

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Services:** We may use medical information about you to provide you with health management services. We may disclose medical information about you to healthcare providers who are involved in taking care of you. For example, different departments or sites also may share medical information about you in order to coordinate the different services you need. We may also disclose medical information about you to people outside Viridian Health Management who may be involved in your continued care, such as a disease management or maternity management program.

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

**Preventative Health:** We may use and disclose medical information to tell you about changes or lifestyle options or alternatives that may be of interest to you.

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

**Individuals Involved in Your Care or Payment of Your Care:** We may release medical information about you to a friend or family member that you indicate is involved in your care unless you object in whole or in part.

**As Required by Law:** We will disclose medical 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 medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however would only be to help prevent the threat.

### SPECIAL SITUATIONS

**Military and Veterans:** If you a member of the Armed Forces, we may release medical information about you as required by military command authorities. We may also release

information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births; to report child or elder abuse; to report reactions to medication or problems with products; to notify people of recalls of products that they may be using; 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.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws. We have an obligation to notify the appropriate government authority if we believe a patient has been a 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 dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you to comply with a subpoena, court order or other lawful process by someone involved in the dispute, provided that the request meets all of the legal requirements and is valid.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about a victim of a crime; about criminal conduct at the center; and in certain circumstances to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities:** We may release medical information about you 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 medical information about you to authorized federal officials so they can provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Patient Under Custody of Law Enforcement:** If you are under the custody of a law enforcement official we may release medical information about you to the law enforcement official. This release would be necessary for the institution to provide you with the health care and/or to protect your health and safety or the health and safety of others.

### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

**Right to Inspect and Copy:** You have the right to inspect and have copied information that is considered part of your medical and billing records that may be used to make decisions about your care. To inspect and have copied medical information about you, you must submit your request in writing to the Supervisor of Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. In certain circumstances, if you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by Viridian Health Management will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Denial to Inspect and Copy:** A patient does not have a right to inspect or obtain a copy of consultation or psychotherapy notes. A patient may not request a review of an originator's denial of access to consultation or psychotherapy notes. However, a patient may be provided access to a summary of the psychotherapy treatment.

**Right to Correct or Update:** For as long as your medical information is kept by Viridian Health Management you have a right to request a correction if you feel that this information is incorrect or incomplete. To request a correction or update, your request must be in writing with a reason to support the request. We will respond within 60 days of receiving your written request. We may deny your request 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 us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information kept by or for Viridian Health Management; is not part of the information which you would be permitted to inspect and have copied or is

accurate and complete. Any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

**Right to a List of Disclosures We Have Made About You:**

You have a right to request an accounting of the disclosures we have made of your medical and billing information except for disclosures made for treatment, payment and health care operation as defined above. We are not obligated to list all disclosures made about you. To request this list of disclosures, you must submit your request in writing. Your request must state a time period, which may not be longer than six years and may not include dates before January 1, 2005. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may alter your request before any costs are incurred.

**Right to Request Restrictions:**

You have the right to request a restriction or limitation on the medical and billing we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about an evaluation you had. We are not required to agree to your request. To request restrictions regarding your care, you must make your restriction known at the time of your registration. Any other restrictions must be in writing. In your request, you must tell us 1) what information you may want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse or insurance company. A request to restrict information to your insurance company will make you responsible for all fees associated with your treatment.

**Right to 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 work or by mail. To request confidential communications, you must make your request at the time of registration. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:**

You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website:

www.viridianhealthmanagement.com

**You may receive a copy of this notice at any location where you receive services.** We will ask that you acknowledge receipt of this notice in writing.

**Changes to This Notice:** We reserve the right to change the terms of this notice and make revised or changed notice effective for medical information we maintain. We will post copies of the current notice in all locations where you receive care. The effective date of the notice is contained on the first page. In addition, each time you register at the center for health care services we will offer you a copy of the current notice in effect.

**Complaints:** You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with Viridian Health Management or the Secretary of the Federal Department of Health and Human Services.

To file a complaint with Viridian Health Management, contact:

Sherrri Eshkibok  
Privacy Officer, Viridian Health Management  
22601 N. 19th Ave., Suite 240  
Phoenix, AZ 85027  
602-443-5260

or, The Secretary of the Federal Department of Health and Human Services at:

Region VI, Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
Voice phone (214) 787-4056,  
Fax (214) 767-0432  
TDD (214) 767-8940.

**Other Uses of Medical Information:** Other uses of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke it, in writing, at any time. If you revoke it, we will no longer use or disclose medical information about you or the reasons covered by your written authorization, unless required by law. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the care that we provide to you.



Viridian Health Management

**NOTICE OF PRIVACY PRACTICES**

Effective Date: January 1, 2005

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**

If you have any questions about this notice, please contact:

Sherrri Eshkibok  
Privacy Officer, Viridian Health Management  
22601 N. 19th Ave., Suite 240  
Phoenix, AZ 85027  
602-443-5260

**Who Will Follow This Notice:** This notice describes the practices of Viridian Health Management.

**Our Pledge Regarding Medical Information:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of services you receive through Viridian Health Management. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Viridian Health Management. Non Viridian Health Management providers may have different policies or notices regarding their use and disclosure of your medical information created by their providers.

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

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Notify you of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.