



the EXCEL group Health & Human Services Notice of Privacy Practices Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

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

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

The EXCEL group is required by law to make sure that:

- medical information that identifies you is kept private;
- you are given notice of our legal duties and privacy practices with respect to your medical information;
- the EXCEL group follows the terms of the "Notice of Privacy Practices" that is currently in effect.

How We May Use or Disclose Your Medical Information

The following describes different ways we use and disclose medical information. If you are receiving services for the evaluation or treatment of substance abuse or human immunodeficiency virus (HIV) conditions, specific rules apply to the use and disclosure of information related to those services. Please refer to the sections entitled "Substance Abuse Information" and "HIV Information" for those rules.

For Treatment We may use your medical information to provide you with behavioral health treatment or services. We may disclose your medical information to psychiatrists, your primary care physician, nurses, therapists, case management staff, and other behavioral health professionals 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 departments within the EXCEL group may also share your medical information to coordinate the services you need, such as medications, therapy, or case management. If you are in jail, the EXCEL group may share your medical information with necessary medical personnel to coordinate ongoing care. Your provider may request your signed authorization for some treatment disclosures even though it is not required as a way to inform and involve you in your care.

For Payment We may use and disclose your medical information so that the services you receive through the EXCEL group may be billed and payment may be collected from payers, such as the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), your insurance company, or a third party. For example, we may share medical information with your insurance company or a third party to check that you qualify for services, get approval for services, and/or determine whether your insurance will pay for services.

For Health Care Operations We may use and disclose your medical information for the business activities of the EXCEL group. These uses and disclosures are necessary for administrative functions and to ensure customers receive quality care. For example, we may use your medical information to review a provider's services and evaluate their performance in caring for you. We may send you a customer satisfaction survey to determine how we can improve services. We may use and disclose your medical information to assess the EXCEL group's compliance with ADHS and/or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. 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 disclose your medical information to a family member actively involved in your care as allowed under Arizona state law and in accordance with the EXCEL group policies and procedures. This information is limited and will not be disclosed without first obtaining your written authorization.

Appointment Reminders We may use and disclose medical information to contact you as a reminder that you have an appointment for services.

Sign-In Sheet We may use a sign-in sheet to tell us that you are present for your appointment with a particular provider. We may also call for you by name in the waiting area when your provider is ready to see you.

Health Related Information & Resources We may use and disclose medical information to tell you about resources that may be of interest to you.

Substance Abuse Information The privacy of alcohol and drug abuse medical information is protected by federal law (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 C.F.R. part 2). Generally, the EXCEL group may not disclose that a customer attends substance abuse services or disclose any information identifying a customer as an alcohol or drug abuser, unless:

- The customer gives authorization in writing (a general authorization for the disclosure of medical information is not sufficient for this purpose), or
- The disclosure is allowed by a valid court order, or
- The disclosure is made to medical personnel in a medical emergency or to a qualified staff person for research, audit, or program evaluation, or
- The customer commits or threatens to commit a crime either at the EXCEL group or against any person who works for the EXCEL group.

Violations of the federal law and regulations by the EXCEL group are a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs, or to the EXCEL group's Privacy Officer. Federal law and regulations do not protect any information about suspected child abuse and neglect from being reported under state law to appropriate state or local authorities.

HIV Information All medical information regarding HIV is kept strictly confidential and disclosed 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 disclosure of medical information is not sufficient for this purpose.

Uses and Disclosures for Purposes of Public Responsibility

Federal and state laws require or allow the EXCEL group to use and/or disclose your medical information in certain circumstances that include, but are not limited to, the situations described below.

As Required by Law We may disclose your medical information when required to do so by federal, state, or local law.

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 activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births or deaths;
- To report child abuse or neglect;
- To report reactions to medications;
- To notify people of recalls regarding medications they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting a disease;
- To avert a serious threat to the health or safety of a person or the public; or
- To notify the appropriate government authority if we believe a customer has been the victim of abuse, neglect, or domestic violence. We will make this disclosure when required or authorized by law.

Health Oversight Activities We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities may include, for example, 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 medical 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 the EXCEL group's policies and procedures.

Law Enforcement We may disclose your medical 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 EXCEL group policies and procedures.

Coroners, Medical Examiners, & Funeral Directors We may disclose your medical information to a coroner or medical examiner. This may be necessary for identification or to determine the cause of death. We may also disclose your medical information to funeral directors as necessary to carry out their duties.

Research Under certain limited circumstances we may use and disclose your medical information for research or for research purposes. For example, a research project may involve the care and recovery of all customers 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 medical information.

National Security & Intelligence Activities We may disclose your medical 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 medical information to authorized federal officials so they may provide protection to the President or other authorized persons.

Your Rights Regarding Your Medical Information

Right to Access You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and/or copy your medical information, contact the EXCEL group's **Medical Records Dept. at 928/341-0335 or 1-800-880-8901, the EXCEL group Main Campus, 3220 E. 40th St., Yuma AZ 85365**. If you make a written request for a copy of your medical information, you may receive one copy each year at no cost. 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 medical information may be denied in certain limited circumstances. If you are denied access to all or part of your medical 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 medical information.

Right to Amend If you feel that your medical 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 medical information is kept by the EXCEL group. To request an amendment, you must complete a form (available by calling 928/341-0335 or 1-800/880-8901) and submit it to the EXCEL group Medical Records Dept. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- 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 medical information kept by or for the EXCEL group;
- Is not part of the medical information which you would be permitted to inspect or copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an accounting of disclosures of your medical information. This is a list of the disclosures we made of your medical information to others outside of the EXCEL group. The accounting does not include medical information disclosed as a part of treatment, payment, or health care operations as described above. The accounting does not include disclosures that were authorized by you in writing or disclosures of your medical information to you. To request an accounting of disclosures, you must complete a form (available by calling 928/341-0335 or 1-800/880-8901) and submit it to the EXCEL group Medical Records Dept. Your request must specify a period of time for an accounting that may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions You have the right to request a restriction on the medical information we use or disclose about you. We are not required to agree to your request. If we comply with your request, we reserve the right to use or disclose medical information as needed to provide you emergency treatment. To request a restriction, you must complete a form (available by calling 928/341-0335 or 1-800/880-8901) and submit it to the EXCEL group Medical Records Dept. In your request, you must tell us what information you want us to limit 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 medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain telephone number or address. To request confidential communications you must complete a form (available by calling 928/341-0335 or 1-800/880-8901) and submit it to the EXCEL group Medical Records Dept. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted and how payment for services will be handled as applicable.

Right to Paper Copy of This Notice You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time by requesting it from the EXCEL group Privacy Officer at 928-329-8995 or 1-888-239-2353.

Changes to the “Notice of Privacy Practices”

The EXCEL group reserves the right to change this Notice. The EXCEL group reserves the right to make the revised notice effective for your medical information that the EXCEL group already has about you, as well as any medical information we will receive following the revision. The EXCEL group will post a copy of the current Notice at its main office and on its web site. The EXCEL group will make you aware of any revisions by posting the revised Notice in all the above locations.

Complaints

If you believe your privacy rights have been violated, you may submit your complaint in writing to the EXCEL group’s Privacy Officer, 3250A East 40th Street, Yuma, Arizona, 85365. For questions, you may contact the EXCEL group’s Privacy Officer at 928-329-8995. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Dept. of Health & Human Services. The quality of your care will not be jeopardized, nor will you be penalized for filing a complaint.

Other Uses & Disclosures

Other uses and disclosures of your medical 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 medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the EXCEL group will no longer use or disclose your medical information for the reasons covered by the authorization. The EXCEL group is unable to take back any disclosures already made based on your authorization.

**For further information call:
the EXCEL group Privacy Officer at 928/329-8995 or 1-888/239-2353**