

**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.**

Effective Date: September 23, 2013

**Confidentiality Practices:**

The Arizona Health Care Cost Containment System (AHCCCS), and the Health Care Group Administration (HCGA), will work hard to keep your health information private. This notice tells you how and when AHCCCS will use, share and protect your health information. It also tells you about your rights to keep your health information private. If we change how we use, share and protect your information, we will send you a new notice sixty (60) days before any change.

You should also get a notice like this from your Health Plan and each of your doctors and other health care providers telling you how they use, share and protect your information. Those notices should also tell you how to complain to the Health Plan or health care provider about any problems you may have with them regarding the privacy of your information.

**Using, Sharing and Protecting Your Health Information:**

AHCCCS can only use or share your health information when we need to use it to do our job, when we have to share your information to run the AHCCCS program and get you the care you need, and to make sure your health care providers are paid. When we share your health information with your Health Plan and health care providers, they must keep it private. When we share health information about you with anyone else that helps us run AHCCCS, we make them promise in writing to keep your health information private.

We will ask for, use and share your health information to decide whether we will pay for your care and to see if you are getting the right care. For example, doctors and nurses employed by us might look at your doctor's treatment plan for you to make sure the care you receive is needed.

**AHCCCS and the Health Care Group Administration Will Use and Share Your Health Information to:**

- Decide what to pay your health plan.
- Pay your health plan and your health care providers.
- Coordinate payment for your care. We use and share your information to make sure we pay for the care we should, that we don't pay for care that another health insurance company should pay for, and to make sure your health care provider isn't paid more than once.
- Coordinate your care. We share information with your AHCCCS health plan, other health plans, your doctors and other health care providers to so they can work together to help you get better health care.
- Evaluate performance of health care providers and health plans. We may use some of your information to see how well your health plan, doctors, and other health care providers are doing. For example, we review hospital medical records to check on the quality of care you get from the hospital.
- We sometimes give information to our lawyers, accountants, and consultants to help us run the program correctly and efficiently and to identify and prosecute fraud and abuse of the program.
- We may use your information to mail you helpful information about how to choose a health plan, about changes to the health care you can get, free medical exams, and consumer protection information.
- If we find that AHCCCS cannot continue to pay for your care, we may share some of your information with the federal government so that they can help you find other health insurance. They may even help pay for other health insurance.
- We sometimes share information with government agencies or organizations that provide benefits or services other than health insurance when you have told us you are interested in those benefits or services.

**The Program May Disclose Your Health Information:**

- To public health agencies for activities such as stopping the spread of diseases and reporting problems with drugs or medical items.
- To law enforcement or other government agencies, if you are the victim of abuse, neglect or domestic violence.
- To other government agencies responsible for running the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- In court cases and administrative hearings when we are required by the law to do so.
- To coroners, medical examiners, and funeral directors so that they can carry out their jobs.
- To organizations involved with organ donation and transplants, and organizations that track contagious diseases and cancer.
- To groups, like universities, that the law allows to do research using your information.
- To prevent a serious threat to a person's or the public's health and safety.
- To the military if you are or have been in the armed services.
- To correctional facility or law enforcement, if you are held in jail or prison, to help keep jails and prisons healthy and safe.
- To workers' compensation programs that pay for work-related injuries or illness.
- For law enforcement or *national security* and intelligence and to protect the President and others as required by law.

**AHCCCS NOTICE OF PRIVACY PRACTICES**

**Your Rights to Privacy:**

Your health information will not be shared without your written permission except as listed here or when required by law. You may give permission for other people to have your information by filling out the "AHCCCS Authorization to Disclose" Form, and you may take back your permission in writing at any time. For example, we need your written permission to:

- Use or share your health information for marketing purposes;
- Share your psychotherapy notes;
- Sell your health information;

You can take back your permission at any time by writing to AHCCCS at the address listed below. We cannot use or share your genetic information to make a decision about your health insurance.

**ANY REQUEST YOU MAKE TO AHCCCS MUST BE IN WRITING**

**Your Other Rights Concerning Your Health Information Include the Right to:**

- See and Get Copies of Your Records. We may charge you a fee for making a copy of your records for you.
- Ask to Change or Correct Your Records if you think there is a mistake in your records. You must give us a reason for asking us to change your records.
- Get a List of when we have shared your information. This list will only include any time that we have shared your information for a reason other than to help with your treatment, to pay your doctors and other health care providers, or to help companies like your health plan with running their business. The list will not include information provided to you or your family directly, or information that was shared because you gave us your permission in writing.
- Breach Notification: If your health information is used or shared by AHCCCS incorrectly, we will let you know promptly.
- Further Restrict Uses and Disclosures of Your Health Information. You must tell AHCCCS what information you do not want to share and who you don't want us to share your information with. AHCCCS is not required to agree with your request.
- Take back permission that you gave AHCCCS to share your information. If you take back your permission that won't change any information that has already been shared.
- Choose How We Communicates with You: In a certain way or at a certain place.
- File a Complaint if you do not agree with how AHCCCS has used or shared your information.
- Get a Paper Copy of this Notice at any time.

**ANY REQUEST YOU MAKE TO AHCCCS MUST BE IN WRITING**

**How to Contact AHCCCS About Your Privacy Rights:** Mail all written forms, requests and correspondence to:

**AHCCCS Administration**  
ATTN: Privacy Officer  
801 East Jefferson, MD 6200  
Phoenix, AZ 85034

The Privacy Officer may not let you to look at, copy or change your records. If we don't, we will send you a letter that tells you why and we will let you know if you can ask for a review of that decision. You will learn how to file a complaint with AHCCCS or with the U.S. Department of Health and Human Services-Office of Civil Rights.

**How to File a Complaint:** You may file a complaint with AHCCCS or the U.S. Department of Health and Human Services-Office of Civil Rights: Send correspondence to: Or to:

**AHCCCS Administration**  
ATTN: Privacy Officer  
801 East Jefferson, MD 6200  
Phoenix, AZ 85034

**Region IX, Office for Civil Rights**  
Medical Privacy, Complaint Division  
U.S. Depart. of Health and Human Services  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103

**For More Information:**

If you have any questions about this, please contact the AHCCCS Privacy Officer.

AHCCCS may change its Privacy Practices. Any changes will apply to information we already has and any information about you that we may get later. You will be able to see a copy of any new notice at the AHCCCS Administration Office or on our web site. You may ask for a copy of the current notice at any time, or get it on-line at [www.azahcccs.gov](http://www.azahcccs.gov).

**To Contact AHCCCS Call:** 602-417-4000 from area codes 480,602 and 623, from the rest of Arizona call 1-800-654-8713.