



**ARIZONA DEPARTMENT OF HEALTH
SERVICES
CHILDREN'S REHABILITATIVE
SERVICES
ADMINISTRATION**



NOTICE OF PRIVACY PRACTICES

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.

The Arizona Department of Health Services/Children's Rehabilitative Services Administration (ADHS/CRSA) is committed to protecting your health information. Children's Rehabilitative Services Administration is required by law to maintain the privacy of your health information, provide this notice to you, and abide by the terms of this notice. We reserve the right to change our Notice of Privacy Practices and the terms of this notice at any time.

ADHS/CRSA MAY DISCLOSE YOUR HEALTH INFORMATION:

CRSA may access, use, and/or share this health information for the purposes of the following:

Request funding to pay for the medical services and supplies provided to you.

Evaluate the performance of your Children's Rehabilitative Services (CRS) health care providers. For example, we may use your health information to conduct quality improvement activities such as evaluating whether CRS doctors or other health care professional provided the services and care you needed.

Release information to its attorneys, accountants, and consultants so that the program is run efficiently and to detect and prosecute program fraud and abuse.

For health oversight activities, we may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the public healthcare system, government programs, and compliance with civil rights laws.

For program oversight activities, CRSA and the CRS Contractor and Providers may share information about you with each other for quality of care and continuity of service purposes. The information may include, but is not limited to, your name, address, date of birth, guardianship status, CRS member ID number, and Arizona Health Care Cost Containment System (AHCCCS) ID number.

Mail to you program updates or family satisfaction surveys.

Share information with other government agencies or organizations that provide benefits or services when the information is necessary in order for you to receive those benefits or services.

When required by law, we may disclose health information when a law requires that we report information about suspected abuse, neglect, or domestic violence, or in response to a court order. We must also disclose health information to authorities that monitor compliance with these privacy requirements.

For public health activities, we may disclose health information when we are required to collect information about disease or injury or to report vital statistics or the results of public health surveillance, investigations, or interventions.

Relating to decedents, we may disclose health information relating to a death to, coroners, medical examiners, or funeral directors and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

To avert threat to health or safety, we may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

The law only allows CRSA's staff to use your health information when doing their jobs or to share your information when it is necessary to run Children's Rehabilitative Services Administration. When health information is shared with other agencies or organizations, we require them to keep your health information confidential and to use the information for the purpose intended.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

If ADHS/CRSA wishes to make a use or disclosure of your health information for a purpose that is not discussed in this notice, ADHS/CRSA will seek your permission. If you give your permission to ADHS/CRSA, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information.

Your Rights To Privacy

See and Get Copies of Your ADHS/CRSA Information, you may be charged a reasonable fee for the cost of copying your information.

Request to Amend or Correct Your ADHS/CRSA Information, if you think there is a mistake. You must provide a reason for your request.

Obtain a List of Disclosures made after April 14, 2003. This list will not include information provided to you or your family directly or information that was sent with

your authorization. We will provide the first list to you free, but we may charge you for any additional list you request during the same year.

Request to Restrict Further Uses and Disclosures of Your Health Information. You have the right to request us not to make uses or disclosures of your health information to seek payment for care or to operate the program. We are not required to agree with your request but if we do agree, we will comply with that agreement.

Request How ADHS/CRSA Communicates With You. You have the right to request us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home but to communicate only by mail.

File a Complaint if you do not agree with how ADHS/CRSA has used or disclosed information about you.

You have the right to receive this notice -- You have the right to receive a paper copy of this notice.

ANY REQUEST YOU MAKE TO ADHS/CRSA MUST BE IN WRITING

**HOW TO FILE A COMPLAINT IF YOU BELIEVE YOUR PRIVACY RIGHTS
HAVE BEEN VIOLATED**

If you have questions about this notice or any complaints about our privacy practices, please write or contact the office listed below:

Arizona Department of Health Services
Children's Rehabilitative Services Administration
Division of Compliance
150 North 18th Avenue, Suite 300
Phoenix, AZ 85007
Telephone (602) 542-1860 or 1-800-232-1676
FAX: (602) 542-1265

You may call for a complaint form or file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health & Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Telephone: (415) 437-8310 or 1-800-368-1019
TDD: (415) 437-8311
FAX: (415) 437-8329

We will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective on April 14, 2003.

Changes to Notice of Privacy Practices

CRSA must obey this notice starting on April 14, 2003. We have the right to change our privacy practices. If we make any changes, we will rewrite this notice and give it to you right away.

To get a copy of this notice in other languages, Braille, large print, audiocassette, or computer disk, please call or write the Privacy Officer at the number or address listed above.

*****IMPORTANT*****

CRSA DOES NOT HAVE COMPLETE COPIES OF HEALTH RECORDS.

IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE A CHILD'S HEALTH RECORD, PLEASE CONTACT THE CHILD'S DOCTOR, CLINIC, OR HEALTH PLAN.