

# 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.**

Atlas Healthcare Partners (“Atlas” or “we”) manages the ambulatory surgery center, or facility, in which you may be receiving health care services. Atlas 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 Atlas and how we may disclose it to others outside of Atlas. 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 protected health information. Please review it carefully. Effective date March 1, 2024.

## **Our Pledge and Responsibilities Regarding Your Protected Health Information**

We understand that information about you and your medical and behavioral health is personal. We are committed to protecting health information about you and are required under federal and state law to take steps to protect this information. Under federal privacy laws, this information is called “protected health information.” Protected health information includes certain information we have created or received that identifies you, including information regarding your health or payment for your health at an Atlas managed facility. It includes your medical records and personal information such as your name, social security number, address, and phone number.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. Let us know in writing if you do change your mind.

## **Who Will Follow This Notice**

This Notice applies to Atlas managed facilities and:

- All departments of Atlas.
- All Atlas employees and personnel including contracted, temporary, or agency staff.
- All volunteers, students, or trainees.
- Any healthcare professional authorized to enter information into your medical record at any Atlas managed facility.
- Other health care providers that come to the facility to care for patients, such as physicians, physician assistants, emergency services providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by Atlas unless these health care providers give you their own Notice of Privacy Practices.

## **Uses and Disclosures of Your Health Information by Atlas**

### **Your Choices and Limitations**

For certain health information, you can tell us your choice about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us or provide your choices in writing to [compliance@atlashp.com](mailto:compliance@atlashp.com).

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a facility directory
- If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we will not share your information unless you give us written permission (signed consent):

- Marketing purposes where remuneration is received. Limited information about you may be used to support communication about available products or services.

- Sale of your information
- Most sharing of psychotherapy notes
- Situations not described in this Notice that do not pose a threat to health or safety.
- You may revoke such permissions by sending us a written request.

## **How Atlas Will Typically Use Your Information**

### **Treatment**

Atlas may use and disclose your protected health information to provide you with medical treatment and services and share it with other professionals who treat you. This use and disclosure may be for continuity of care or to doctors, nurses, technicians, health care students, or other health care providers who are involved in your care. We may make your medical information available electronically to health care providers and health plans that request your information for their treatment and payment purposes.

### **Payment**

As permitted by law, we may use or disclose your health information to get payment from health plans or other entities. This includes billing for treatment and services you receive at an Atlas managed facility. In addition, we may use or disclose your information to collect payment or to obtain prior approval for treatment and services.

### **Health Care Operations**

We can use and share your health information to run our business, improve your care, and contact you when necessary. 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. We may also use your health information for internal purposes, like ensuring the quality of care, identifying training needs, reviewing outcomes, sending patient satisfaction surveys, and other administrative activities. We may also disclose your information to Business Associates, or companies that provide a service to us or on our behalf and have provided satisfactory assurances that they will protect your health information.

## **How Atlas May Also Use Your Information**

### **Contacting You**

We may use and disclose health information to reach you about appointments or other matters. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

### **Coroners, Medical Examiners, and Funeral Directors**

We can share health information with a coroner, medical examiner, or funeral director to assist them in carrying out their duties when a person dies.

### **Government Requests and Law Enforcement**

We can use or share health information about you:

- With health oversight agencies for activities authorized by law that oversees Atlas managed facilities or its personnel, such as the state's department of health services, or other federal agencies that oversee Medicare, or licensing agencies that govern physicians and other health care professionals
- For special government functions such as military, national security, and Presidential protective services
- In limited circumstances, for law enforcement purposes or with a law enforcement official
- We can share health information with a coroner, medical examiner, or funeral director to assist them in

### **Health-Related Benefits and Services**

We may use or disclose information to tell you about health-related benefits, services, or medical education classes.

### **Incidental Disclosures**

Certain incidental disclosures of your health information may occur as a byproduct of lawful and permitted use and disclosure of your health information. Reasonable safeguards are in place to minimize these disclosures.

### **Inmates**

We may disclose your health information to a correctional facility or law enforcement official, if you are an inmate or in custody.

## **Lawsuits and Disputes**

We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, if you are involved in a lawsuit or a dispute.

## **Limited Data Set Information**

We may disclose limited health information to third parties for purposes of research, public health, and health care operations. This limited data set will not include any information that could be used to identify you directly.

## **Organ and Tissue Donation**

We can share health information about you with organ procurement organizations.

## **Public Health**

We may report certain health 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. We will only make this disclosure when required or authorized by law.

## **Public Safety**

We may disclose health information for public safety purposes in limited circumstances. We may disclose health information to law enforcement officials or to the court in response to a search warrant or other court order. We may also disclose health information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, or 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. We will only make this disclosure when required or authorized by law.

## **Research**

We can use or share your information for health research. 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 that 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. Additionally, with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

## **Serious and Imminent Threats**

We may share your information when needed to lessen a serious and imminent threat to the health or safety to you, the public, or another person.

## **Treatment Alternatives**

We may use or disclose information to tell you about or recommend possible treatment options or alternatives.

## **Workers' Compensation**

We can use or share health information about you for workers' compensation claims.

## **Information with Additional Protection**

Certain types of health information may have additional protection under state or federal law. For instance, health information about communicable disease, HIV/AIDS, drug and alcohol abuse treatment, substance use disorder records, psychotherapy notes, genetic testing, or a court-ordered mental evaluation. Atlas may obtain your authorization to release this information except as required by law.

## **Other Uses and Disclosures of Your Protected Health Information**

Other uses and disclosures of your protected health information not covered by our current Notice or applicable laws will only be made with your written permission. You may revoke any permission by submitting a request in writing to the Atlas Compliance Department (at the contact information under Questions and Complaints). If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization unless required by law. You understand that we are unable to take back any uses or disclosures we have already made while your permission was in effect, and that we are required to retain our records of the care that we provide to you.

## **Your Rights Regarding Your Protected Health Information**

Unless indicated otherwise, you may exercise one of your privacy rights by submitting a written request to the Atlas Compliance Department (at the contact information under Questions and Complaints).

### **Right to Request Information About You**

You have the right to get an electronic or paper copy of your health record. Usually this includes treatment and billing records and does not include psychotherapy notes. 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.

To request an opportunity to inspect and/or copy your protected health information in either paper or electronic format, contact the Atlas Medical Records Department at 480-292-8541 x3, or via email at [BSC.MedicalRecords@atlashp.com](mailto:BSC.MedicalRecords@atlashp.com) to obtain a copy of the authorization request (release of information). In certain limited circumstances, we may deny your request to inspect and/or copy your protected health information. You may request that the denial be reviewed.

### **Right to Request to Amend Information About You**

If you feel any information we have about you is incorrect or incomplete, you can request us to amend your record. We may say "no" to your request, but we will tell you why in writing.

### **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, or an accounting of certain disclosures. This list will not include disclosures made for the purposes of treatment, payment, and healthcare operations. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions on How We Will Use or Disclose Information About You for Treatment, Payment, or Healthcare 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. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. You may request that we withhold information from your health insurance plan for the purpose of payment or healthcare operations, provided it is not otherwise required by law. If you want to request restriction, the request must be made in writing. We are not required to agree to your request, and we may say "no" if it would affect your care. If we do agree to your request, we will comply unless the information is needed to provide emergency treatment to you.

You have the right to pay for an item or service and elect not to have this information about you submitted to your health insurance plan. This request must be made in writing. We will say "yes" unless a law requires us to share that information. We are not required to accept your request until you have paid for this service or item. You are responsible for notifying any other providers of any restriction requests.

### **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 that we only contact you at work or by mail to an alternative address. You do not have to provide a reason, but the request must be in writing and specify how or where you wish to be contacted.

### **Right to Choose Someone to Act for You**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will ask the person to show proof of this authority to act for you before we take any action.

Right to a Copy of the Notice of Privacy Practices

You can request a paper copy of this Notice from the facility.

### **Changes to this Notice**

Atlas may change our practices concerning how we will use or disclose protected health information or how we will implement patient rights concerning their information. We reserve the right to change this Notice and the changes will apply to all information we have about you. The new Notice will be available upon request, at our facilities, and on our website.

### **Questions and Complaints**

Atlas is required by law to give you this Notice and to follow the 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 the Atlas Compliance Department by calling our main telephone number 602-358-8512 and they will direct your call to the appropriate party, or you may email us: [compliance@atlashp.com](mailto:compliance@atlashp.com).

If you believe your privacy rights have been violated, you may file a complaint with the Atlas Privacy Office, 2355 E. Camelback Road, #700, Phoenix, AZ 85016. If we cannot resolve your concerns, you also have the right to file a written complaint with the U.S. Department of Health and Human Services (HHS), Office for Civil Rights. We will not retaliate against you for filing a complaint and the quality of your care will not be jeopardized.