



HIPAA NOTICE OF PRIVACY PRACTICES

Effective date: September 18, 2026

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.

Your information. Your rights. Our responsibilities.

This Notice explains how we may use and share your protected health information (“health information”), the choices you may have, the rights you may exercise, and the duties we must follow. You may ask for a paper or electronic copy and discuss this Notice with our Privacy Officer at 602-234-3733.

If you have any questions about this Notice of Privacy Practices (“Notice”), please call the Privacy Officer at: 602-234-3733.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Arizona’s Children Association (“AzCA”). We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all medical information generated by AzCA.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

THIS APPLIES TO THE FOLLOWING:

- Any behavioral health care professional authorized to enter information into your Medical Record;
- All departments within AzCA;
- All members of the workforce of AzCA;
- All subcontractors which provide services to AzCA clients;

- All entities, sites and locations will follow the terms of this Notice. Additionally, these entities, sites and locations may share treatment information with each other for payment or operations purposes described in this Notice.

The law requires us to:

Protect the privacy and security of your protected health information;

Give you this Notice of our legal duties and privacy practices;

Follow the terms of the Notice that is currently in effect;

Notify you promptly if a breach occurs that may have compromised the privacy or security of your information, including a breach of unsecured Part 2 records when applicable; and

Not use or share your information other than as described here unless you give us written authorization or consent as required by law. You may revoke an authorization or consent in writing at any time, except to the extent we have already acted in reliance on it.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment.

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, therapists, case managers or other AzCA personnel who are involved in taking care of you. Many different staff members may share health information about you in order to coordinate the different services you need, such as prescriptions, lab work or x-rays. We also may disclose medical information about you to people outside of AzCA who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care.

For Payment.

We may use and disclose medical information about you so that the treatment and services you receive at AzCA may be billed to your payer and/or a third party. For example, we may need to give your treatment information to the payer so that we can receive payment. We may also give out your medical information so that we can obtain prior approval for your treatment at AzCA.

For Health Care Operations.

We may use and disclose medical information about you for our operations. These uses

and disclosures are necessary to run AzCA and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine information about many clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may remove information that identifies you from this set of client information so others may use it to study behavioral health care and behavioral health care delivery without learning who the specific patients are.

Appointment Reminders.

We may use and disclose information to contact you as a reminder that you have an appointment for treatment at AzCA.

Treatment Alternatives.

We may use and disclose medical information to tell you about, or recommend, possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services.

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care; Disaster Relief.

Unless you object, we may share health information that is directly relevant to your care or payment for your care with a family member, close friend, personal representative, or another person you identify. We may also share limited information with an organization assisting in a disaster-relief effort so that family or others responsible for your care can be notified about your location, general condition, or death. If you are not present or cannot agree or object, we may use professional judgment to determine whether the disclosure is in your best interests. We will follow any additional restrictions that apply to Part 2 records.

Research.

Under certain circumstances, we may use or disclose health information for research when an institutional review board or privacy board approves a waiver of authorization, when the disclosure is limited to information preparatory to research or concerning deceased persons, or when another law permits it. Otherwise, we will obtain your written authorization. We will not use or disclose information that identifies you for research except as permitted by law.

As Required By Law.

We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety.

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. (Any disclosure, however, would be to someone able to protect public health and safety.)

Public Health Responsibilities. We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of 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 government authority if we believe a client has been victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.*

Health Oversight Activities.

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes.

If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only when the applicable legal requirements have been satisfied, such as reasonable efforts to notify you or obtain a qualified protective order. Additional restrictions apply to Part 2 records.

Law Enforcement.

We may release medical information if asked to do so by a law enforcement official:

In response to a court order, subpoena, warrant, summons or similar process;

To identify or locate a suspect, fugitive, material witness, or missing person;

About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

About a death we believe may be the result of criminal conduct;

About criminal conduct at any AzCA locations; and

In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.*

Organ and Tissue Donation.

We may disclose health information to organ-procurement organizations or other entities engaged in procuring, banking, or transplanting organs, eyes, or tissue when permitted by law.

Coroners, Medical Examiners and Funeral Directors.

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about clients to the funeral directors as necessary to carry out their duties.

National Security and Intelligence Agencies.

We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and national security activities authorized by law.

Workers' Compensation.

We may disclose health information as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

Right to Choose Someone to Act for You.

If you have given someone medical power of attorney, or if someone is your legal guardian or otherwise legally authorized to act for you, that person may exercise your rights and make choices about your health information. We will verify that the person has this authority before taking action.

Right to Inspect and Get a Copy.

You have the right to inspect and obtain a paper or electronic copy of health information in a designated record set that may be used to make decisions about your care. This usually

includes medical and billing records, but generally does not include psychotherapy notes or information prepared for certain legal proceedings. We will provide a copy or summary within the time required by law and may charge a reasonable, cost-based fee. If we deny access, we will explain the reason in writing and tell you whether the decision may be reviewed.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to AzCA's Medical Records Department.

In certain limited circumstances, we may deny access. If we deny your request, we will provide a written explanation and tell you about any right to have the denial reviewed and how to complain.

Right to Direct an Electronic Copy.

If your health information is maintained electronically, you may ask us in writing to send an electronic copy directly to a person or entity you clearly designate, as permitted by law.

Right to Amend.

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for AzCA. To request an amendment, your request must be made in writing and submitted to AzCA's Medical Records Department. 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. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information created or maintained by or for AzCA;
- 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 we made of medical information about you.

To request an accounting of disclosures, submit a written request to AzCA's Medical Records Department. Your request must state a period no longer than six years before the request date and the form in which you want the list (for example, paper or electronic). One accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional accountings after giving you advance notice and an opportunity to withdraw or

modify the request. The accounting will not include disclosures excluded by law, such as many disclosures for treatment, payment, and health care operations.

Right to Request Restrictions.

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations, or not to share information with a person involved in your care or payment for your care. We are generally not required to agree. However, if you pay for an item or service in full out of pocket and ask us not to disclose related information to your health plan for payment or health care operations, we must agree unless the disclosure is required by law. If we agree to another restriction, we will follow it unless the information is needed for emergency treatment or the restriction is otherwise ended as permitted by law.

To request restrictions, you must make your request in writing to AzCA's Medical Records Department. In your request, you must tell us (1) what information you want to restrict; (2) whether you want to restrict our use, disclosure or both; and (3) to whom you want the restrictions to apply, for example, disclosure to your spouse.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain 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 AzCA's Medical Records Department. 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 the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

Right to Choose Whether to Receive Fundraising Communications.

We may contact you for fundraising, but the communication will explain how to opt out. We will not condition treatment or payment on your choice, and we will honor your decision not to receive further fundraising communications. If Part 2 records would be used or disclosed for fundraising, we will first obtain your separate written consent.

Substance Use Disorder Records.

Federal law provides additional confidentiality protections for records created or maintained by a federally assisted substance use disorder program under 42 CFR Part 2 ("Part 2 records"). Where Part 2 applies, we generally will not use or disclose Part 2 records unless you consent in writing or another Part 2 permission applies. You may provide a single consent for future uses and disclosures for treatment, payment, and health care

operations, and you may revoke that consent in writing as permitted by law. Uses and disclosures of Part 2 records for civil, criminal, administrative, or legislative proceedings against you require your written consent or a court order and any subpoena or similar legal mandate required by law. We will not use or disclose Part 2 records for fundraising without your separate written consent. A recipient of Part 2 records may redisclose them as permitted by HIPAA only when legally authorized, but may not use or disclose them in proceedings against you except as specifically permitted by Part 2. You may file a complaint about a suspected Part 2 violation with us or with the U.S. Department of Health and Human Services without retaliation.

CHANGES TO THIS NOTICE

We may change this Notice and make the revised Notice effective for all health information we maintain, including information created or received before the revision. The effective date will appear near the beginning of the Notice. We will post the current Notice at AzCA locations and prominently on any website we maintain that provides information about our services. A current paper or electronic copy is available upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with AzCA's Privacy Officer, Arizona's Children Association, 7600 N. 16th Street, Suite 110, Phoenix, AZ 85020, or call 602-234-3733.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201; by calling 1-877-696-6775; or electronically through the OCR Complaint Portal.

We will not retaliate against you or penalize you for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of health information not described in this Notice or otherwise permitted by law will be made only with your written authorization. Uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that constitute a sale of protected health information generally require authorization unless an exception applies. If you authorize us to use or disclose your information, you may revoke the authorization in writing at any time, except to the extent we have already acted in reliance on it. We cannot take back disclosures already made with your authorization, and we must retain records as required by law.