



The Haven Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW TREATMENT INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

The Haven understands that your treatment information and your health are personal. We are committed to protecting your treatment information. The Haven creates a record of treatment information about the care and services you receive during your stay here. We need this treatment information to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to your treatment information generated and/or maintained by The Haven.

This Notice will tell you about the ways in which we may use and disclose your treatment information. We also describe your rights and certain obligations we have regarding the use and disclosure of your treatment information.

Law requires The Haven, to:

- Make certain that treatment 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 treatment information.
- Make certain that The Haven follows the terms of the Notice of Privacy Practices that is currently in effect.

HOW WE MAY USE OR DISCLOSE TREATMENT INFORMATION ABOUT YOU

SUBSTANCE ABUSE HEALTH INFORMATION. All treatment 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 treatment information referencing alcohol or substance abuse may only be made with your written authorization. A general authorization for the release of treatment or other information is not sufficient for this purpose.

The following describes different ways we use and disclose your treatment information. (Because you are receiving services for the evaluation and treatment of substance abuse, the specific rules above apply to the use and disclosure of information related to these services.)

- For Treatment. The Haven may use your treatment information to provide you with behavioral health treatment or services. We may disclose your treatment information to psychiatrists, your primary care practitioner, physicians, 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 staff at The Haven may also share your treatment information to arrange services you may need. Different departments of your



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provider network (Cope, CODAC, and La Frontera) may also share your treatment or medical information in order to coordinate the services you need, such as medications, therapy, or case management.

- **For Payment.** We may use and disclose your treatment information so that the treatment and services you receive may be billed and payment may be collected from appropriate payers, such as CPSA, an insurance company or a third party. For example, we may need to give your network provider information about the treatment you received here so we can receive payment. Your network provider may share your treatment or medical information with your insurance company or a third party payer 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 treatment information for the business activities of The Haven and CPSA and its network providers. These uses and disclosures are necessary for administrative functioning and to ensure our clients receive quality care. For example, CPSA may use your treatment information to review The Haven's provider services, and to evaluate our performance in caring for you. We may combine treatment information about many members to decide what additional services The Haven and CPSA and its provider network should offer, what services are needed, and whether certain new treatments are effective. We may use and disclose your treatment information to assess The Haven's compliance with the Arizona Department of Health Services, CPSA, or by the Commission on Accreditation of Rehabilitation Facilities. 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 treatment information to a family member actively involved in your care and treatment as allowed under Arizona state law and in accordance with Haven policies and procedures. This information is limited and will not be disclosed without first obtaining your written authorization.

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, treatment or other information is not sufficient for this purpose.

SPECIAL CIRCUMSTANCES. Federal and state laws allow or require The Haven, CPSA and its contracted provider network to disclose your treatment or 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 generally include activities which:



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- Prevent or control disease, injury or disability
 - Report births or deaths
 - Report child abuse or neglect
 - Report reactions to medications
 - Notify people of recalls regarding medications they may be using
 - Notify a person who may have been exposed to a disease or may be at risk for contracting a disease
 - Avert a serious threat to the health or safety of a person or the public
 - Notify the appropriate government authority if we believe a client 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 treatment 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 treatment information.
 - **Health Oversight Activities.** We may disclose your treatment 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 treatment 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 Haven policies and procedures.
 - **Law Enforcement.** We may release your treatment information if asked to do so by a law enforcement official:
 - In response to a valid court order, subpoena, warrant, summons, or similar lawful process that complies with state law and The Haven's policies and procedures
 - To identify or locate a suspect, fugitive, material witness, or missing person
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization
 - About a death we believe may have been the result of criminal conduct
 - About criminal conduct that occurs at The Haven
 - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime



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- Coroners, Medical Examiners and Funeral Directors. We may release your treatment or 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 treatment 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 treatment 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 treatment information when required to do so by federal, state, or local law.
- Note. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization.

YOUR RIGHTS REGARDING TREATMENT INFORMATION ABOUT YOU

RIGHT TO ACCESS. You have the right to inspect and receive a copy of treatment information that may be used to make decisions about your care. To inspect and copy your treatment information, contact The Haven's Privacy Officer. If you request a copy of the information, you may receive one copy each year at no cost. You may request this information in an electronic format and if readily producible in the format requested, you will receive it in that format. 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 treatment information may be denied in certain limited circumstances. If you are denied access to all, or any part, of your treatment 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 treatment information.

RIGHT TO AMEND. If you feel that your treatment 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 treatment information is kept by The Haven. To request an amendment, your request must be made in writing and submitted to The Haven's Director of Operations. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:



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- 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 treatment information kept by or for The Haven.
- Is not part of the treatment information which you would be permitted to inspect or copy.
- Is accurate and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES. You have the right to request an accounting of disclosures of your treatment information. This is a list of disclosures we made of your treatment information to others outside of The Haven. The accounting does not include information disclosed as a part of payment or to other health care operations for your treatment or health. To request this accounting, you must submit your request in writing to The Haven's Director of Operations. Your request must state a period of time for the accounting that may not be longer than seven years.

RIGHT TO REQUEST RESTRICTIONS. You have the right to request a restriction on the treatment 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 Haven's 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 treatment 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 Haven's Director of Operations. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO BREACH NOTIFICATION. You have the right to be notified of any breach of your unsecured health care information.

RIGHT TO RESTRICT DISCLOSURE OF PHI WHEN PAID OUT OF POCKET. If you (or 3rd Party) pay for services out of pocket in full, you have the right to restrict disclosure to CPSA or a health plan unless disclosure is required by law.

RIGHT TO OPT OUT OF FUNDRAISING COMMUNICATIONS. (if applicable)

RIGHT TO PAPER COPY OF THIS NOTICE. All women are given a copy of this notice when they enter The Haven. It is in their Resident Manual.

The Haven reserves the right to change this notice. The Haven reserves the right to make the revised notice effective for your treatment information that The Haven already has about you, as well as any information we will receive following the revision. The Haven will



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post a copy of the current notice at its main office. The notice will contain the effective date at the bottom of each page. The Haven will make you aware of any revisions by posting the revised notice in the main office.

COMPLAINTS

If you believe your privacy rights have been violated, you may submit your complaint in writing to The Haven's Director of Operations, 2601 N Campbell, Suite 110 Tucson, Arizona 85719. For questions you may call The Haven's Director of Operations at (520) 623-4590. If we cannot resolve your concern, you also have the right to file a written complaint with CPSA and 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 treatment 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 treatment information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, The Haven will no longer use or disclose your treatment information for the reasons covered by the authorization. The Haven is unable to take back any disclosures already made, based on your authorization.

I HAVE READ (OR SOMEONE READ TO ME) THIS NOTICE OF PRIVACY PRACTICES. ALL MY QUESTIONS HAVE BEEN ANSWERED. I UNDERSTAND THAT I CAN ASK THE HAVEN'S PRIVACY OFFICER IF I HAVE QUESTIONS LATER.

CLIENT PRINTED NAME	SIGNATURE	DATE
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WITNESS PRINTED NAME	SIGNATURE	DATE
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