# Confidentiality, Privacy Practice Notice

**THIS NOTICE DESCRIBES HOW MEDICAL AND ALCOHOL AND DRUG RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**General Information:**

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by federal laws and regulations. Generally, the program and client may not say to a person outside the program that a client attends the program nor disclose any information identifying a client as an alcohol or drug abuser and/or identifying a client's health status unless:

· A client consents in writing.

· The disclosure is allowed by a court order.

· The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

**Treatment, payment and health care operations:**

The Facility uses and discloses your protected health information for treatment, payment, and health care operations. Some examples of when our office may use or disclose your health care information for these purposes include:

· Sharing test results with other health care providers for confirmation of a diagnosis.

· Providing your diagnosis or other information about your health to your insurance provider or our billing service to obtain payment for the health care services we provide.

**Reviewing information as part of our quality improvement program.**

**Other uses and disclosures:**

The Facility may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

· Providing you with information related to your health.

· Contacting you regarding appointments, information about treatment alternatives, or other health related services.

· Incidental uses or disclosures (e.g., listing your name on a sign-in sheet, etc.).

· Compliance with all laws (including reports of suspected abuse, neglect or violence).

· Providing certain specified information to law enforcement or correctional institutions.

· Providing information to a coroner, medical examiner, funeral director or organ procurement organization.

· Public health activities when requested by a public health authority or the FDA. Responding to health oversight agencies.

· Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful processes.

· Research activities.

· When necessary to avert a serious threat to health, safety, or when Client is a danger to themselves.

· Military affairs, veterans' affairs, national security, intelligence, Department of State, or presidential protective service activities.

· Providing information to public or private disaster relief agencies; or Information to a family member, other relative, or close friend when: notification of your location, general condition or death; to assist in your health care (e.g. pick-up prescriptions or other documents, note follow-up care instructions, etc.)

**Authorization for other uses:**

The Facility will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time, by notifying us in writing that you wish to revoke your authorization.

**Your rights regarding the privacy of your health information:**

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to or unless:

· Request restrictions on certain uses and disclosures. However, the facility is not obligated to agree to requested restrictions.

· Receive confidential communications or protected health information.

· Inspect and copy your protected health information with some limited exceptions.

· Amend your health information.

· Receive an accounting of disclosures of your health information.

· Obtain a copy of this notice.

· The Client consents in writing.

· The disclosure is allowed by a court order, or

· The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal laws and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with Federal regulations. Federal laws and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

**The Facility's duties regarding the privacy of your health information:**

Subject to limitations outlined by law, the Facility has certain duties related to your protected health information, including:

· The Facility is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.

· The Facility is required to abide by the terms of the privacy notice that is currently in effect.

· The Facility reserves the right to change a privacy practice described in this notice and to make such change effective for all protected health information. A Revised notice will be posted in our office and available upon request.

**I understand that my records are protected under Federal Confidentiality regulations (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations) published August 10, 1987, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions. Information regarding your health care, including payment for health care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) 42 USC 1320d et seq., 45 CFR parts 160 & 164 and the Confidentiality Law, 42 USC 290dd-2, 42CFR Part 2.**

**Initial:** * ×

**Signature:** * ×

**Date:**

# Client Rights

## All the Facility clients are treated with dignity, respect, and consideration.

A. An administrator shall ensure that:

1.The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;

2.At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and

3.Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:

a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and

b. Where patient rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient as not subjected to:

a. Abuse;

b. Neglect;

c. Exploitation;

d. Coercion;

e. Manipulation;

f. Sexual abuse;

g. Sexual assault;

h. Except as allowed in R9-10-1012(B), restraint or seclusion;

i. Retaliation for submitting a complaint to the Department or another entity; or

j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and

3. A patient or the patient's representative:

a. Except in an emergency, either consents to or refuses treatment;

b. May refuse or withdraw consent for treatment before treatment is initiated;

c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;

d. Is informed of the following:

i. The outpatient treatment center's policy on healthcare directives, and

ii. The patient complaint process;

e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and

f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:

i. Medical record, or

ii. Financial records.

C. A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S.§§ 12-2293, 12- 2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
9. I understand that I have the right to receive information about Advance Directives, including my right to make decisions about my medical care, to accept or refuse treatment, and to create a Living Will or Medical Power of Attorney. I acknowledge that I may request assistance or additional information at any time.

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| Bureau of Behavioral Health Facilities Licensing Team<br><br>150 N 18th Ave, Suite 420, Phoenix, AZ 85007<br><br>O: 602-542-3422<br><br>Medical.Licensing@azdhs.gov | Arizona Department of Health Services, Division of Behavioral Health<br><br>Office of Human Rights<br><br>150 North 18th Avenue, Suite 210, Phoenix, Arizona 85007<br><br>(602) 364-4585 | Arizona State Department of Economic Security (DES)<br><br>Adult Protective Services<br><br>1122 North 7th Street, Suite 205, Phoenix, Arizona 85006<br><br>877-SOS-ADULT (767-2385) | Arizona State Department of Economic Security (DES)<br><br>Department of Child Safety (CPS)<br><br>1789 West Jefferson Avenue, Phoenix, Arizona 85007<br><br>888-SOS-CHILD (767-2445) |

**Initial:** * ×

**Signature:** * ×

**Date:**

# Notice of Voice and Choice

## Your Rights in Services and Treatment

**Confianza Health** is committed to providing **person-centered, trauma-informed services** that respect your **voice, choices, values, culture, and goals**.

**Your Right to Voice and Choice**

You have the right to:

- **Be heard and respected** in all decisions about your services
- **Participate actively** in developing, reviewing, and changing your service or treatment plan
- **Express your goals, preferences, strengths, and concerns**
- **Choose among available services, providers, and supports**, when options are available
- **Accept or refuse services**, unless otherwise required by law
- Receive information in a way you can understand, including language assistance or accommodations if needed

**Person-Centered Planning**

Your services are developed through a **person-centered planning process**, which means:

- You are the central decision-maker in your care
- Planning is based on what matters most to you
- Your cultural background, lived experience, and personal values are honored
- Services are adjusted as your needs and preferences change

If you are a **youth**, your voice will be included in decisions in a way that is appropriate for your age and development, alongside parent or guardian involvement.

**When a Preference Cannot Be Honored**

There may be times when a requested option cannot be provided due to:

- Safety concerns
- Medical or clinical necessity
- Legal requirements
- Program or funding limitations

If this occurs, staff will:

- Explain the reason clearly
- Discuss alternative options
- Document the discussion in your record

**Support and Questions**

You may ask questions, request changes, or raise concerns at any time without fear of retaliation.

If you feel your voice or choices are not being respected, you may:

- Speak with your provider or supervisor
- Contact Administration
- File a grievance or complaint using our grievance process

**Acknowledgment**

I have been informed of my right to voice and choice in my services and understand that I may participate actively in decisions about my care.

**Initial:** * ×

**Signature:** * ×

**Date:**

# Filing a Grievance or Complaint

Patients, former patients, or their authorized representatives may file a grievance for up to 1 year of the incident by:

- Completing a **Grievance Form** (available at the front desk or online)
- Submitting a written or verbal complaint to any staff member
- Requesting assistance from staff to document the grievance

Grievances should include:

- A clear description of the issue
- Names of individuals involved (if applicable)
- Dates and locations of the incident
- Desired resolution or outcome

**Review and Response**

- All grievances will be reviewed by the designated **Grievance Officer** or **Program Director**.
- A written response will be provided within **10 business days** of receipt.
- If further investigation is needed, the patient will be informed of the timeline and process.
- If the patient is dissatisfied with the resolution, they may request a review by the agency's **Executive Director** or escalate to external oversight bodies (e.g., AHCCCS Office of Human Rights).

**Non-Retaliation**

Patients are protected from any form of retaliation, coercion, or discrimination for filing a grievance. Filing a grievance will not affect access to services or the quality of care received.

**Acknowledgment -** I acknowledge that I have been informed of my right to file a grievance and understand the procedures outlined above. I have had the opportunity to ask questions and receive clarification.

**Initial:** * ×

**Signature:** * ×

**Date:**