



# Mercy Healthcare Group

## 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.**

This notice describes how Mercy Healthcare Group handles your health information and how we will protect the privacy of that information. This notice also describes your rights about your own health information.

If you have any questions about this notice, please call Member Services at **(602) 798-2800** or **1-800-780-2300**.

### **What do we do with your health information?**

- **Member services:** The Member Services Department is trained to answer your calls. They sometimes must see your health information to answer your questions.
- **Assistance with your treatment:** Mercy Healthcare Group may use your health information to help manage your health care and decide what treatment your benefits cover. We may also tell you about different services available, such as shots, checkups, or medical screenings. We may also send you appointment reminders.
- **We may share your health information with other people that give you care.** This could include doctors, hospitals, drug stores, and others. If you are no longer a member of Mercy Healthcare Group, we will get your permission before sending your health information to a primary care provider.
- **Family and friends:** Mercy Healthcare Group may give out your health information to a family member or friend who is helping you with your care or who is helping you pay for your care. For example, if you have an accident, Mercy Healthcare Group may need to talk with your spouse. If you do not want us to give your health information to family members or friends that are helping you, please let us know. You can reach us at the address and phone number at the end of this notice.
- **Payment for your treatment:** Mercy Healthcare Group will use your health information and may share it with others to pay for your care. For example, your doctor must submit a claim form to us that contains your health information. We may also use your health information to review the care your doctor gives you or to review your use of health benefits.

- Health care operations: Mercy Healthcare Group may use your health information to help us do our job. We may use your health information for:
  - Health promotion and disease prevention
  - Case management
  - Quality improvement
  - Accounting and audits
  - Legal matters
  - Fraud prevention
  - Insurance administration
  - Business management and planning

For example, if you have a health problem, a case manager may work with your doctor to get you health care services. The case manager may also refer you to government programs or other places that can help you.

- Public purposes: Mercy Healthcare Group may use or give out your health information for certain public purposes. Examples of these are:
  - Required by law: Federal, state, or local laws some-times require us to give your health information to others. For example, we must give information to AHCCCS about fraud.
  - Public safety and law enforcement: We may give out health information for public safety and law enforcement purposes. For example, we may give health information to law enforcement officials if they give us a search warrant or a grand jury subpoena. We also may give information to law enforcement officials in an investigation, prosecution, or criminal or civil proceeding relating to the AHCCCS program, or if the law enforcement officials have other legal authority to get the information from us.
  - Oversight: Mercy Healthcare Group is often examined by state and federal government agencies to make sure we or your care providers are doing a good job. When these agencies do their review, we must let them see our members' records.
  - Disputes: We may give out your health information if it is required in a lawsuit or legal dispute.
- Special protection for HIV and genetic testing information: If we hold HIV-related information about you, we will give that information to others only if we have your permission or if we are required by law to give out that information. If we hold your genetic testing results, we will give that information to others only if we have your permission.
- Other uses of your information: If Mercy Healthcare Group needs to use or give your health information out for other reasons that we haven't talked about here, we will first ask your permission.

If you give us your permission to use or give out your health information, you may cancel your permission at any time. If we have already done something based on your permission before you cancel it, we cannot change it. To cancel your permission, write to us at the address at the end of this notice.

## **What are your rights?**

- **Right to see and copy your record:** You have the right to look at your own health plan record and to get a copy of it. If you want to request a copy of your health plan record, write to us at the address at the end of this notice.

If you want a copy of your medical records, you need to contact your doctor's office or the health care facility where you were treated.

- **Right to ask for a change to your record:** If you look at your record and see that some of the information is wrong or incomplete, you can ask us to change that information. To ask us to change your information, write to us at the address at the end of this notice. Your request must clearly tell us what information you want to change.
- **Right to get a list of people or groups that received your health information:** You have the right to get a list of the people and groups that we gave your health information to. If you want to get that list, write to us at the address at the end of this notice.
- **Right to ask for private communications:** If you think that the normal way we communicate with you will be dangerous to you, please let us know. We will do our best to help communicate with you in a way that is more private.
- **Right to ask for special treatment for your health information:** Mercy Healthcare Group may use your health information in the ways we talked about in this notice. You can ask us not to use your information in these ways. We are not required to agree to your request, but we will give it serious thought. If we do agree to give your health information special treatment, we will follow our agreement with you. If you want to make this request, write to us at the address at the end of this notice.
- **Right to get a paper copy of this notice:** If you got this notice electronically, you have the right to a paper copy. You may get a paper copy of the notice from our Web site at [www.mercyhealthcaregroup.com](http://www.mercyhealthcaregroup.com) or we will mail one to you.

## **Will we change this notice?**

By law, Mercy Healthcare Group must give you this notice. We must follow what we say in this notice. We also have the right to change this notice if we change how we handle health information, and to make those changes apply to all of the information we hold. You can get a copy of the most current notice on our Web site at [www.mercyhealthcaregroup.com](http://www.mercyhealthcaregroup.com) or we will mail a copy to you.

### **What if you have questions or concerns?**

If you have questions or concerns about your privacy, please call Member Services at **(602) 798-2800** or **1-800-780-2300**.

You may also write us at:

Mercy Healthcare Group  
Attn: Privacy Coordinator  
4350 E. Cotton Center Blvd., Bldg. D  
Phoenix, AZ 85040

If for some reason you are not satisfied with our response to your concerns, you may file a complaint with the Department of Health and Human Services, Office of Civil Rights. You can call us to get the right address for the Office of Civil Rights.

If you file a complaint with the Office of Civil Rights, you will not lose your Mercy Healthcare Group membership or health care benefits, and we will not retaliate against you in any way.

*Effective date: October 1, 2007*

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