



# Notice of Privacy Rights of Department of Health and Human Services

10005 East Osborn Road / Scottsdale, Arizona 85256-9722 / Phone (480) 362-5500/Fax (480) 362-5566

Effective 3/1/2025



**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE HHS PRIVACY OFFICER AT 480-796-4212 AND [HHSRISKMANAGEMENT@SRPMIC-NSN.GOV](mailto:HHSRISKMANAGEMENT@SRPMIC-NSN.GOV) IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW CAREFULLY.**

## **Our Duty to Safeguard Your Protected Health Information as Required by Law**

Individually identifiable information, maintained in the SRPMIC HHS designated record set, about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI). SRPMIC HHS substance use disorder (SUD) treatment programs are subject to the confidentiality requirements of 42 C.F.R. Part 2 (Part 2), and SUD treatment information refers to those records protected by Part 2.

## **How We May Use and Disclose Your Protected Health Information**

The SRPMIC HHS uses or discloses PHI for a variety of reasons. We have a right to use or disclose your PHI for purposes of treatment, payment and health care operations, except for SUD treatment information, for which we must have your written authorization. For other uses or disclosures (including psychotherapy and SUD counseling notes), we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. You also have the right to revoke your authorization in writing at any time unless action has already been taken. However, the law provides that we are permitted to make some uses or disclosures without your consent or authorization. The following offers descriptions and some examples of our potential uses or disclosures of your PHI:

**Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.** Generally, we may use or disclose your PHI as follows:

**For treatment:** We may use or disclose your PHI to provide, coordinate, or manage your healthcare and any related services. For example, your PHI will be shared among members of your treatment team, or with the SRPMIC HHS staff. Your PHI may also be shared with outside entities performing other services relating to your treatment. Some of these services include communicating with health professionals and state agency workforce members to plan your care and treatment or for consultation. Your information may also be shared for treatment and care with other Divisions within SRPMIC.

**For payment:** We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the "Arizona Medicaid Agency" (Arizona Health Care Cost Containment System [AHCCCS]). We may also use or disclose your PHI to Medicare or a private insurer to get paid for services that we delivered to you.

**For health care operations:** We may use or disclose your PHI for health care operations. For example, members of the team may share PHI to assess the care and outcomes in your case. We may use your PHI in reviewing and improving the quality, efficiency and cost of care. We will not use or disclose PHI collected during health care operations for marketing or fundraising purposes. We will not sell your PHI.

**SUD Treatment Information:** We must have your written authorization to use or disclose your SUD treatment information for treatment, payment, and health care operation purposes. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operation purposes. Records that are disclosed to a part 2 program, covered entity, or business associate based on your written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

**Uses and Disclosures of PHI Not Requiring Authorization:** Unless otherwise prohibited by law, we may use or disclose your PHI without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI as required by applicable tribal, state or federal law. Examples include reporting information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order or other legal process, judicial and administrative proceedings, and certain other law enforcement situations, to personal representatives, and workers compensation. We must also disclose PHI to authorities that monitor compliance with these privacy requirements. We may only disclose SUD treatment information to law enforcement when the patient commits a crime on the premises of the SUD treatment program premises or against the program staff or threatens to commit a crime. SUD treatment records or testimony cannot be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you sign a written authorization permitting the release of the information requested or there is a court order that complies with 42 C.F.R. Part 2. For court orders, SUD treatment records can only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record as required by law and there is a subpoena requiring disclosure accompanying the court order before the record is used or disclosed.

**For public health activities:** We may disclose PHI to public health authorities for the purpose of conducting public health surveillance, public health investigations and public health interventions and the reporting of vital events such as birth or death, except SUD treatment information must be de-identified.

**For health oversight activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities may include monitoring, audits, investigations, inspections, and licensure.

**Relating to decedents:** We may disclose PHI relating to an individual's death including information to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

**For research purposes:** In certain limited circumstances, we may disclose your PHI for research purposes. For example, a research project may involve the care and recovery of all enrolled persons who receive one medication for the same condition. All research projects are subject to a special approval process.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm as authorized by law (except for SUD treatment information, as noted above). We may disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**For specialized government functions:** We may disclose PHI of military personnel and veterans in certain situations as authorized by law. Other government related disclosures may include, but not limited to, information disclosed to correctional facilities and other law enforcement custodial situations, to government benefit programs relating to eligibility and enrollment, to national security and intelligence activities, and for tribal or national security reasons, such as protection of the President.

**Uses and Disclosures When an Attestation is Required:** SRPMIC HHS will not use or disclose your PHI potentially related to reproductive health care for any criminal, civil or administrative investigation, nor for any imposition of liability on you for the mere act of seeking, obtaining, providing, or facilitating legal reproductive health care. You will be required to sign an attestation for us to use or disclose PHI potentially related to reproductive health care where the request is for any of the following purposes: health oversight activities, judicial or administrative proceedings, law enforcement, regarding decedents, and disclosures to coroners and medical examiners. For example, if you receive reproductive health care from us, we cannot share information pertaining to that reproductive health care if the purpose is to investigate you for obtaining that care.

**Uses and Disclosures to which you may have an opportunity to object:** We may disclose a limited amount of your PHI, if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

**To families, friends or others involved in your care:** We may share information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

**Your Rights Regarding Your PHI:** You have the following rights relating to your PHI:

**Right to Request Restrictions.** You have the right to request that we restrict use or disclosure of your health information to carry out treatment, payment, health care operations, or communications with family, friends, or other individuals. We are not required to agree to a restriction. We cannot agree to limit uses/disclosures that are required by law. 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 purpose of payment or our operations with your health insurer.

**Right to Request Conditions on Providing Confidential Communications.** You have the right to request that we send communications that contain PHI by alternative means or to alternative locations. We must accommodate your request if it is reasonable and you clearly state that the disclosure of all or part of that information could endanger you.

**Right to an Electronic or Paper Copy.** You have the right to inspect and copy health information that we maintain about you. Your request should be in writing. If copies are requested or if you agree to a summary or explanation of such information, we may charge a reasonable, cost-based fee for the costs of copying, including labor, postage; and preparation cost of an explanation or summary.

We may deny your request to inspect and copy in certain circumstances as defined by law.

**Right to Request an Amendment.** You have the right to request an amendment be made to your PHI for as long as we maintain such record. The request must be in writing. Your request must include the reason or reasons that support your request. We may deny your request for an amendment if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete.

**Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of your PHI created by us for up to six years prior to the date requested. This does not include disclosures made: to carry out treatment, payment and health care operations; to you; to family, friends or others involved in your care; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or disclosures made prior to the HIPAA compliance date of April 14, 2003. Your first request for accounting in any 12-month period will be provided without charge. A reasonable, cost-based fee shall be imposed for each subsequent request.

**Right to Receive this Notice.** You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

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

**Right to Discuss this Notice.** You have the right to discuss this notice with [Name or Title] at [phone number] and [email].

**Right to Not Receive Fundraising Communications.** You have the right to elect not to receive fundraising communications.

**SRPMIC HHS Duties:** To safeguard your PHI as required by federal law and to provide you notice of the following: our legal duties and privacy practices with respect to records and notify you of any breaches of unsecured PHI. The duty to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. Revised notices will be made available online and at our facilities. We are allowed or required to share your information in other ways under applicable law. SRPMIC HHS will not use or disclose your SUD treatment information not described in this notice unless you have provided your written consent.

**SRPMIC HHS Participation in Organized Health Care Arrangements.**

SRPMIC HHS is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of SRPMIC HHS, OCHIN supplies information technology and related services to SRPMIC HHS and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your PHI may be shared by SRPMIC HHS with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

**How to File a Complaint if You Believe Your Privacy Rights Have Been Violated**

If you believe your privacy rights as set forth in this Notice have been violated, and you wish to complain, you may write or contact SRPMIC HHS below:

The Salt River Pima-Maricopa Indian Community  
Department of Health and Human Services, Director  
10005 E. Osborn Rd.  
Scottsdale, AZ 85256  
Phone: (480) 362-5500

You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services by sending a letter to U.S. Department of Health and Human Services, Office of Civil Rights 200 Independence Avenue, S.W., Washington D.C. 20201, calling 877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**We will take no retaliatory action against you if you make such complaints.**