

Notice of Privacy Practices

This notice describes how the personal and medical information you provide to the Arizona Division of Developmental Disabilities may be used and disclosed. It also describes how you can access this information. Please review it carefully.

Effective August 31, 2024

Confidentiality Practices

The Arizona Department of Economic Security-Division of Developmental Disabilities (DDD) is committed to protecting your Personal Identifying Information (PII) and Protected Health Information (PHI). This notice explains how DDD will use, share, and protect your PII and PHI. It also explains your rights to privacy of your PII and PHI as required by the law and Health Insurance Portability Accountability Act (HIPAA). DDD can change the terms of this notice. The changes will apply to all information we have about you. The revised notice will be posted to our website and will be provided to you upon request.

Collection, Storage, and Disposal of PII and PHI

DDD will identify and collect the minimum PII and PHI data elements that are relevant and necessary for the provision of services, to conduct the business functions it is legally authorized to perform. It will review the use of the PII and PHI data elements annually to ensure only the necessary data is collected and stored for business purposes. Your PII and PHI will be stored in our computer systems and paper files, if necessary, according to State and Federal retention laws. Access to these computer systems is restricted based on a person's job functions and role within the organization.

Uses, Sharing, and Protection of PII and PHI

The law only allows our staff to use your PII and PHI when doing their jobs or to share your information when it is necessary to run the program. When PII and PHI are shared with other agencies or organizations, DDD requires them to keep your PII and PHI confidential. Your PHI will be shared to approve or deny treatment, and to determine if you are getting the right medical treatment. For example, doctors and nurses employed by the programs may review the treatment plan created for you by your healthcare provider to make sure the care you receive is medically necessary.

The Program Will Use and Share Your PHI Without Authorization to:

- Make payments to your health care providers for medical services provided to you.
- Coordinate payment for your care between the program, other health plans, and other insurance companies that may be responsible for the cost of your care.
- Coordinate your care between the program, other health plans, and health care providers to improve the quality of your health care.
- Evaluate the performance of your healthcare provider. For example, the program contracts with consultants to review hospital and other facilities' medical records to check on the quality of care you receive.
- Release information to its attorneys, accountants, and consultants so the program can run efficiently and detect and prosecute program fraud and abuse.
- Send you helpful information such as program benefit updates, free medical exams, and consumer protection information.
- Share information with other government agencies or organizations that provide benefits or services when the information is necessary in order for you to receive those benefits or services.

See page 3 for EOE/ADA disclosures

The Program May Disclose Your PHI Without Authorization:

- To public health agencies for activities such as disease control and prevention, problems with medical products or medications.
- If you are the victim of abuse, neglect or domestic violence.
- To health oversight agencies responsible for the Medicaid Program, such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- In court cases or judicial and administrative hearings when required by law to run the program.
- To coroners, medical examiners, and funeral directors so they can carry out their jobs as required by law.
- To organizations involved with organ donation and transplantation, communicable disease registries, and cancer registries.
- To entities authorized to conduct a research project.
- To prevent a serious threat to a person's or the public's health and safety.
- To the military if you are or have been a member of the armed services.
- To a correctional facility or law enforcement officials to maintain the health, safety, and security of the corrections systems, if you are held in custody.
- To workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.
- To law enforcement or national security and intelligence agencies.
- To protect the President and others as required by Law.

Uses and Disclosures of Protected Information Based on Your Written Authorization

All other uses and disclosures will be made only with your written authorization. These may include:

- Most uses and disclosures of your psychotherapy notes.
- Any use or disclosure for marketing purposes.
- Any use or disclosure that would constitute a sale of your information.

Your Other Rights Concerning Your PII and PHI Includes the Right to:

- See and get copies of your records. You may be charged a fee for the cost of copying your records.
- Request to have your records amended or corrected if you think there is a mistake. You must provide a reason for your request.
- Receive a list of disclosures. This list will not include the time that information was disclosed for treatment, payment, or health care operations covered under the law. The list will not include information provided to you or your family directly, or information that was sent with your authorization.
- Further restrict uses and disclosures of your PII and PHI. You must tell DDD what information you want to limit and to whom you want the limits to apply. DDD is not required to agree to the restriction.
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- Cancel authorizations previously provided by you to DDD. This cancellation, however, will not affect any information that has already been shared.
- Receive a written notification in the event of a breach of your protected information.
- Choose how the program communicates with you in a certain way or at a certain place.
- Opt out of receiving fundraising communications.
- File a complaint if you do not agree with how DDD has used or disclosed information about you.
- Receive a paper copy of this notice at any time.

Any Request You Make To DDD Must Be In Writing

How to Contact DDD Regarding Your Privacy Rights:

Mail all written forms, requests and correspondence to:

The Division of Developmental Disabilities
HIPAA Privacy Officer
Mail Drop 2HE3
2455 S. 7th. St.
Phoenix, AZ 85034

How to File a Complaint:

You may file a complaint with DDD or the U.S. Department of Health and Human Services-Office of Civil Rights at the contact information listed below (You will not be retaliated against for filing a complaint). To submit a potential HIPAA violation, complete the [online reporting form](#). Submit general privacy questions via email to the Privacy Compliance Unit at DDDPrivacy@azdes.gov.

Note: any documentation you have related to the incident will need to be submitted to DDDPrivacy@azdes.gov.

Send correspondence to:

The Division of Developmental Disabilities
HIPAA Privacy Officer
Mail Drop 2HE3
2455 S. 7th. St.
Phoenix, AZ 85034

OR

For HIPAA Complaints involving PHI
Department of Health and Human Services
200 Independence Avenue, SW
HHH Building, Room 509F
Washington, D.C. 20201

For Privacy Complaints involving PII
HHS Privacy Act Officer
200 Independence Avenue, SW
HHH Building - Suite 729H
Washington, D.C. 20201

How to Contact DDD Regarding Member Records Request:

In order to process your request for records, the Records Management Unit needs a completed [Authorization to Release Form](#), signed by the Legally Authorized Representative, and returned via secure email or fax:

- Email: DDDRecordsRequest@azdes.gov
- Fax: (602) 807-5001

Only authorized individuals can request records. The Privacy Officer may deny your request to look at, copy, or change your records. A denial may be enforced for instance, if an unauthorized individual other than the Member, Guardian, or legal Health Care Decision Maker is requesting records. There may be other instances that require denial for instance, if there is an endangerment or safety risk for the Member or other individual, or a denial may be needed to obey law enforcement. If DDD denies your request, DDD will send you a letter that tells you why your request is being denied and if you can request a review of that denial.

For More Information:

If you have any questions about this notice or need more information, please contact the DDD Privacy Officer at DDDPrivacy@azdes.gov. DDD may change its Notice of Privacy Practices. Any changes will apply to information DDD already has, as well as any information DDD may get in the future. A copy of any new notice will be posted at the DDD HIPAA Administration Office and its website. You may ask for a copy of the current notice at any time, or get it online at <https://des.az.gov/sites/default/files/legacy/dl/DES-1077A.pdf?time=1729633812626>

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local