

HACIENDA HEALTHCARE dba  
HACIENDA, INC.,  
**Notice of Privacy Practices**

Effective April 14, 2003

Revision dates: 3/27/14, 7/6/15, 7/20/16, 4/15/19, 1/13/20

**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.**

**If you have any questions about this notice, please contact:**

Hacienda Healthcare  
1402 East South Mountain Ave  
Phoenix, Arizona 85042  
Phone (602) 243-4231  
Fax (602) 243-1217

This Notice of Privacy Practices describes how Hacienda Healthcare and its subsidiaries, Hacienda, Inc., (herein referred to collectively as "the Corporation") may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

The Corporation is required to abide by the terms of the Notice of Privacy Practices. The Corporation may change the terms of this notice at any time. The new notice will be effective for all protected health information that the Corporation maintains at that time. You can obtain a copy of any revised Notice of Privacy Practices by requesting a copy from the Corporation at the above address, in care of the Corporation's Compliance Officer. This Corporation's HIPAA Privacy Officer is Perry F. Petrilli and the Corporate Compliance Officer is Juan Gonzales.

**A. Uses and Disclosures of Protected Health Information - Where No Authorization Is Needed**

Your protected health information may be used and disclosed by the Corporation or its designated agents by and to health care and/or social service providers who are involved in your care and treatment when providing health care services to you. Your protected health information may also be used and disclosed for the purpose of submitting billings for payment of your health care bills and to support the operations of the Corporation or its subsidiaries.

The following are examples of the types of uses and disclosures of your protected health information that the Corporation is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the Corporation.

- 1. Treatment:** The Corporation will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party who has already obtained your permission to have access to your protected health information. For example, the Corporation would disclose your protected health information, as necessary, to a health plan that provides care to you. The Corporation will also disclose protected health information to physicians who may be treating you.

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In addition, the Corporation may disclose your protected health information to other physicians or health care providers (e.g., a specialist or laboratory) who, at the request of your physician, become involved in your care, diagnosis or treatment.

2. **Payment:** Your protected health information will be used, as needed, to obtain payment for health care services provided to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services recommended for you such as: making a determination of eligibility or coverage for insurance benefits; reviewing services provided to you for medical necessity; and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.
3. **Healthcare Operations:** The Corporation may use or disclose, as needed, your protected health information in order to support the business activities of the Corporation. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, licensing, research, resolving grievances and conducting or arranging for other business activities.

For example, the Corporation may disclose your protected health information to the Arizona Health Care Cost Containment System for quality assurance purposes or to obtain reimbursement for health care services provided to you.

The Corporation will share your protected health information with third party "business associates" that perform various activities (e.g., third part billing services, claims adjudication, peer review services, etc.) for the Corporation. Whenever an arrangement between the Corporation and a business associate involves the use or disclosure of your protected health information, the Corporation will have a written contract with the business associate that contains terms that will protect the privacy of your health information. Business associates must comply with the same federal security and privacy rules as the Corporation and are held accountable for any information that the Corporation provides.

The Corporation may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health related benefits, fundraising and/or marketing information, and services that may be of interest to you. You may contact the Corporation's Compliance Department to request that these materials not be sent to you.

## **B. Uses and Disclosures of Protected Health Information - Based Upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing, except to the extent that your health care provider has taken an action in reliance on the use or disclosure indicated in the authorization.

### **1. Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object**

The Corporation may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the

use or disclosure of the protected health information, the Corporation may, using the professional judgment of its staff, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

2. **Others Involved in Your Healthcare:** Unless you object, the Corporation may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care or payment of your health care. If you are unable to agree or object to such a disclosure, the Corporation may disclose such information as necessary if the Corporation determines that it is in your best interest based on Corporation staff's professional judgment. The Corporation may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, the Corporation may use or disclose your protected health information to an authorized public or private entity, to assist in disaster relief efforts and to coordinate uses and disclosures to family members or other individuals involved in your health care.
3. **Emergencies:** The Corporation may use or disclose your protected health information in an emergency treatment situation involving you or for such emergencies as disaster relief.

**C. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

The Corporation may use or disclose your protected health information in the following situations without your authorization. These situations include:

1. **Required By Law:** The Corporation may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of certain uses or disclosures.
2. **Public Health:** The Corporation may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. The Corporation may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
3. **Communicable Diseases:** The Corporation may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
4. **Health Oversight:** The Corporation may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

5. **Abuse or Neglect:** The Corporation may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. If the Corporation reasonably believes that you have been a victim of abuse, neglect or domestic violence, the Corporation may disclose your protected health information to a government authority authorized to receive reports of abuse, neglect or domestic violence. The information will be disclosed when you agree to the release of the information or the disclosure will be made consistent with the requirements of applicable federal and state laws including protections afforded you to prevent serious harm.
6. **Food and Drug Administration:** The Corporation may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.
7. **Criminal Activity:** Consistent with applicable federal and state laws, the Corporation may disclose your protected health information if you are the victim of a crime or the Corporation believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Corporation may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
8. **Law Enforcement:** The Corporation may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes as otherwise required by law; (2) limited information requests for identification and location purposes; (3) gathering information pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) gathering information in the event that a crime occurs at your residence; and (6) a medical emergency and it is likely that a crime has occurred.
9. **Legal Proceedings:** The Corporation may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.
10. **Coroners, Funeral Directors and Organ Donation:** The Corporation may disclose protected health information to a coroner or medical examiner for identification purposes for determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. The Corporation may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out necessary duties. The Corporation may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes if appropriate documentation of the intent to so donate is included in the client/patient's medical record.
11. **Research:** The Corporation may disclose protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

12. **Workers Compensation:** We may disclose health information to the extent authorized by, and to the extent necessary, to comply with laws relating to workers compensation or other similar programs established by law.

#### D. Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain, upon written request, a copy of your protected health information that is contained in a designated record set, as defined by federal law, for as long as the Corporation maintains the protected health information. Under federal law, you may not automatically inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; protected health information that is subject to law that prohibits access to protected health information; information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information; or information that is copyright protected, such as certain raw data obtained from testing. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. In some circumstances, you may have a right to have this decision reviewed. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable cost-based fee for making copies. Please contact the Corporation's Compliance Department if you have questions about access to your records.
2. **You have the right to request restriction on uses and disclosures of your health information for treatment, payment, and health care operations.** "Health care operations" consist of activities that are necessary to carry out the operations of the Corporation, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), § 164.510(a) (for facility directories, but note that you have the right to object to such uses), or § 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction, except in the situation explained below. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may request restriction on the consent form. If, however, you request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), we must grant the request only if the health information pertains solely to an item or a service for which we have been paid in full.
3. **You have the right to request to receive confidential communications from the Corporation by alternative means or at an alternative location.** The Corporation will accommodate reasonable requests. The Corporation may also condition this accommodation by asking you to specify an alternative address or other method of contact. The Corporation will not request an explanation from you as to the basis for the request. Please make this request in writing to the Corporation's Compliance Department.

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4. **You may have the right to have your protected health information amended.** This means you may request an amendment of protected health information about you the Corporation created in a designated record set for as long as the Corporation maintains this information. Your written statement must provide a reason to support the requested amendment. In certain cases, the Corporation may deny your request for an amendment. If the Corporation denies your request for amendment, you have the right to file a written statement of disagreement with the Corporation's Privacy Officer. If the Corporation continues to deny your request after it receives a statement of disagreement from you, it may prepare a rebuttal to your statement; the Corporation will provide you with a copy of any such rebuttal. Please contact the Corporation's Compliance Officer as an initial step if you have questions about amending your medical records.
5. **You have the right to receive an accounting of certain disclosures the Corporation made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures authorized by you or which we may have made to you, to family members, relatives or friends involved in your care, as well as any releases authorized by federal law or required by law. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations. The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee. The Corporation must provide this accounting to you within 60 days of the receipt of your request. Please contact the Corporation's Compliance Officer as an initial step for this type of request.
6. **You have the right to revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.**
7. **You have the right to obtain a paper copy of this notice from the Corporation upon request, even if you have agreed to accept this notice electronically.** Please contact the Corporation's Compliance Department to obtain an additional copy of this Notice.

#### **E. Our Responsibilities**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

1. **Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.**
2. **Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.**
3. **Abide by the terms of this notice.**
4. **Train our personnel concerning privacy and confidentiality.**
5. **Implement a sanctioning policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.**

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**6. Lessen the harm of any breach of privacy/confidentiality.**

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. These include most uses or disclosures of psychotherapy notes, marketing communications, and sales of protected health information. Other uses and disclosures *not described in this notice* will be made only with your written authorization.

**F. Complaints**

You may complain to the Corporation or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the Corporation. You may file a written complaint with the Corporation by sending it to the Corporation's Privacy Officer. The Corporation will not retaliate against you for filing a complaint.

**Contact the Corporation's Privacy Officer, Perry F. Petrilli, at (602) 243-4231 for further information about the complaint process.**

This Notice became effective on April 14, 2003.

This Notice was last revised on March 27, 2014.

This Notice was revised to include affiliate Hacienda Children's Hospital, Inc. on July 6, 2015.

This Notice was amended to update the Compliance Officer to Kevin Payne on July 20, 2016.

This Notice was amended to update the Privacy Officer to Perry F Petrilli and Compliance Officer to Kent Norris on April 16, 2019

This Notice was revised to remove Hacienda Children's Hospital, Inc. and Skilled Nursing Facility, Inc. on January 13, 2020.

This Notice was revised to update Compliance Officer to Juan Gonzales on October 2022.