



The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires Chiricahua Community Health Centers, Inc. (CCHCI) to protect the privacy and security of your information and applies to all CCHCI Medical Records. If you receive substance use disorder services from CCHCI's Part 2 Program(s) (Substance Use Disorder Treatment, Medication Assisted Treatment) the federal regulations at 42 CFR Part 2 provide extra privacy protections for those records (Part 2 Records).

This notice describes:

- **How CCHCI may use and share your CCHCI Medical Record, including any Part 2 Records;**
- **How you can access your CCHCI Medical Record, including any Part 2 Records; and**
- **How to file a complaint concerning a violation of the privacy, security, or your rights concerning your CCHCI Medical Record, including any Part 2 Records.**

Please review this notice carefully. You have a right to get a copy of this notice in paper or electronic form and to discuss it with the CCHCI HIPAA Privacy Officer at 520-515-8677 or risk_compliance@cchci.org if you have any questions.

UNDERSTANDING YOUR MEDICAL RECORD

When you receive care or services from CCHCI, we record information about your visit, including your symptoms, examination, test results, diagnoses, treatment, plans for future care or treatment, payment and health insurance details, and other information. This documentation is referred to in this notice as your CCHCI Medical Record.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

Get an electronic or paper copy of your CCHCI Medical Record

- The fastest way to get an electronic copy of the information in your CCHCI Medical Record is by logging into your Patient Portal account and viewing under "My Chart". For assistance with Patient Portal, please contact CCHCI at 520-364-1429. You are responsible for maintaining the confidentiality of your portal account and password and for restricting access to your account, and you agree to accept responsibility for all activities that occur under your portal account. The Privacy Policy for the portal is

available for review in the Patient Portal.

- You can also ask to see or get an electronic or paper copy of information in your CCHCI Medical Record by contacting CCHCI through the main phone line at 520-364-1429. We will provide a copy or a summary of your CCHCI Medical Record, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct information in your CCHCI Medical Record

- You can ask us to correct information about you that you think is incorrect or incomplete. Contact CCHCI for more information.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain information for

treatment, payment, or our operations, including Part 2 Records shared with your prior written consent for purposes of treatment, payment and health care operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information, including Part 2 Records, for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your information, who we shared it with, and why. For your CCHCI Medical Record, you may request 7 years of disclosures. For any Part 2 Records, you may request 3 years of disclosures for the Part 2 Records.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but



may charge a reasonable, cost-based fee if you ask for another one within 12 months.

- If you have consented to the disclosure of your Part 2 Records to an intermediary, you can ask the intermediary for a list of disclosures for the preceding 3 years.

Get a copy of this notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.

Discuss this notice

- You have the right to discuss this notice with the CCHCI HIPAA Privacy Officer at 520-515-8677 or risk_compliance@cchci.org.

Opt out of fundraising

- We do not use information from CCHCI Medical Records for fundraising purposes.

Choose someone to act for you

- If you give someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your CCHCI Medical Record, including any Part 2 Records.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights have been violated

- If you feel we have violated your rights or if you have questions, please contact our Compliance Hotline at 1-520-515-8677. We take the privacy of your information seriously and will respond to your concerns and questions as quickly as possible.

- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we will not share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

- We do not use information from CCHCI Medical Records for fundraising purposes.



OUR TYPICAL USES AND DISCLOSURES

CCHCI can use or share information in your CCHCI Medical Record in the following ways:

Treatment: We can use information in your CCHCI Medical Record to provide you with care and we can share it with other professionals who are treating you. For example, a CCHCI provider may share your prescription history with the hospital where you are having surgery. A CCHCI provider may also disclose information about prescribing or dispensing controlled substances to a prescription drug monitoring program.

For any Part 2 Records:

- You must sign a consent form allowing CCHCI to share Part 2 Records, unless an exception applies. For example, if your prescription history includes medication prescribed or dispensed by CCHCI's Part 2 Programs, you must sign a consent form for CCHCI to share your prescription history with the hospital where you are having surgery or with a prescription drug monitoring program, if required by state law.
- You may sign a single consent form for all future uses and disclosures of your Part 2 Records for treatment, payment and health care operations purpose.
- In a bona fide medical emergency, we may share Part 2 Records if: (1) we cannot obtain your consent or (2) if a state or federal authority declares a temporary state of emergency because of a natural or major disaster and our Part 2 Programs are closed and unable to provide services or obtain your consent.

Payment: We may use and share information in your CCHCI Medical Record to bill and get payment from health plans and other entities. For example, we can send a bill to your health insurance company that includes your diagnosis, procedures, and supplies used.

For any Part 2 Records, you must sign a consent form allowing CCHCI to share your Part 2 Records, unless an exception applies. You may sign a single consent form for all future uses and disclosures of your Part 2 Records for payment purposes.

Health Care Operations: We may use or share information in your CCHCI Medical Record to run our organization, to improve the care we provide, and to contact you when necessary. For example, we may send you appointment reminders and our clinical team may review the care you received and assess outcomes in your case and similar cases.

For any Part 2 Records, you must sign a consent form allowing CCHCI to share your Part 2 Records, unless an exception applies. You may sign a single consent form for all future uses and disclosures of your Part 2 Records for health care operations purposes.

Consent to Use and Disclose Part 2 Records for Treatment, Payment and Health Care Operations:

- If you sign a single consent form allowing CCHCI to use and share your Part 2 Records for all future treatment, payment and health care operations purposes, the recipient may further disclose your Part 2 Records consistent with the consent.
- If you sign a consent form allowing CCHCI to disclose your Part 2 Records for treatment,

payment, and health care operations to a covered entity (such as another health care provider) or their business associate (such as a vendor), the recipient may share your Part 2 Records as permitted by HIPAA, except for uses or sharing for civil, criminal, administrative, and legislative proceedings against you.

OTHER USES AND DISCLOSURES

We are allowed or required to share information in your CCHCI Medical Record in other ways – usually in ways that contribute to the public good, including:

Public Health and Safety Issues: We can share information from your CCHCI Medical Record in certain situations such as:

- Preventing disease.
- Helping with product recall.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

For any Part 2 Records:

- For public health purposes, we can disclose Part 2 Records without patient consent if: (1) the disclosure is made to a public health authority information and (2) information from the record has been de-identified.
- If medical personnel of the Food and Drug Administration (FDA) assert a reason to believe that the health of an individual maybe be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, we may disclose Part 2 Records for the exclusive purpose of



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notifying patients or their physicians.

Research: We can use or share information from your CCHCI Medical Record, including any Part 2 Records, for health research.

Compliance with the Law: We will share information from your CCHCI Medical Record if state or federal laws require it. We will share information from your CCHCI Medical Record, including your Part 2 Records, with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to Organ and Tissue

Donation Requests: We can share information from your CCHCI Medical Record with organ procurement organizations.

Work with a Medical Examiner or

Funeral Director: We can share information from your CCHCI Medical Record with a coroner, medical examiner, or funeral director when an individual dies.

For any Part 2 Records, we can share information from your Part 2 Records relating to cause of death if the law requires reporting on cause of death or vital statistics or permits inquiry into cause of death.

Address workers' compensation, law enforcement, and other government requests: We can use or share information from your CCHCI Medical Record:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security,

and presidential protective services

For any Part 2 Records:

- We can share certain information from your Part 2 Records with law enforcement if a crime is committed on the premise of our Part 2 Programs or against Part 2 Program staff members.
- We can report suspected child abuse and neglect to appropriate state or local authorities, as required by law.
- We can share Part 2 Records for audits or evaluations on behalf of certain government agencies, third-party payors or health plans, or quality improvement organizations. We may also share Part 2 Records with such auditors if you sign a consent allowing us to share Part 2 Records for health care operations.

Respond to lawsuits and legal

actions: We can share information from your CCHCI Medical Record in response to a court or administrative order, or in response to a subpoena.

For any Part 2 Records:

- Part 2 Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order;
- Part 2 Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or to the holder of the record, where required by 42 U.S.C. 290dd-2 and 42 CFR Part 2; and
- A court order authorizing use or disclosure must be accompanied

by a subpoena or other similar legal mandate compelling disclosure before the Part 2 Record is used or disclosed.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your information.
- We will let you know promptly if a breach compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share information from your CCHCI Medical Record, including any Part 2 Records, other than as described in this notice unless you consent in writing. You may change your mind at any time. To revoke (take back) your consent, submit a request in writing to CCHCI at CCHCI@cchci.org. If you revoke (take back) your consent, it will not affect any information we shared based on your earlier permission.

CHANGES TO THE TERMS OF THIS NOTICE

- We can change this notice and make the new provisions effective for all the information we maintain. We will post the updated notice in our reception area and on our website www.cchci.org. You may also request a paper copy of the updated notice.

NOTICE OF HEALTH INFORMATION EXCHANGE

CCHCI participates in Health Current, a health information exchange (HIE). CCHCI shares and receives information with your other health care providers through Health Current



HIE for the purposes of treatment, payment, and health care operations when patients opt IN for participation in the exchange. Consent is not required to share information in your CCHCI Medical Record, unless your record includes Part 2 Records. If you do not want CCHCI to share your information through Health Current HIE, please contact CCHCI at 520-364-1429 to opt OUT of the exchange. If you stop CCHCI from sharing information with Health Current HIE, CCHCI may still receive health information from your other health care providers, unless you also stop each of them from sharing information with Health Current HIE.

EFFECTIVE DATE

This notice is effective as of February 16, 2026.