



Banner Health®

# Notice of Privacy Practices for Banner Health

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.

## Introduction

Banner is committed to protecting the confidentiality of information about you, and is required by law to do so. This notice describes how we may use information about you within Banner Health and how we may disclose it to others outside Banner. We will notify you if there is a breach of your unsecured protected health information. This notice also describes the rights you have concerning your own health information.

## How will we use and disclose information about you?

**Treatment:** Banner may use information about you to provide you with medical services and supplies. We may also disclose information about you to others that need the information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment and for follow up care. We may make your medical information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for their treatment and payment purposes.

We may also use and disclose information about you to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Facility Directory:** Unless you object, Banner will include your name, location in our facility, your general condition (e.g., fair, stable, critical) and your religious affiliation in our facility directory. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Information in the facility directory may be shared with clergy.

**Family Members and Others Involved in Your Care:** Banner may disclose information about you to a family member or friend who is involved in your medical care. If you do not want the facility to disclose information about you to family members or others, you must notify the registration and nursing staff at the facility. In the event of a disaster, we may disclose information about you to help locate a family member or friend in a disaster.

**Payment:** Banner may use and disclose information about you to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may request

to see parts of your medical record before they will pay us for your treatment.

**Health Care Operations:** Banner may use and disclose information about you if it is necessary to improve the quality of care we provide to patients or for health care operations. We may use information about you to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**Fundraising:** Many of our patients like to make contributions to support the care provided by Banner Health. Banner or its institutionally related foundations may contact you in the future to raise funds for this purpose. You will be provided the option of not receiving these communications. Your medical information is not shared for the purpose of fundraising.

**Research:** Banner may use or disclose information about you for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your information.

**Required by Law:** Federal, state, or local laws do not require patient consent to disclose information which is required to be reported. For instance, we are required to report child abuse and neglect, gunshot wounds, etc. Public policy has determined that these types of needs outweigh the patient's right to privacy. Banner is also required to give information to the state workers' compensation program for work-related injuries.

**Public Health:** Banner may report certain medical information for public health purposes. For instance, we are required by law to report births, deaths, and communicable diseases to the state. We may also need to report patient problems with medications or medical products to the manufacturer and to the FDA.

**Public Safety:** Banner may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials or to the court in response to a search warrant or other court order. We may also disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct at the facility. We may also disclose information about you to law enforcement officials and others to prevent a serious threat to health or safety.

## Notice of Privacy Practices for Banner Health

**Health Oversight Activities:** Banner may disclose medical information to a government or oversight agency that oversees Banner facilities or its personnel, such as the state's department of health services, or other federal agencies that oversee Medicare, or licensing agencies who govern physicians and other healthcare professionals.

**Coroners, Medical Examiners and Funeral Directors:** Banner may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:** Banner may disclose medical information to organizations that handle organ or tissue donation or transplantation.

**Military Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release information about you as required by military command authorities or to the Department of Veterans Affairs. We may also disclose medical information to federal or state officials for intelligence and national security purposes.

**Judicial Proceedings:** Banner may disclose medical information in a lawsuit where your health status is an issue. For example, Banner may be ordered to do so by court order or search warrant.

**Information with Additional Protection:** Certain types of medical information may have additional protection under state or federal law. For instance, medical information about communicable disease, HIV/AIDS, drug and alcohol abuse treatment, psychotherapy notes, genetic testing, or a court-ordered mental evaluation. Banner may obtain your authorization to release this information except as required by law.

**Other Uses and Disclosures:** Other uses and disclosures not described in this Notice will be made only with your written authorization such as sale of medical information. You may revoke such an authorization by sending us a written request.

### What are your rights?

**Right to Request Information About You:** You or your legally authorized representative are entitled to on line access of documents available, review or receive paper copies, or request an electronic delivery of your health information. This includes your medical and billing information. If you request a copy of your information, we may charge you for our costs. We will tell you in advance what this cost will be.

**Right to Request to Amend or Supplement Information About You That You Believe is Incorrect or Incomplete:** If you see information about you and believe that some of the information is incorrect or incomplete, you may ask us to amend your record. You may submit a request to amend your medical information by contacting Health Information Management Services or the Business Office for your billing information.

**Right to Get a List of Certain Disclosures of Information About You:** You have the right to request a list of certain disclosures we made of information about you. If you would like to receive such a list, contact Health Information Management Services. We will provide the first list to you at no charge, but we may charge you for any additional lists you request during a twelve month period. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How Banner Health Will Use or Disclose Information About You for Treatment, Payment, or Health Care Operations:** You have the right to request us not to use or disclose information about you to treat you, to seek payment for care, or to operate the health care system. We are not required to agree to your request, but if we do agree, we will comply with that agreement unless that information is necessary to provide you emergency treatment. You may request that we withhold information from your health plan for the purpose of payment or healthcare operations provided it is not

otherwise required by law. If you want to request a restriction to your medical information, you may contact Health Information Management Services or for billing information, you may contact the Business Office.

You have the right to pay for an item or service and elect not to have this information about you submitted to your health plan. We are not required to accept your request until you have paid for this service or item. We are not required to notify other healthcare providers of these types of restrictions, this is your responsibility.

**Right to Request Confidential Communications:** You have the right to request us to communicate with you in a way that you feel is more confidential. You can ask to speak with your health care providers in private, outside the presence of other patients. We will accommodate reasonable requests including alternative addresses or alternative means. For example, you can ask us not to call your home, but to communicate only by mail. To do this, submit your request in writing to Health Information Management Services.

**Right to a Copy of Banner Health's Notice of Privacy Practices:** You have the right to a paper copy of the Notice at any time. You may obtain a copy of the Notice from our web site at [www.bannerhealth.com](http://www.bannerhealth.com) or you may obtain a paper copy of the Notice at patient registration sites.

### Changes to this notice

We may amend or revise our practices concerning how we will use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all your information. If we change these practices, we will publish a revised Notice of Privacy Practices.

### Which healthcare providers does this notice cover?

This Notice of Privacy Practices applies to Banner facilities and its personnel, volunteers, students, and trainees. The Notice also applies to other health care providers that come to the facility to care for patients, such as physicians, physician assistants, therapists, emergency services providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by Banner unless these health care providers give you their own Notice of Privacy Practices. Banner may share your medical information with other health care providers for their treatment, payment, and health care operations.

### Do you have concerns or complaints?

Please tell us about any problems or concerns you have with your privacy rights or how Banner uses or discloses information about you. If you have a concern, you may contact Patient Relations/Administration by calling our main switchboard at 602-747-4000 and they will direct your call to the appropriate facility. You may also file a complaint with the U. S. Department of Health & Human Services Office for Civil Rights. We will not penalize you or take any retaliatory action against you in any way for filing a complaint with the federal government.

### Do you have questions?

Banner Health is required by law to give you this Notice and to follow terms of the Notice that is currently in effect. If you have any questions about this Notice, or have further questions about how we may use and disclose information about you, please contact Patient Relations/Administration.