ARIZONA BEHAVIORAL HEALTH CORPORATION

ABC Housing Programs Privacy Notice

Your Information. Your Rights. Our Responsibilities.

This notice describes how personal and medical information about you may be used and disclosed and how you can get access to this information. Regarding medical information, Arizona Behavioral Health Corporation maintains records on your mental health status only, if it is determined as a Serious Mental Illness (SMI) or General Mental Health/Substance Use (GMH/SU). We do not maintain records of mental health diagnosis or other health and treatment information. **Please review the following notice carefully.**

Your Rights

You have the right to:

- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Provide coordination of care with behavioral health and other case management and/or supportive service providers
- Connect you to housing resources
- Provide referrals to external housing providers

Our Uses and Disclosures

We may use and share your information as we:

- Provide you housing assistance
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research

- Comply with the law and other government requests
- Report to funders
- Report to shared software used to facilitate housing and related services
- Respond to lawsuits and legal actions

Your Rights

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

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.
- You can request a copy of any document relating to your housing program participation. We hold confidential documents for up to 7 years.

Ask us to limit what we use or share

- You can ask us not to use or share certain personal or health information for housing coordination purposes. We are not required to agree to your request, and we may say “no” if it would affect your housing.

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

- We only share your mental health status with our contracted housing provider, HOM Inc.
- For external agencies, we may share your name, date of birth and AHCCCS ID for the purposes of housing resource referral, and they could assume your mental health status based on your participation with our program.
- You can ask for a list (accounting) of the times we’ve shared your personal information for six years prior to the date you ask, who we shared it with, and why.

Get a copy of this privacy notice

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

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- 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 are violated

- You can complain if you feel we have violated your rights by completing a complaint form on our website or contacting us at:
    - Address: 501 E. Thomas Rd. Phoenix AZ, 85012
    - Phone: 602-712-9200

- Email: abchousing@azabc.org

- If you are not satisfied with any decision you may appeal to ABC leadership. For details, please refer to the ABC "How to file a Complaint" at azabc.org. Once the complaint process is exhausted, and you are not satisfied with the final decision, you may escalate your complaint to AHCCCS by emailing housing@azahcccs.gov. You also have the right to file a complaint with the Office for Civil Rights (OCR) by using the following contact information:

  Office for Civil Rights (OCR) U.S. Department of Health & Human Services
  Address: 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201
  Main Phone (Toll-Free): 1-800-368-1019 TTY/TDD: 1-800-537-7697
  Email (General Inquiries): OCRMail@hhs.gov
  Email (Health Information Privacy / Patient Safety): OCRPrivacy@hhs.gov
  Website: https://www.hhs.gov/ocr/

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health 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, talk to us. 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 housing decisions (with a completed release of information (ROI)):

If you are not able to report changes to your housing situation, for example if you are unconscious or incarcerated, we may go ahead and share your information, with a completed ROI, if we believe it is in your best interest to make decisions about and secure your housing.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your personal and health information?
Regarding medical information, Arizona Behavioral Health Corporation maintains records on your mental health status only, if it is determined as a Serious Mental Illness (SMI) or General Mental Health/Substance Use (GMH/SU). We do not maintain records of mental health diagnosis or other health and treatment information. If, when we share your personal information like name, date of birth and AHCCCS ID, we do not typically share your mental health status, but it may be inferred that you may have a serious mental illness simply by participating in our programs. We typically use or share your personal information in the following ways.

Housing Resource Referral

We can use your personal information and share it with other housing agencies who may provide you with housing assistance. In these instances, we may share the following data with these agencies:

HOM Inc:

- Name
- Date of birth
- AHCCCS ID
- Mental Health Status
- Personal Vital Documents

Landlords, property owners, and property management companies:

- Name
- Date of birth
- Personal Vital Documents

Governmental Public Housing Authority, Long-Term Housing Assistance Provider, Affordable Housing Provider

- Name
- Date of birth
- Personal Vital Documents

Example: When you are on our waiting list, we look for housing resources to match you to, some housing providers have waitlists. By sharing your information, we could see what other housing waitlists you are on and help facilitate your moving into their program.

Care Coordination

We can use and share your health and personal information to coordinate care with your behavioral health home, permanent support housing service team, Assertive Community Treatment Team, H2O service team, and/or any other supportive service provider with which you are enrolled.

Example: We use your personal information to communicate with support service providers when we need documentation for intake and recertification or to address any tenancy issues that may cause you to lose housing.

Reporting to HMIS

We may store the following data elements in a secure data warehouse called HMIS. The purpose is to collaborate on homelessness response with other homeless service providers in Arizona and to meet funder reporting requirements. This system maintains its own privacy and confidentiality policies, which are available here: HMIS Privacy Notice and ROI. Your participation in information sharing through these systems is governed by the Release of Information (ROI) forms you review and sign separately.

- Personal Identifying information such as name and date of birth
- Demographic Information
- Income Information
- History of Homelessness
- Client level indicators, including whether a client has a mental health diagnosis

Reporting to DWEL-AZ

We may store the following data elements in a secure data warehouse called DWEL-AZ. The purpose is to collaborate on homelessness response and to provide or coordinate care and social services for the homeless population in Arizona. This system maintains its own privacy and confidentiality policies found at the Solari Website.

- Personal Identifying information such as name and date of birth
- HMIS program enrollments and services clients received
- Client's health plan
- Clients home and/or provider case manager
- Client level indicators, including whether a client has a mental health diagnosis
- AHCCCS Housing Program Information (i.e. program eligibility, waitlist information, entry/exit status)

Run our organization

We can use and share your health and personal information to run our housing programs, improve your experience, and contact you when necessary.

Example: We use your health information about you to manage funding for your housing.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other AHCCCS contracted entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Do research

We can use or share your information for health and housing research. Any research released to the public will follow HIPPA rules and not include identifying information and will be grouped with other housing participants in order to keep your information safe. **Comply with the law**

We will share information about you if state or federal laws require it.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health and personal information.
- 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 and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.