receive during your enrollment. We need this medical information to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to your medical information generated and/or maintained by Providence Corporation and its provider network.

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 your medical information.

Providence Corporation 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 Providence Corporation and its provider network follow the terms of the Notice of Privacy Practices that is currently in effect

HOW WE MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following describes different ways we use and disclose your 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 section entitled Substance Abuse Health 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 or 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. Different departments within Providence Corporation may also share your medical information to arrange services you may need. Different departments of your provider network may also share your medical information in order to coordinate the services you need, such as medications, therapy, or case management. If you are in jail, Providence Corporation may share your medical information with necessary medical personnel to coordinate your ongoing care.

- ✓ **For Payment.** We may use and disclose your medical information so that the treatment and services you receive may be billed and payment may be collected from appropriate payors, such as an insurance company or a third party. For example, we may need to give your network provider medical information about treatment you received at the hospital so the hospital can receive payment. Your network provider may share your medical information with your insurance company or a third party payor to check that you qualify for services, or to obtain approval for the services requested.
- ✓ **For Health Care Operations.** We may use and disclose your medical information for the business activities of Providence Corporation and its network providers. These uses and disclosures are necessary for administrative functioning and to ensure our members receive quality care. For example, we may use your medical information to review a network provider's services and to evaluate their performance in caring for you. We may combine medical information about many members to decide what additional services Providence Corporation and its provider network should offer, what services are needed, and whether certain new treatments are effective. We may use and disclose your medical information to assess Providence Corporation's compliance with the Arizona Department of Health Services, AHCCCS, or the Joint Commission on Accreditation of Healthcare standards. 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 release your medical information to a family member actively involved in your care and treatment as allowed under Arizona state law and in accordance with Providence Corporation policies and procedures. This information is limited and will not be disclosed without first obtaining your written authorization.

SUBSTANCE ABUSE HEALTH INFORMATION. All medical information regarding substance abuse is kept strictly confidential and released only in conformance with the requirements of federal law (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 C.F.R. part 2). Disclosure of any medical information referencing alcohol or substance abuse may only be made with your written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose.

HIV INFORMATION. All medical information regarding HIV is kept strictly confidential and released only in conformance 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 release of medical or other information is not sufficient for this purpose.

SPECIAL CIRCUMSTANCES. Federal and state laws allow or require Providence Corporation and its contracted provider network to disclose your medical information in certain special circumstances that include, but are not limited to, the situations described below.

- ✓ **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
 - to notify the appropriate government authority if we believe a member has been the victim of abuse, neglect or domestic violence. We will make this disclosure when required or authorized by law
- ✓ **Research.** Under certain limited circumstances, we may use and disclose your medical information for research purposes. For example, a research project may involve the care and recovery of all members 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.
- ✓ **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities may include 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 Providence Corporation policies and procedures.
- ✓ **Law Enforcement.** We may not release your medical information to a law enforcement official except in response to a valid court order, subpoena, warrant, summons, or similar lawful process that complies with state law and Providence Corporation policies and procedures.
- ✓ **Coroners, Medical Examiners and Funeral Directors.** We may release your medical information to a coroner or medical examiner. This may be necessary for identification or to determine a cause of death. We may also release your medical information to funeral directors as necessary to carry out their duties.
- ✓ **National Security and Intelligence Activities.** We may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ✓ **Protective Services for the President and Others.** We may disclose your medical information to authorized federal officials so they may provide protection to the President or other authorized persons.
- ✓ **As Required By Law.** We may disclose your medical information when required to do so by federal, state, or local law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- ✓ **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 copy your medical information contact the Providence Corporation Privacy Officer. If you request a copy of the 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 any 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 medical information.
- ✓ **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 Providence Corporation. To request an amendment, your request must be made in writing and submitted to the Providence Corporation Privacy Officer. 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 Providence Corporation
 - 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 disclosures we made of your medical information to others outside of Providence Corporation. The accounting does not include information disclosed as a part of treatment, payment, or health care operations. The accounting does not include disclosures that were authorized by you in writing. To request this accounting, you must submit your request in writing to the Providence Corporation Privacy Officer. Your request must state a period of time for the accounting that may not be longer than six years and may not include dates before April 14, 2003.
- ✓ **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 do agree, we will comply with your request, unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to the Providence Corporation Privacy Officer. In your request, you must tell us what information you want to restrict, 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 if you believe that you will be otherwise endangered. 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 Providence Corporation Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ✓ **Right to Paper Copy of this Notice.** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting it from the Providence Corporation Privacy Officer.

CHANGES TO THIS NOTICE

Providence Corporation and its provider network reserve the right to change this notice. Providence Corporation reserves the right to make the revised notice effective for your medical information that Providence Corporation and its provider network already have about you, as well as any information we will receive following the revision. Providence Corporation will post a copy of the current notice at its main office and on its website. Its provider network will post the notice at all of its service sites. The notice will contain the effective date at the bottom of each page. Providence Corporation and its provider network will make you aware of any revisions by posting the revised notice in all the above locations.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit your complaint in writing to the Providence Corporation Privacy Officer, hipaaprivacypc@provcorp.com. For questions, you may contact the Providence Corporation Privacy Officer at (520) 748-7108. 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.

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, Providence Corporation will no longer use or disclose your medical information for the reasons covered by the authorization. Providence Corporation and its provider network are unable to take back any disclosures already based on your authorization.