



**VALLEYWISE HEALTH**  
**NOTICE OF PRIVACY PRACTICES (“NOTICE”)**

**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**

We are committed to protecting the privacy and security of your medical information, known as your Protected Health Information (“PHI”). This Notice describes how we may use your PHI within VH and how we may disclose it to others outside VH. The examples provided under each category are illustrative only and are not intended to represent every possible use or disclosure. This notice also describes the rights you have concerning your own PHI. Please review it carefully and let us know if you have questions. Please note that incarcerated patients do not have a right to this Notice.

This Notice applies to all employees of Valleywise Health, regardless of the employment status, including residents, contracted employees, travelers, agency personnel, volunteers, and students. The Notice also applies to members of the Medical Staff employed by District Medical Group, Inc. (“DMG”), a nonprofit integrated medical group practice consisting of credentialed providers across all major medical and surgical specialties and subspecialties who provide services to Valleywise patients, as well as other doctors, physician assistants, therapists, emergency service providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by VH, unless these other health care providers give you their own notice that describes how they will protect your PHI. VH may share your PHI with these other health care providers for their treatment, payment, and health care operations.

**HOW WE USE AND DISCLOSE YOUR PHI**

**Treatment:** We may use your PHI to provide you with medical services and supplies. We may also disclose your PHI to others who need that information to treat you, such as doctors,

physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and other health care facilities involved in your care. For example, we will allow your doctor to have access to your PHI to assist in your treatment at the hospital and for follow-up care.

We also may use and disclose your PHI to contact you to remind you of an upcoming appointment by (including but not limited to) texting, e-mail, phone, etc., to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.

**Payment:** We may use and disclose your PHI to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your PHI before they will pay us for your treatment.

**Hospital Operations:** We may use and disclose your PHI if it is necessary to improve the quality of care we provide to patients or to run the hospital. We may use your PHI to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your PHI to evaluate whether VH personnel, your doctors, or other health care professionals did a good job.

**Fundraising:** We may contact you to ask for your help with different fundraising campaigns. Please notify us if you do not wish to be contacted during fundraising campaigns. If you advise us in writing (at the physical address listed at the bottom of this Notice) that you do not wish to receive such communications, we will not use or disclose your PHI for these purposes.

**Family Members and Others Involved in Your Care:** We may disclose your PHI to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care (or that has a VH issued confidentiality code). If you do not want VH to disclose your PHI to such individuals, please inform the registration staff and mark the appropriate box on the form provided during registration. We also may disclose your PHI to disaster relief organizations to help locate a family member or friend in a disaster.

**Patient Directory:** In order to assist family members and other visitors in locating you while you are an inpatient, we maintain a patient directory. This directory includes your name, room number, your general condition (such as fair, stable, or critical). We will disclose this information to someone who asks for you by name. The patient directory also includes your religious affiliation (if any). We will disclose this information only to clergy members. VH behavioral health facilities do not maintain a patient directory.

If you do not want to be included in the patient directory, or your religious affiliation information given to the clergy, please inform the registration staff and mark the appropriate box on the form provided during registration.

**Research:** We may use or disclose your PHI for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your PHI.

**Required by Law:** Federal, state, or local laws may require us to disclose your PHI. For instance, we are required to report child abuse or neglect, domestic violence, and abuse of incapacitated or vulnerable adults and must provide certain information to law enforcement officials and other government officials authorized by law to receive reports, such as the Arizona Department of Child Safety.

For work-related injuries, we are also required to give information to Workers’ Compensation Programs.

**Public Health:** We also may report your PHI for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the State of Arizona. We also may need to report patient problems with medications or medical products to the FDA or may notify patients of recalls of products they are using.

**Public Safety:** We may disclose your PHI for public safety purposes in limited circumstances. We may disclose your PHI to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose your PHI to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, or to report criminal conduct within VH.

We also may disclose your PHI to law enforcement officials and others to prevent a serious threat of health or safety.

**Health Oversight Activities:** We may disclose your PHI to a government agency that oversees VH or its personnel, such as the Arizona Department of Health Services, the federal and state agencies that oversee Medicare and Medicaid, the Board of Medical Examiners or the Board of Nursing. These agencies may request your PHI to monitor VH’s compliance with state and federal laws.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

**Organ and Tissue Donation:** We may disclose your PHI to organizations that handle organ, eye or tissue donation or transplantation.

**Military, Veterans, National Security and Other Government Purposes:** If you are a member of the armed forces, we may release your PHI as required by military command authorities. VH may also disclose your PHI to federal officials for intelligence and national security purposes or for Presidential Protective Services.

**Judicial Proceedings:** VH may disclose your PHI if ordered to do so by a court or if a subpoena or search warrant is served.

**Health Information Exchange:** VH may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through Health Information Exchanges (HIEs) in which VH participates. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-VH primary care doctor or hospital, if they participate in the HIE as well. Exchange of information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may opt out of these HIEs and disable access to your health information by contacting the Health Information Management (“HIM”) Department (contact information is at the end of this Notice).

**Information with Additional Protection:**

Certain types of PHI have additional protection under state and federal law. For instance, PHI about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of PHI. For those types of information, in many circumstances, VH is required to get your permission before disclosing your PHI to others.

#### **Other Uses and Disclosures:**

We will obtain your written authorization to use and disclose your PHI for the following specific purposes, and you may revoke this authorization in writing at any time by contacting the HIM Department (contact information is at the end of this Notice), except to the extent that we have already relied on your permission to use or disclose information.

#### **Marketing**

We will not use or disclose your PHI for marketing purposes without your authorization. We are not required to obtain your authorization to discuss our health-related products or services that are available for your health care treatment, case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care, if provided in the form of face to face discussions with you or offering samples or promotional gifts of nominal value.

#### **Psychotherapy Notes**

Psychotherapy notes are notes that are written by a mental health professional that document the conversations during a private counseling session or in group or joint therapy. Many uses and disclosures of psychotherapy notes require your authorization.

#### **Sale of PHI**

We will obtain your authorization for any disclosure of your PHI for which we directly or indirectly receive remuneration in exchange for the information.

#### **WHAT ARE YOUR RIGHTS?**

**Right to Request Your PHI:** You have the right to look at your own PHI and to get a copy of that information. Please note that exceptions may apply as provided by law. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your

PHI, call or write to the HIM Department (contact information at the end of this Notice). You can request an electronic copy or a paper copy of your PHI. If you request a copy of your PHI, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

**Right to Request Amendment of PHI You Believe is Incorrect or Incomplete:** If you examine your PHI and believe that some of the information is wrong or incomplete, you may ask us to amend your PHI. To ask us to amend your PHI, submit a written request to the HIM Department (contact information is at the end of this Notice). We may deny your request, but we will provide you with a written explanation of our denial.

**Right to Get a List of Certain Disclosures of Your PHI:** You have the right to request a list of many of the disclosures we make of your PHI for up to six years prior to the date you ask. If you would like to receive such a list, submit a written request to the HIM Department (contact information is at the end of this Notice). We will provide the first list to you free, but we may charge you our costs for any additional lists you request during the same year. We will tell you in advance what this list will cost.

**Right to Request Restrictions on How VH will Use or Disclose your PHI for Treatment, Payment, or Health Care Operations:** You have the right to ask us NOT to make uses or disclosures of your PHI to treat you, to seek payment for care, or to operate VH. We are not required to agree to your request, but if we do agree, we will comply with that agreement.

We are required to comply with your request to restrict your PHI to a health plan for payment or health care operations, unless disclosure is required by law, but the full cost of the service or item to which the information relates must be paid by you.

If you want to request a restriction, contact the Health Information Management Department (contact information is at the end of this Notice).

**Right to Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only

through the mail. To do this, please discuss this with your health care provider, or submit a written request to the Chief Compliance/Privacy Officer (contact information is at the end of this Notice). You can also ask to speak with your health care providers in private outside the presence of other patients - just ask them! We will accommodate all reasonable requests.

**Right to Receive a Paper Copy of this Notice:** If this Notice was sent to you electronically, you have the right to a paper copy of this Notice.

#### **OUR RESPONSIBILITIES TO YOU**

We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this Notice, as currently in effect, and give you a copy of it. We will not use or share your information other than as described in this Notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.

#### **CHANGES TO THIS NOTICE**

From time to time, we may change our practices concerning how we use or disclose your PHI, or how we will implement patients' rights concerning their PHI. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all PHI we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices upon request at any VH facility or by requesting one from the Chief Compliance Officer/ Privacy Officer (contact information is at the end of this Notice) or a copy will be available on the VH website.

#### **DO YOU HAVE CONCERNS OR COMPLAINTS?**

Please tell us about any problems or concerns you have with your Privacy Rights or how VH uses or discloses your PHI. If you have a concern, please contact the Chief Compliance Officer / Privacy Officer at (602) 344-8537. If for some reason VH cannot resolve your concern, you may 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 Ave., S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not penalize you or retaliate against you in any way for filing a complaint with the Federal government.

#### **DO YOU HAVE QUESTIONS?**

If you have any questions about this Notice or have further questions about how VH may use and disclose your PHI, please contact the Chief Compliance Officer/ Privacy Officer.

#### **Address for the Chief Compliance Officer / Privacy Officer:**

Valleywise Health (VH)  
2601 E. Roosevelt Ave.  
Phoenix, AZ 85008

**Phone Number:** (602) 344-8537

#### **Address for the Health Information Management Department:**

Valleywise Health (VH)  
c/o Health Information Management  
2601 E. Roosevelt Ave.  
Phoenix, AZ 85008

**Phone Number:** (602) 344-5221

Form 43226

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