

PRIVACY PRACTICES NOTICE

I. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

ARTHUR L. MATTHEWS, MA LPC, DBA: AZ BODY-MIND COUNSELING, IS LEGALLY REQUIRED TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION. WE CALL THIS INFORMATION "PROTECTED HEALTH INFORMATION," OR "PHI" FOR SHORT, AND IT INCLUDES INFORMATION THAT CAN BE USED TO IDENTIFY YOU THAT WE'VE CREATED OR RECEIVED ABOUT YOUR PAST, PRESENT, OR FUTURE HEALTH OR CONDITION, THE PROVISION OF HEALTH CARE TO YOU, OR THE PAYMENT OF THIS HEALTH CARE. WE MUST PROVIDE YOU WITH THIS NOTICE ABOUT OUR PRIVACY PRACTICES THAT EXPLAINS HOW, WHEN, AND WHY WE USE AND DISCLOSE YOUR PHI. WITH SOME EXCEPTIONS, WE MAY NOT USE OR DISCLOSE ANY MORE OF YOUR PHI THAN IS NECESSARY TO ACCOMPLISH THE PURPOSE OF THE USE OR DISCLOSURE. WE ARE LEGALLY REQUIRED TO FOLLOW THE PRIVACY PRACTICES THAT ARE DESCRIBED IN THIS NOTICE.

HOWEVER, WE RESERVE THE RIGHT TO CHANGE THE TERMS OF THIS NOTICE AND OUR PRIVACY POLICIES AT ANY TIME. ANY CHANGES WILL APPLY TO THE PHI WE ALREADY HAVE. BEFORE WE MAKE AN IMPORTANT CHANGE TO OUR POLICIES, WE WILL PROMPTLY CHANGE THIS NOTICE AND POST A NEW NOTICE IN WAITING AREAS OF OUR FACILITIES. YOU CAN ALSO REQUEST A COPY OF THIS NOTICE FROM THE CONTACT PERSON LISTED IN SECTION V BELOW AT **ANY TIME**.

II. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

THE COUNSELOR USES AND DISCLOSES HEALTH INFORMATION FOR MANY DIFFERENT REASONS. BELOW, WE DESCRIBE THE DIFFERENT CATEGORIES OF OUR USES AND DISCLOSURES AND GIVE YOU SOME EXAMPLES OF EACH CATEGORY.

A. USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS DO NOT REQUIRE YOUR PRIOR AUTHORIZATION. WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION FOR THE FOLLOWING REASONS:

1. **FOR TREATMENT.** WE MAY DISCLOSE YOUR PHI TO CLINICIANS WHO PROVIDE YOU WITH SERVICES OR ARE INVOLVED IN YOUR CARE SUCH AS MEDICATION PRESCRIBERS OR PERSONAL HEALTH CARE PHYSICIANS.
2. **TO OBTAIN PAYMENT FOR TREATMENT.** WE MAY USE AND DISCLOSE YOUR PHI IN ORDER TO BILL AND COLLECT PAYMENT FOR THE TREATMENT AND SERVICES PROVIDED TO YOU. FOR EXAMPLE, WE MAY PROVIDE PORTIONS OF YOUR PHI TO OUR BILLING DEPARTMENT AND YOUR HEALTH PLAN TO GET PAID FOR THE SERVICES WE PROVIDED TO YOU.
3. **FOR BEHAVIORAL HEALTH CARE OPERATIONS.** WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU FOR OPERATIONAL PURPOSES. FOR EXAMPLE, YOUR HEALTH INFORMATION MAY BE DISCLOSED TO RISK OR QUALITY IMPROVEMENT PERSONNEL AND OTHERS TO:
 - EVALUATE THE PERFORMANCE OF STAFF;
 - ASSESS THE QUALITY OF CARE AND OUTCOMES IN YOUR CASE AND SIMILAR CASES;
 - LEARN HOW TO IMPROVE OUR FACILITIES AND SERVICES; AND
 - DETERMINE HOW TO CONTINUALLY IMPROVE THE QUALITY AND EFFECTIVENESS OF THE HEALTH CARE WE PROVIDE.
4. **WHEN A DISCLOSURE IS REQUIRED BY FEDERAL, STATE OR LOCAL LAW, JUDICIAL OR ADMINISTRATIVE PROCEEDINGS, OR LAW ENFORCEMENT.** FOR EXAMPLE, WE MAKE DISCLOSURES WHEN A LAW REQUIRES THAT WE REPORT INFORMATION TO GOVERNMENT AGENCIES AND LAW ENFORCEMENT PERSONNEL ABOUT VICTIMS OF ABUSE, NEGLIGENCE, OR DOMESTIC VIOLENCE, OR WHEN ORDERED IN A JUDICIAL OR ADMINISTRATIVE PROCEEDING.
5. **PUBLIC HEALTH.** YOUR HEALTH INFORMATION MAY BE USED OR DISCLOSED FOR PUBLIC HEALTH ACTIVITIES SUCH AS ASSISTING PUBLIC HEALTH AUTHORITIES OR OTHER LEGAL AUTHORITIES TO PREVENT OR CONTROL DISEASE, INJURY, OR DISABILITY, OR FOR OTHER HEALTH OVERSIGHT ACTIVITIES.
6. **TO AVOID HARM.** IN ORDER TO AVOID A SERIOUS THREAT TO THE HEALTH OR SAFETY OF A PERSON OR THE PUBLIC, WE MAY PROVIDE PHI TO LAW ENFORCEMENT PERSONNEL OR PERSONS ABLE TO PREVENT OR LESSEN SUCH HARM.
7. **FOR WORKERS' COMPENSATION PURPOSES.** WE MAY PROVIDE PHI IN ORDER TO COMPLY WITH WORKERS' COMPENSATION LAWS.
8. **APPOINTMENT REMINDERS AND HEALTH-RELATED BENEFITS OR SERVICES.** WE MAY USE PHI TO PROVIDE APPOINTMENT REMINDERS OR GIVE YOU INFORMATION ABOUT TREATMENT ALTERNATIVES, OR OTHER HEALTH CARE SERVICES OR BENEFITS WE OFFER.

B. DISCLOSURES TO FAMILY, FRIENDS, OR OTHERS. WE MAY PROVIDE YOUR PHI TO A FAMILY MEMBER, FRIEND, OR OTHER PERSON THAT YOU INDICATE IS INVOLVED IN YOUR TREATMENT OR THE PAYMENT FOR YOUR HEALTH CARE, UNLESS YOU OBJECT IN WHOLE OR IN PART. THE OPPORTUNITY TO AUTHORIZE MAY BE OBTAINED RETROACTIVELY IN EMERGENCY SITUATIONS.

C. ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION. IN ANY OTHER SITUATION NOT DESCRIBED IN SECTIONS II A AND B ABOVE, WE WILL ASK FOR YOUR WRITTEN AUTHORIZATION BEFORE USING OR DISCLOSING ANY OF YOUR PHI. IF YOU CHOOSE TO SIGN AN AUTHORIZATION TO DISCLOSE YOUR PHI, YOU CAN LATER REVOKE THAT AUTHORIZATION IN WRITING TO STOP ANY FUTURE USES AND DISCLOSURES (TO THE EXTENT THAT WE HAVEN'T TAKEN ANY ACTION RELYING ON THE AUTHORIZATION).

III. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

A. THE RIGHT TO REQUEST LIMITS ON USES AND DISCLOSURES OF YOUR PHI. YOU HAVE THE RIGHT TO ASK THAT WE LIMIT HOW WE USE AND DISCLOSE YOUR PHI. WE WILL CONSIDER YOUR REQUEST BUT ARE NOT LEGALLY REQUIRED TO ACCEPT IT. IF WE ACCEPT YOUR REQUEST, WE WILL PUT ANY LIMITS IN WRITING AND ABIDE BY THEM EXCEPT IN EMERGENCY SITUATIONS. YOU MAY NOT LIMIT THE USES AND DISCLOSURES THAT WE ARE LEGALLY REQUIRED OR ALLOWED TO MAKE.

B. THE RIGHT TO CHOOSE HOW WE SEND PHI TO YOU. YOU HAVE THE RIGHT TO ASK THAT WE SEND INFORMATION TO YOU TO AN ALTERNATE ADDRESS (FOR EXAMPLE, SENDING INFORMATION TO YOUR WORK ADDRESS RATHER THAN YOUR HOME ADDRESS) OR BY ALTERNATE MEANS (FOR EXAMPLE, E-MAIL INSTEAD OF REGULAR MAIL). WE MUST AGREE TO YOUR REQUEST SO LONG AS WE CAN EASILY PROVIDE IT IN THE FORMAT YOU REQUESTED.

C. THE RIGHT TO SEE AND GET COPIES OF YOUR PHI. IN MOST CASES, YOU HAVE THE RIGHT TO LOOK AT OR GET COPIES OF YOUR PHI THAT WE HAVE, BUT YOU MUST MAKE THE REQUEST IN WRITING. IF WE DON'T HAVE YOUR PHI BUT WE KNOW WHO DOES, WE WILL TELL YOU HOW TO GET IT. WE WILL RESPOND TO YOU WITHIN FIVE DAYS AFTER RECEIVING YOUR WRITTEN REQUEST. IN CERTAIN SITUATIONS, WE MAY DENY YOUR REQUEST. IF WE DO, WE WILL TELL YOU IN WRITING, OUR REASONS FOR THE DENIAL AND EXPLAIN YOUR RIGHT TO HAVE THE DENIAL REVIEWED. IF YOU REQUEST COPIES OF YOUR PHI, WE WILL CHARGE YOU THE STANDARD COPYING FEES ALLOWED BY ARIZONA STATE LAW. INSTEAD OF PROVIDING THE PHI YOU REQUESTED, WE MAY PROVIDE YOU WITH A SUMMARY OR EXPLANATION OF THE PHI AS LONG AS YOU AGREE TO THAT AND TO THE COST IN ADVANCE.

D. THE RIGHT TO GET A LIST OF THE DISCLOSURES WE HAVE MADE. YOU HAVE THE RIGHT TO GET A LIST OF INSTANCES IN WHICH WE HAVE DISCLOSED YOUR PHI. THE LIST WILL NOT INCLUDE USES OR DISCLOSURES THAT YOU HAVE ALREADY AGREED TO, SUCH AS THOSE MADE FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS OR DIRECTLY TO YOU.

WE WILL RESPOND WITHIN 60 DAYS OF RECEIVING YOUR REQUEST. THE LIST WE WILL GIVE YOU WILL INCLUDE DISCLOSURES MADE IN THE LAST SIX YEARS UNLESS YOU REQUEST A SHORTER TIME. THE LIST WILL INCLUDE THE DATE OF THE DISCLOSURE, TO WHOM PHI WAS DISCLOSED (INCLUDING THEIR ADDRESS, IF KNOWN), AND DESCRIPTION OF THE INFORMATION DISCLOSED, AND THE REASON FOR THE DISCLOSURE. WE WILL PROVIDE THE LIST TO YOU AT NO CHARGE, BUT IF YOU MAKE MORE THAN ONE REQUEST IN THE SAME YEAR, WE WILL CHARGE YOU THE STANDARD COPYING FEES ALLOWED BY ARIZONA STATE LAW FOR EACH ADDITIONAL REQUEST.

E. THE RIGHT TO CORRECT OR UPDATE YOUR PHI. IF YOU BELIEVE THAT THERE IS A MISTAKE IN YOUR PHI OR THAT A PIECE OF IMPORTANT INFORMATION IS MISSING, YOU HAVE THE RIGHT TO REQUEST THAT WE CORRECT THE EXISTING INFORMATION OR ADD THE MISSING INFORMATION. YOU MUST PROVIDE THE REQUEST AND YOUR REASON FOR THE REQUEST IN WRITING. IF THE PHI IS (I) CORRECT AND COMPLETE, (II) NOT CREATED BY US, OR (III) NOT PART OF OUR RECORDS YOUR REQUEST WILL BE DENIED. OUR WRITTEN DENIAL WILL STATE THE REASONS FOR THE DENIAL AND EXPLAIN YOUR RIGHT TO FILE A WRITTEN STATEMENT OF DISAGREEMENT WITH THE DENIAL. IF YOU DON'T FILE ONE, YOU HAVE THE RIGHT TO REQUEST THAT YOUR REQUEST AND OUR DENIAL BE ATTACHED TO ALL FUTURE DISCLOSURES OF YOUR PHI. IF WE APPROVE YOUR REQUEST, WE WILL MAKE THE CHANGE TO YOUR PHI, TELL YOU THAT WE HAVE DONE IT, AND TELL OTHERS THAT NEED TO KNOW ABOUT THE CHANGE TO YOUR PHI.

IV. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

IF YOU THINK THAT WE MAY HAVE VIOLATED YOUR PRIVACY RIGHTS, OR YOU DISAGREE WITH A DECISION WE MADE ABOUT ACCESS TO YOUR PHI, YOU MAY FILE A COMPLAINT WITH THE PERSON LISTED IN SECTION V BELOW. YOU ALSO MAY SEND A WRITTEN COMPLAINT TO THE ARIZONA BOARD OF BEHAVIORAL HEALTH EXAMINERS. WE WILL TAKE NO RETALIATORY ACTION AGAINST YOU IF YOU FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

V. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ANY COMPLAINTS ABOUT OUR PRIVACY PRACTICES, OR WOULD LIKE TO KNOW HOW TO FILE A COMPLAINT WITH THE ARIZONA BOARD OF BEHAVIORAL HEALTH EXAMINERS CONTACT THE AGENCY'S PRIVACY/SECURITY OFFICER BY MAILING YOUR INQUIRY TO AZ BODY-MIND COUNSELING 1237 S VAL VISTA DRIVE, SUITE 103, MESA, ARIZONA 85204 OR CALLING 480.238.5841.

VI. EFFECTIVE DATE OF THIS NOTICE.

THIS NOTICE WENT INTO EFFECT ON JANUARY 1, 2010.