

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Black Canyon Community Health Center, Inc. ("BCCHC") is required by law to protect the privacy and security of your protected health information ("PHI"), provide you with this Notice of Privacy Practices, and follow the terms of this notice currently in effect. Protected health information includes information that identifies you and relates to your past, present, or future physical or mental health condition, healthcare services, or payment for healthcare services.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

BCCHC may use and disclose your health information for purposes permitted or required by law, including the following:

Treatment. We may use and share your information with physicians, nurses, pharmacies, laboratories, hospitals, specialists, referral providers, behavioral health providers, and other healthcare professionals involved in your care and treatment.

Payment. We may use and disclose your information to bill and collect payment from you, your insurance company, AHCCCS, Medicare, Medicaid, or other third parties responsible for payment of your healthcare services.

Healthcare Operations. We may use your information for clinic operations such as quality improvement activities, care coordination, staff training, accreditation, licensing, credentialing, compliance, auditing, and general administrative activities.

Appointment Reminders and Communication. We may contact you by phone, voicemail, text message, email, mail, or patient portal regarding:

- Appointment reminders
- Test results

- Treatment recommendations
- Referral coordination
- Billing matters
- Healthcare-related services and benefits

Individuals Involved in Your Care. Unless you object, we may disclose relevant information to family members, caregivers, guardians, or other individuals involved in your care or payment for your care.

Business Associates. We may share information with third-party service providers who perform services on behalf of BCCHC, including billing companies, electronic health record vendors, consultants, attorneys, accountants, collection agencies, and other business associates as permitted by law.

Public Health and Safety. We may disclose information when required for public health activities, disease reporting, abuse or neglect reporting, health oversight activities, FDA reporting, or to prevent a serious threat to health or safety.

Legal Requirements and Law Enforcement. We may disclose information when required by federal, state, or local law, court orders, subpoenas, warrants, investigations, or other lawful processes.

Research. Certain limited uses and disclosures may occur for research purposes when approved or permitted by law.

Workers' Compensation. We may disclose information as authorized by workers' compensation laws and similar programs.

Fundraising. BCCHC may contact you regarding fundraising activities supporting clinic operations. You may opt out of receiving fundraising communications at any time.

Electronic Communications. While BCCHC takes reasonable precautions to protect privacy, electronic communications such as email and text messaging may carry some security risks.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the right to:

- **Request Restrictions.** Request restrictions on certain uses and disclosures of your information. BCCHC is not required to agree to all requested restrictions except as required by law.
- **Request Confidential Communications.** Request that we communicate with you by alternative means or at alternative locations.
- **Access Your Records.** Inspect and obtain copies of your medical records as permitted by law. Reasonable fees may apply.
- **Request Amendments.** Request corrections or amendments to your medical records if you believe information is inaccurate or incomplete.
- **Receive an Accounting of Disclosures.** Request a list of certain disclosures made outside of treatment, payment, and healthcare operations.
- **Obtain a Copy of This Notice.** Receive a paper or electronic copy of this Notice upon request.
- **File a Complaint.** File a complaint if you believe your privacy rights have been violated without fear of retaliation.

COMPLAINTS AND CONTACT INFORMATION

If you have questions regarding this Notice or wish to file a privacy complaint, please contact: Black Canyon Community Health Center, Inc., 19251 E. Oasis Dr., Black Canyon City, AZ 85324. Phone: (623) 374-0200. Email: feedback@blackcanyonhealth.com.

Patients may also file complaints with the U.S. Department of Health and Human Services Office for Civil Rights. Filing a complaint will not affect your care or services.

OUR RESPONSIBILITIES

BCCHC is required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this Notice of Privacy Practices
- Notify you following a breach of unsecured protected health information when required by law
- Follow the terms of the Notice currently in effect

BCCHC reserves the right to revise or update this Notice at any time. Revised notices may apply to all protected health information maintained by the clinic and will be made available upon request and posted as required by law.



Black Canyon City
19251 E. Oasis Dr.
Black Canyon City, AZ 85324
P: (623) 374-0200
F: (623) 374-5576

Spring Valley
17301 E Spring Valley Rd, Ste G
Mayer, AZ 86333
P: (928) 404-8004
F: (623) 374-5576

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I acknowledge that I have received or been offered a copy of the Black Canyon Community Health Center Notice of Privacy Practices. I understand that the Notice of Privacy Practices explains:

- How my medical information may be used and disclosed
- My privacy rights regarding protected health information
- How to file a privacy complaint or ask questions regarding privacy practices

I understand that Black Canyon Community Health Center reserves the right to revise its Notice of Privacy Practices in accordance with applicable laws and regulations.

Patient name

Date of birth

Signature of patient or legal representative

Date

Printed name of legal representative (if applicable)

Relationship to patient