PRIVACY NOTICE

MARIPOSA HEALTH

THIS NOTICE DESCRIBES HOW MEDICAL, DENTAL AND BEHAVIORAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

WHO WILL FOLLOW THIS NOTICE:

This notice describes the practice of Mariposa Health (d.b.a. Mariposa) regarding the use of your health information and that of:

- Any of our healthcare professionals authorized to enter information into your medical, dental, or behavioral health record;
- All departments and units of Mariposa;
- Any member of a volunteer/student group we allow to help you while you are in our facility;
- All employees, contracted staff and other Mariposa personnel;
- All affiliates, sites and locations of Mariposa will follow the terms of this notice. In addition, these affiliates, sites and locations may share health information with each other for the treatment, payment or healthcare purposes described in this notice.

OUR PLEDGE REGARDING HEALTHCARE INFORMATION

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive. 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 your care generated at Mariposa, whether made by healthcare professionals or other personnel.
This notice will tell you about the ways in which we may use and disclose healthcare information about you. Disclosure, as appropriate, may be verbal communication, electronic submission, paper record, or by fax. We also describe your rights and certain obligations we have regarding the use and disclosure of healthcare information.
We are required by law to:

- Keep personal healthcare information private;
- Give you this notice of our legal duties and privacy practice with respect to your healthcare information; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTHCARE INFORMATION ABOUT YOU

The following are examples of the types of permitted uses and disclosures of your protected healthcare information. These examples are not meant to be all inclusive, but rather to describe the types of uses and disclosures that may be made by our office once you have provided consent.

I. **Uses and Disclosures of Protected Health Information**

a. **For Treatment** – Information obtained by a nurse, provider or other member of your healthcare team will be recorded in your healthcare record and used to determine the course of treatment that should work best for you. We may disclose your health information to others that will need this information in order to treat you, such as another Mariposa provider, nurse practitioners, pharmacists, and others involved in your care. We may also disclose your protected health information to another healthcare provider (e.g., a specialist or laboratory) who, at the request of your Mariposa provider, becomes involved in your care by providing assistance with our healthcare diagnosis or treatment.

b. **For Payment** – We may use and disclose your protected health information for billing and collection purposes. For example, we may need to give your health plan information about your care so your health plan will pay us or reimburse you for this care. We may also provide information to your health plan or 3rd party payer about a treatment/service that has been ordered by your healthcare provider in order to obtain prior approval or to determine whether your plan will cover the treatment/service.

c. **For Healthcare Operations** – We may use or disclose, as needed, your personal health information in order to support our business activities. These activities include, but are not limited to, quality assessment, employee review, training for medical students, and the licensing, operation or development of other business situations. Other examples of healthcare operations might include:

- Use of a sign-in sheet at the front desk
- Calling you by name in the waiting room when your healthcare provider is ready to see you
- We may contact you (by telephone or mail) to remind you about your appointment

We will share your personal health information with 3rd party "business associates" that perform various activities for Mariposa. Whenever an arrangement between our office and a business associate involves the use or disclosure of your personal health information, we will have a written contact that contains terms that will protect the privacy of your health information. Some examples of our business associates would include X-ray interpretation services, contracted laboratory testing, record copy service and record storage facilities.

II. **Other Permitted and Required Uses and Disclosures that May be Made with Your Consent, Authorization or Opportunity to Object**

We may use and disclose your personal health information in the following instances—in which you have the opportunity to agree or object to the use or disclosure of all or part of your health information.

Individuals involved in your care or payment for your care - Unless you object in advance, we may release protected health information about you to a friend or family member who is involved in your medical care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine, based on our professional judgment that it is in your best interest. We may also give information to someone who helps pay for your care. In addition, we may disclose personal health information about you to an authorized entity assisting with disaster relief efforts.

We may allow family or friends to act on your behalf to pick up filled prescriptions, medical supplies, X-rays and similar forms of personal health information, when we determine, in our professional judgment that it is in your best interest to make such disclosures.

Emergencies - We may use or disclose your protected health information in an emergency treatment situation, should you be unable to consent prior to treatment. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the treatment. If we are required by law to treat you and are unable to obtain your consent, we may still use or disclose your protected health information to treat you.

Treatment Alternatives - We may use or disclose your personal health information, as necessary, to provide you with information about alternative treatments or other health-related benefits and services that may be of interest to you. We may also send you information about products or services that we believe may be beneficial to you; however, you may contact our Privacy Office to request that these materials not be sent to you.

Marketing/Fundraising Activities - We may use or disclose your demographic information in order to contact you for marketing or fundraising activities supported by our clinic. (For example, your name and address may be used to send you a newsletter about our organization and the services we offer.) If you do not want to receive these materials, please contact our Privacy Office and request that the fundraising materials not be sent to you.

III. Other Permitted and Required Uses and Disclosures That May be Made Without Your Consent, Authorization, or the Opportunity to Object

As Required By Law - We will disclose your personal health information when required to do so by federal, state or local law.

Research - We may disclose your personal health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your personal health information. For example, we may conduct a research project involving the review of healthcare records for all patients with specific types of medical conditions.

Public Health Risks - We may disclose your personal health information for public health reasons, including the following:

- To prevent or control disease, injury or disability
- To report deaths
- To report child abuse or neglect
- To report reactions to medications or problems with product
- To notify people about recalls of products 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
- To notify the appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence

Workers Compensation - We may release your personal health information to Workers Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Coroners, Funeral Directors and Organ Donation - We may release your personal health information to a coroner or medical examiner to assist with identifying the deceased or determining the cause of death. We may release personal health information to funeral directors, as needed, to help them carry out their duties. If you are an organ donor, we may release your personal health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Military and Veterans - If you are a member of the armed forces, we may release your personal health information as required by military authorities.

Health Oversight - We may disclose your personal health information to a health oversight agency for purposes authorized by law. Oversight may include: audits, investigations, inspections and licensure. These activities are required by the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Legal Proceedings - We may release your personal health information in response to a subpoena, discovery request, or other lawful orders from a court or administrative tribunal (to the extent such disclosure is expressly authorized).

Law Enforcement - We may release your health information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or whenever required to do so by law.

Inmate. We may use or disclose your personal health information if you are an inmate of a correctional facility, and your healthcare provider created or received your personal health information in the course of providing care to you.

Protected Services for the President; and for National Security and Intelligence Reasons - We may release your personal health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations; or for intelligence, counterintelligence, and other national security activities by law.

IV. Uses and Disclosures of Personal Health Information Based Upon Your Written Authorization

Other uses and disclosures of your personal health information not covered by this notice, or the laws that apply to use, will be made only with your written authorization. If you provide us permission to use or disclose your personal health information, you may revoke this authorization at any time, in writing. After revoking your permission, we will no longer use or disclose your personal health information for the reasons stated in the written authorization. You understand that we are unable to take back any disclosures we have already made with your permission; and that we are required to retain records of the care that we provide to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although your healthcare record is the physical property of Mariposa Health, the information belongs to you; and you have the following rights regarding the healthcare information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of healthcare information that may be used to make decisions about your care. Usually, this includes medical, dental, prescription, and billing records; but does not include psychotherapy notes.
  To inspect and obtain a copy of healthcare information that may be used to make decisions about you, you must submit a written request to our Medical Information Department. If you request a copy of the information, we may charge a fee for copying or mailing, or for other supplies associated with your request.
  We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by Mariposa 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.
- **Right to Amend.** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to a mend the information. You have the right to request an amendment, as long as the information is kept.
  To request an amendment, your request must be submitted in writing to our Privacy Officer. In addition, you must provide a reason that supports your request.
  We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Inaddition, we may deny your request if you ask us to amend information that:
    - Was not created by us;
    - Is not part of the medical information kept by Mariposa;
    - Is not part of the information which you would be permitted to inspect and copy; or
    - Is accurate and complete
- **Right to an Accounting of Disclosures.** You have the right to request an"accounting of disclosures". This is a list of the disclosures that we made of health information about you.
  To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. 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 cost involved; and you may choose to withdraw or modify your request at that time, before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the personal health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the personal 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.
  We are not required to agree to your request. If we do agree, we will comply with your request—unless the information is needed to provide you emergency medical treatment.
  To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us:
    - What information you want to limit;
    - Whether you want to limit our use of your information, disclosure to outside entities, or both; and
    - To whom you want the limits to apply.
- **Right to Request Confidential Communications.**You have the right to request that we communicate with you about health matters in a certain way or at acerta in 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 in writing to our Privacy Officer. 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 at anytime. You may request a copy of our most current privacy notice from the Registration Office or the Privacy Officer.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. And we reserve the right to make the revised or changed notice effective for health information we already have about you, as well as for any information we receive in the future. We will post a copy of the current notice. The notice will contain the effective date in the upper right-hand corner of the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Mariposa or with the Secretary of the Department of Health and Human Services toll free at 1-877-696-6775. To file a complaint with Mariposa, contact our Privacy Officer at the address and phone number below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

CONTACT PERSON

If you have any questions about this notice, please contact:
Privacy Officer
Mariposa Health, Inc.
825 N. Grand Avenue, Ste 100
Nogales, Arizona 85621
520-281-155