



## HIPAA NOTICE OF PRIVACY PRACTICES YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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.**

If you have any questions about this Notice please contact  
Arizona Metropolitan Trust's Privacy Officer  
c/o Erin P. Collins & Associates, Inc.  
1115 Stockton Hill Road, Suite 101  
Kingman, Arizona 86401  
(p) 928.753.4700 (f) 877.866.5732  
Email: [jaimes@ecollinsandassociates.com](mailto:jaimes@ecollinsandassociates.com)

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health conditions and the provision or payment of related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notice of Privacy Practices upon your request to the Privacy Officer identified above. Requests may be sent to the Privacy Officer via telephone, fax, email or mailing to the numbers or addresses shown above. Alternatively, you may request any revised Notice of Privacy Practices by contacting your employer's Human Resources Department.

### **A. Uses and Disclosures of Protected Health Information Without Your Consent or Authorization.**

Arizona Metropolitan Trust (AzMT) may have access to and use your protected health information for reasons consistent with applicable provisions of federal and state law. These uses will be confined to reasons related to treatment, payment and operations. Following are examples of the types of uses and disclosures of your protected health care information that AzMT is permitted to make without your consent. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by AzMT in the course of administering the employee benefits provided to you by your employer through its membership in AzMT.

1. **Treatment:** AzMT may use and disclose your protected health information for purposes of determining the eligibility of proposed benefits for reimbursement through AzMT and, where such treatments are in fact covered under AzMT's plan of benefits, paying any and all resulting claims as presented to AzMT through its third party administrator (TPA) and in accordance with the applicable summary plan description.

2. **Payment:** Your protected health information will be used, as needed, to make payment to providers who have cared for you in accordance with the provisions of the benefit plan provided through AzMT. This may include certain activities that AzMT may undertake before it approves or pays for the health care services your physician recommends for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, undertaking utilization review activities and resolving appeals related to benefit and/or claims payment denials.
3. **Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of AzMT. These activities include, but are not limited to, placement of contracts of insurance or reinsurance, seeking reimbursement of eligible medical payments from AzMT insurers or reinsurers, seeking reimbursement or repayment from third parties via subrogation, auditing the appropriateness of claims processing or payment activity of AzMT vendors, developing and implementing health and wellness promotion programs and conducting or arranging for other AzMT business activities.

In completing treatment, payment and operational activities, AzMT may share your protected health information with third party "business associates" that perform various activities (e.g., pre-certification of certain medical procedures and hospital admissions, payment of claims and reimbursement-related activities with insurers and reinsurers) for AzMT. Whenever an arrangement between AzMT and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that seek to protect the privacy of your protected health information. Further uses and disclosure of PHI without your consent or authorization is permitted for the following public policy purposes:

1. **Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
2. **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
3. **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process, but only if reasonable efforts have been made by the person requesting the information to tell you about the request or to obtain an order protecting the disclosure of the information requested.
4. **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (A) legal processes and otherwise required by law;(B) limited information requests for identification and location purposes;(C) pertaining to victims of a crime;(D) suspicion that death has occurred as a result of criminal conduct;(E) in the event that a crime occurs on the premises of any medical practice through which you are receiving care or treatment; and (F) medical emergency and it is likely that a crime has occurred.
5. **Research:** We may disclose your protected 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 protected health information.

6. **Military Activity and National Security**: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (A) for activities deemed necessary by appropriate military command authorities; (B) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (C) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
7. **Workers' Compensation**: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.
8. **Organ and Tissue Donation**: If you are an organ donor, we may disclose Protected Health Information about you to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ tissue donation and transplantation.
9. **Psychotherapy Notice**: We will not use or disclose Protected Health Information about you contained in psychotherapy notes without your authorization except for limited circumstances to carry out the following Treatment, Payment, or Health Care Operations: (a) use by the originator of the psychotherapy notes for Treatment; (b) use or disclosure by a health care provider in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; (3) use or disclosure by the Plan to defend a legal action or other proceeding brought by you against the Plan; or (d) as permitted by the applicable HIPAA regulations.

**B. Permitted Disclosures to Family Members or Other Relatives Unless You Object**

We may disclose PHI about you to family members, other relatives, and your close personal friends if: (a) the information is directly relevant to the family or friend's involvement with your care or payment for that care; and (b) you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

**C. Disclosure Upon Your Request**

Upon your request, we are required to give you access to certain Protected Health Information in order for you to inspect and copy it.

**D. Other Uses of Your Protected Health Information**

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us written authorization to use or disclose Protected Health Information about you, you may revoke that written authorization, in writing, at any time. If you revoke your written authorization, we will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your written authorization.

**E. Our Efforts to Safeguard Your Protected Health Information**

AzMT will implement processes and procedures in an effort to safeguard your protected health information including at least:

1. Limiting access to protected health information to the minimum number of AzMT-staff members and/or vendors who need such access in the course of AzMT operations;
2. Installing alarms and physical barriers in AzMT facilities where such information is stored;
3. Limiting the number of people from AzMT member entities who may have access to protected health information;
4. Conducting periodic training of AzMT staff and Trustees on their responsibilities relative to protected health information; and
5. Requiring AzMT vendors to execute agreements relative to their obligations pertaining to protected health information.

**F. Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as AzMT maintains the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have this decision reviewed. Please contact AzMT's Privacy Officer if you have questions about access to your medical record.
2. **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. AzMT is not required to agree to a restriction that you may request. If AzMT believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If AzMT does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting AzMT's Privacy Officer at the address, phone or fax number shown on the first page of this notice.
3. **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to the Privacy Officer.

4. **You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as AzMT maintains this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the Privacy Officer to determine if you have questions about amending your AzMT medical records.
5. **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.
6. **You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

**G. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by AzMT. You may file a complaint with AzMT by notifying the Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact the Privacy Officer at (p) 928.753.4700 or (f) 877.866.5732 for further information about the complaint process.

This notice was updated April 01, 2019.