



“Creating Opportunities For & With People”

## NOTICE OF PRIVACY PRACTICES

**Effective: September 1, 2023**

**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.**

This Notice will tell you how we may use and disclose protected health information, and your rights and our duties with respect to medical information about you in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

### **How We May Use and Disclose Medical Information About You**

- **For Treatment:** We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, care coordinators, hospitals and other health providers who become involved in your care. This may include sharing information with your doctors, clinicians, and others.
- **For Payment:** We may use and disclose your medical information so we can be paid for the services we provide to you. This can include billing Medicaid, Medicare, and/or your insurance company. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.
- **For Health Care Operations:** We may use and disclose medical information about you for our own health care operations. For example, we may use medical information about you to review the services we provide and the performance of our employees supporting you. We may disclose medical information about you to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation or licensing activities, or for our compliance program.
- **Individuals Involved in Your Care:** We may disclose to a family member, other relative, close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person’s involvement with the services and supports you receive or payment for those services and supports.
- **To Report Abuse or Neglect:** We may disclose medical information about you if we believe you are a victim of abuse, neglect, or domestic violence. This disclosure will only be made to an authorized government unit when we are compelled by ethical judgement or required by law. The safety of the people we support is paramount to us.

- **Otherwise Required by Law:** We may disclose your medical information in cases of disaster relief, public health activities, health oversight, law enforcement, judicial and administrative proceedings, to medical examiners, or for national security.
- **Research.** Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information.
- **To Avert Serious Threat to Health or Safety.** We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of you, a person, or the public.

### **Certain Uses and Disclosures that Require Your Written Authorization**

- **Psychotherapy Notes.** Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) for our own clinical training programs; (c) to defend ourselves in a legal action or other proceeding brought by you; (d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.
- **Marketing.** We may ask you to sign an authorization to include your likeness in promotional postings or videos. You have the right to decline any and all such marketing.
- **Sale of Information.** RISE does not sell medical information. This would only occur if the organization were to be acquired by a third party entity.

### **Other Uses and Disclosures**

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the Privacy Officer in writing. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

### **Your Rights With Respect to Medical Information About You**

- **Right to Request Restrictions.** You have the right to request certain restrictions on the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. For example, you could ask that we not disclose medical information about you to your brother or sister.

- **Right to Receive Confidential Communications.** You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work.
- **Right to Inspect and Copy.** With a few very limited exceptions, such as psychotherapy notes, you have the right to read, review, and obtain a copy of medical information about you. To inspect or copy medical information about you, you must submit your request in writing to the RISE Privacy Officer. Your request should state specifically what medical information you want to inspect or copy.
- **Right to Amend.** You have the right to ask us to amend medical information about you if you believe those records are incorrect or incomplete. We may deny the request if the information was (a) not created by us, (b) not part of our records, or (c) the records are determined to be accurate and complete. To request an amendment, you must submit your request in writing to the RISE Privacy Officer. Your request must state the amendment desired and provide a reason in support of that amendment.
- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of medical information about you. To request an accounting of disclosures, you must submit your request in writing to the RISE Privacy Officer. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request.
- **Right to Copy of this Notice.** You have the right to obtain a paper copy of our Notice of Privacy Practices. You may request a copy of our Notice of Privacy Practices at any time. You may obtain a copy of our Notice of Privacy Practices at [www.riseservicesinc.org/policies/](http://www.riseservicesinc.org/policies/). To obtain a paper copy of this Notice, simply ask a RISE employee to print one out from the website above, or contact the Privacy Officer.

### **Our Duties**

- **Generally.** We are required by law to maintain the privacy of medical information about you, to provide you with notice of our legal duties and privacy practices with respect to medical information, and to notify you following a breach of unsecured protected health information.
- **Our Right to Change Notice of Privacy Practices.** We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new Notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new Notice.
- **Availability of Notice of Privacy Practices.** A copy of our Notice of Privacy Practices will be posted at RISE corporate offices. A copy of the Notice also will be posted on our web site, [www.riseservicesinc.org/policies/](http://www.riseservicesinc.org/policies/).

- **Effective Date of Notice.** The effective date of the Notice is stated on the first page.
- **Complaints.** You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact the RISE Privacy Officer, [privacy@riseservicesinc.org](mailto:privacy@riseservicesinc.org) or 4554 E. Inverness Ave., Mesa, AZ 85206. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: <http://www.hhs.gov/ocr>

You will not be retaliated against for filing a complaint.

### **Questions and Information**

If you have any questions or want to request an accounting, an amendment, a restriction, a copy of your medical record, or more information concerning this Notice of Privacy Practices, please contact the RISE Privacy Officer, [privacy@riseservicesinc.org](mailto:privacy@riseservicesinc.org) or 4554 E Inverness Ave., Mesa, AZ 85206.



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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

RISE is a health care provider dedicated to the privacy of the people we support. We may use your medical information for treatment, payment, and general health care operations. We may share your information in other cases as allowed or required by law. The full RISE Notice of Privacy Practices describes in detail how we might use or disclose your protected health information and can be found at [www.riseservicesinc.org/policies/](http://www.riseservicesinc.org/policies/). If you would like a paper copy of this notice, please ask a RISE employee to print one for you from the website above or contact [privacy@riseservicesinc.org](mailto:privacy@riseservicesinc.org) or RISE Privacy Officer, 4554 E. Inverness Ave., Mesa, AZ 85206.

If you ever have any questions or concerns about your privacy, please contact [privacy@riseservicesinc.org](mailto:privacy@riseservicesinc.org) or RISE Privacy Officer, 4554 E. Inverness Ave., Mesa, AZ 85206.

By signing this form, you acknowledge that you have received or been offered the RISE Notice of Privacy Practices and understand your rights. Please alert a RISE employee if you would like a copy of this receipt.

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**PARTICIPANT OR LEGAL GUARDIAN  
PRINTED NAME**

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**DATE**

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**PARTICIPANT OR GUARDIAN SIGNATURE**

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**RELATIONSHIP (IF APPLICABLE)**