



# Notice of Privacy Practices HIPAA & HITECH

Revised 4/07/2025

## HIPAA & HITECH ACT COMPLIANCE

We are committed to complying with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, including all updates as of 2025. These laws protect your health information (PHI) and set standards for how your information can be used or disclosed.

We maintain strict privacy and security practices, and all HCS employees and business associates are required to comply with these federal regulations. All business associates must sign a Business Associate Agreement (BAA) to ensure your information is appropriately safeguarded.

Healthcare Solutions Centers, LLC (HCS) maintains our HIPAA & HITECH policies annually. All employees of HCS must be educated and follow strict compliance of these regulations.

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## HCS PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

HCS understands that your Health Information and PHI are personal and private. Our team is committed to protecting the privacy of your Health Information. We create a record of the care and services you receive at HCS. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of your records generated by your healthcare team at HCS. It will also apply to all records that may be received from other providers that have treated you and have been included in your medical records at HCS.

This notice will inform you about the ways in which we may use and disclose PHI from you. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

### **We are required by law to:**

- To maintain the privacy of Health Information that identifies you.
- Give you this notice of our legal duties and privacy practices with respect to your Health Information.
- Follow the terms of the notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU

The following categories describe different ways that we use and disclose Health information.

**For Treatment.** We may use Health Information about you to provide you with health care treatment or services. We may disclose health care information (including triage photos) about you to doctors, nurses, therapists, technicians, medical students or other personnel who are involved in taking care of you. They may work at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, rehabilitation facility, pharmacy, or other health care provider to whom we may refer you for a consultation. This also refers to x-rays, scans, lab test, diagnostic tests, physical therapy, prescription refills, or for other treatment purposes. We may use and share your PHI to provide you with medical care, including consultation and referrals.

**For Payment.** We may use and disclose Health Information about you so the treatment and services you receive at the facility may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of PHI to obtain prior authorization for treatment and procedures from your insurance plan. Your healthcare carrier may require access to your records as a guide to provide medical benefits.

**For Health Care Operations.** We may use and disclose Health Information about you for HCS operations. These uses and disclosures are necessary to operate HCS and make sure all our patients receive quality care. Some of the operations may include quality assessment, employee review, training, auditing, and more.

**Appointment Reminders.** We may use and disclose Health Information to contact you as a reminder that you have an appointment for treatment or medical care at Healthcare Solutions Centers. We may also email you an appointment reminder at the e-mail that you have given HCS on your HIPAA form. We may contact you about appointments, services, and benefits that may interest you.

**Treatment Alternatives.** We may use and disclose Health Information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services.** We may use and disclose Health Information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release Health Information about you to a friend or family member who is involved in your medical care provided we have the appropriate documentation.

**As Required by Law.** We will disclose Health Information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose Health Information about you when necessary to prevent a serious threat to your health or safety, the health and safety of the public or another person. Such a disclosure would only be to someone able to help prevent the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donations and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release Health Information about you as required by military command authorities.

**Worker's Compensation.** We may release Health Information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries.

**Public Health Risks.** We may disclose your Health Information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products or recalls of products.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

We will only make this disclosure if you agree or when required or authorized by law.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose in response to a subpoena, discovery request, or other lawful process by another party involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release your Health Information if asked by a law enforcement official for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- Information about the victim of a crime if, under certain limited circumstances, you are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- Regarding criminal conduct on the premises.
- In emergency circumstances or to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Medical Examiners and Funeral Home Directors.** We may release your Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. Health information may also be released to funeral directors as necessary for them to perform their duties.

**National Security and Intelligence Activities.** We may disclose Health Information about you to authorize federal officials for intelligence, counterintelligence and other, national security activities authorized by law.

**Inmates, individuals in custody.** In the case of inmates of a correctional institution or those who are under the custody of a law enforcement official, we may release your Health Information under the following circumstances:

- for the institution to provide the patient with healthcare;
- to protect the patients' health and safety or the health and safety of others; or
- for the safety and security of the correctional institution

**Business Associates: Contractors:** (e.g., IT providers, consultants) may access PHI to perform services for HCS. All are bound by law to protect your information.

**Sharing information for Incentive Programs:** If you are participating in a health or wellness incentive program, we may be required to share limited health information with your employer, plan administrator, or program administrator.

- Only the minimum necessary information will be shared to verify participation or completion of the required activities (e.g., completion of annual physical or biometric screening).
- We will never share diagnostic results, treatment details, or full medical records unless you provide written authorization.

- All such disclosures are made in compliance with HIPAA's minimum necessary standard and applicable state laws.

**Uses and Disclosures That Require Your Written Authorization:** We will obtain your written permission before using or disclosing your PHI for the following:

- Only the minimum necessary information will be shared to verify participation or completion of the required activities (e.g., completion of annual physical or biometric screening).
- Marketing purposes not related to your care or benefits,
- Sale of your health information,
- Use of psychotherapy notes (if applicable),
- Any other uses not described in this Notice.

**Specialty Protected Health Information Certain types of health information:** such as mental health records, substance use treatment, HIV/AIDS status, and genetic information, may have additional protections under federal or state laws. We will follow all applicable laws when handling this information.

## **YOU'RE RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding Health Information we maintain about you:

**Right to revoke medical records authorization.** You may revoke medical authorization of record release, and such authorization must be done in writing with your signature. We are required to honor and abide by your written request, except to the extent that we have already taken actions relying on your authorization.

**Right to Inspect and Copy.** You have the right to inspect and receive copies of Health Information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes.

To inspect and receive copies of your Health Information that may be used to make decisions about you, you must submit your request in writing to the PRIVACY OFFICER.

**Right to Amend.** If you feel the medical Health Information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by the facility.

To request an amendment, your request must be in writing and submitted to the PRIVACY

OFFICER. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by HCS.
- Is not part of the information kept by HCS.
- Is accurate and complete.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Health Information we disclose about you to someone who is involved in your care. To request, you must make your request in writing to the PRIVACY OFFICER.

In your request, you must tell us what information you want to limit, whether you want us to limit our use, disclosure or both and to whom you want the limits 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. For example, you can ask that we only contact you at home, not at work or at work and not at home. We must not ask the reason for your request. We will accommodate all reasonable requests. Your request must be specific to how and where you wish to be contacted.

To request confidential communication, you must make your request in writing on our HIPAA form.

**Right to a Paper Copy of this Notice.** You have the right to copy a paper of this notice. You may ask us to give you a copy of this notice at any time.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Human Health Services. To file a complaint with us, contact Liz Chavez, HIPAA Privacy Officer. All complaints must be submitted in writing.

We cannot and will not retaliate against you for filing a complaint. **To File a Complaint with the U.S. Department of Health and Human Services:** Visit: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/> Phone: 1-877-696-6775

#### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose Health Information about you, you may revoke that permission in writing at any time. If you revoke your Permission, we will no longer use or disclose Health Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you with.

**Business Associates.** There are some services provided in our organization through contracts with business associates. Examples include HCS IT department, PrognoCIS HCS electronic medical records provider, our consulting attorneys and our web developer for appointments. When these services are contracted, we may disclose your Health Information to our business associate so that they can perform the job we've asked them to complete. We require our business associates to appropriately safeguard your information. All HCS Business Associates must enter into a HIPAA and HITECH Agreement to protect all patient information.

**Breach Notification** In the event of a breach involving your unsecured protected health information, we are required by law to notify you promptly. You will receive written notification within 60 days of discovery of the breach, including details of what happened, what information was involved, and steps you can take to protect yourself.

#### **Questions**

If you have questions about this Privacy Notice please contact:

**Healthcare Solutions Center,  
LLC Privacy Officer, Liz  
Chavez  
4831 N. 11<sup>th</sup> Street, Phoenix, Arizona 85014  
Phone: (602) 424-2101  
Fax: (602) 424-2103**

**Effective Date: April 7<sup>th</sup>, 2025**