EL RIO HEALTH

Health ON TUCSON

ELK RIDGE COMMUNITY HEALTH

YOUR INFORMATION. **YOUR** RIGHTS. **OUR** RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can access this information. Changes may occur with this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our health centers and on our web site.



You have the right to:

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



We do not sell your information and would not without written consent. You do, however, have some choices in the way that we use and share information:

- Tell family & friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds



We may use and share your information as we:

- Provide Care
- Run our organization
- Bill for your services
- Help with public health & safety issues
- Do research
- Comply with the law
- Respond to organ & tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, & other government requests
- Respond to lawsuits and legal actions



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

Get an electronic or paper copy of your medical record	■ You can ask to see or get an electronic or paper copy of your medical record and other health information we have. Ask us how to do this. ■ We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct your medical record	■ You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. ■ 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, phone, text or email) 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 health information for treatment, payment, or our operations, including Part 2 records shared with your 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/health care item out-of-pocket in full, you can ask not to share that information, including Substance Use Part 2 records for payment or operations with 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 health information for 7 years or 3 years for Substance Use Part 2 records prior to the date you ask. ■ 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 will charge a reasonable, cost-based fee if you ask for another one within 12 months.
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. ■ 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 contacting us using the information on page 1. ■ You can 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.



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 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 go ahead and 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 never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

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



How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treat you

- We can use your health information and share it with other professionals who are treating you. ***Example:*** *A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our health centers, improve your care, and contact you when necessary. ***Example:*** *We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other 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: **hhs.gov/ocr/privacy/hipaa/understanding/consumers**.

Help with public health and safety issues

We can share health information about you for certain situations such as:

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

Using or sharing any Part 2 Records for the purposes listed above requires written consent, except:

- For public health purposes, we can disclose Part 2 Records without your consent if: (1) the disclosure is made to a public health authority and (2) information from the Part 2 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 notifying patients or their physicians.
- We can report suspected child abuse and neglect to appropriate state or local authorities, as required by law.
- We can share certain information from your Part 2 Records with law enforcement if a crime is committed or threatened on the premise of our Part 2 Program(s) or against Part 2 Program staff members.

Do research

- We can use or share your information for health research, including Part 2 records.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ & tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- Special government functions: military, national security, and presidential protective services.
- Certain information from your Part 2 Records with law enforcement if a crime is committed or threatened on the premise of our Part 2 Programs or against Part 2 Program staff members.
- 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.
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Respond to lawsuits and legal actions

- 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 & security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the 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, including any Part 2 Records, 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. If you revoke your consent, it will not affect any information we shared based on your earlier permission.

Our Responsibilities

We can change this notice and make the new provisions effective for all the information we have about you. We will post the updated notice in our reception area and on our website www.elrio.org or www.elkridge.org. You may also request a paper copy of the current notice.



How do we stay accountable? You have the opportunity to communicate with us directly or to file a grievance without penalty.

Patient Communications: The organization uses various communication methods to help you or your family stay healthy. These include phone, email, mail, text messages, and the patient portal to communicate for the limited purposes of appointments, available services and other healthcare related communications. Message/data rates may apply and you are under no obligation to authorize the organization to send you text messages as part of this program. To opt-out of receiving these communications at anytime call (520) 670-3909 or text "STOP" to any message.

Filing a Grievance: If you would like to express a concern or complaint about your care, treatment or safety, you can contact a health center manager, any staff member, a Community Health Advisor (520) 670-3716, the HIPAA Privacy Officer (520) 670-3767 or the organization's Compliance Officer at (520) 670-3967. If for some reason the organization cannot resolve your concern, you may also file a complaint with your insurance plan, Arizona Department of Health Services at www.azdhs.gov, 150 N.18th Ave, Phoenix AZ 85007, or call (602) 364-3030; The Joint Commission at www.jointcommission.org or the Office of Inspector General at (800) 447-8477. You may file a formal grievance without fear of retaliation or penalty for filing a report.

Federal Tort Claims Act Deemed Facility: The organization is a Federal Tort Claims Act Deemed Facility. This health center receives Department of Health and Human Services (DHHS) funding and has Federal Public Health Service (PHS) deemed status with respect to certain health of health-related claims, including medical malpractice claims, for itself and its covered individuals.



How do we maintain a comfortable, clean and safe environment? Each site location enforces the following property restrictions:

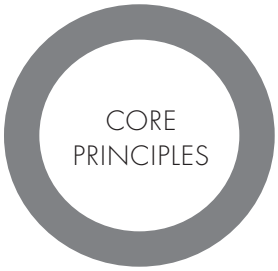
No Smoking Policy: For the health of all our patients and staff, all organizational locations are designated as Non-Smoking Health Centers. Please refrain from smoking when you are visiting us. This includes all tobacco products, e-cigarettes and vaporizers.

Service Animals: The organization follows the Americans with Disabilities Act (ADA) definition for Service Animals. Service Animals are animals that assist patients doing a physical function. Emotional support and comfort animals are not covered under the ADA, so we ask that you please leave your pets home during your visit.

No Weapons: Even though State Law may permit carrying of weapons, the organization has a policy that prohibits the carrying of any weapons while on our property. This includes guns, knives, tasers or like defensive devices. This policy does not pertain to active Law Enforcement Officers.

GUIDELINES FOR CHRONIC PAIN MANAGEMENT

The goal of the organization pain management is to provide humane and compassionate therapies for patients with chronic painful conditions as part of their primary medical care. We take your pain seriously and will ask you to arrange visits exclusively to discuss your pain management. The strategy we develop with you will change as we learn more about you and as you make healthy changes for yourself.



- The organization believes that pain is part of life. Therefore, we aim to increase "function," not to "eliminate pain."
- We believe that you are ultimately responsible for managing your pain.
- We believe that medicines are only one part of pain management, that they must be used carefully, and only as part of a comprehensive strategy.



- We will generally insist on assessing your mental health, social support, and lifestyle choices. This is part of Primary Care.
- We may suggest you change your lifestyle in some way. Those goals will be yours, but we will hold you accountable for them.
- We will always insist on physical exercise.
- We will always insist on honesty and we will respect you with the same.
- We will always assess your level of function and work with you to set self-management goals.
- We will refer you to specialist(s) if we believe additional expertise is needed.
- We will apply our medical judgment concerning appropriateness and standards in formulating a management plan. We will not do something just because a past doctor used to do it.
- We may ask you to participate in group visits, so you can learn how others cope with chronic pain.
- Our clinicians will respect each other's treatment decisions with appropriate review and discussion. If one provider has declined a specific treatment for you, we will not allow "doctor shopping." If you disagree with the treatment prescribed by your provider, we have a review process.

We respect that you have a painful condition and that you would like to feel better.

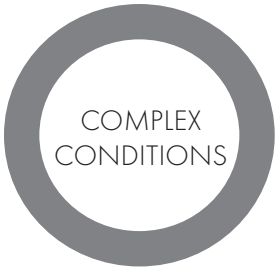


We do NOT prescribe medical marijuana.



We can NOT prescribe controlled substances to patients in the following categories:

- Patients who refuse to enter into a "controlled substances agreement" with us.
- Patients who are judged by us as unable to take their medications as prescribed.
- Patients who have ever been arrested for selling or diverting prescription drugs.
- Patients who have, in the last 5 years, been convicted of forging or altering a prescription, or felt by a medical provider to have done such.
- Patients who behave belligerently to any staff, or who make threats against staff or property or have inappropriate behavior or language. (Behavior of this type may result in termination from all the organization's services as referenced in the Policy and Procedure for Immediate Disenrollment and in the Patient Care Review Committee Recommended Criteria for Disenrollment).
- Patients who cannot secure their opiate prescriptions (e.g., lock the medicine in a safe place to prevent theft, etc).



Our primary care providers need complete and accurate information in order to provide you with excellent care. The following may be required in order to provide chronic pain care:

- Full mutual releases of information for all previous medical providers and local emergency departments/urgent care centers, including releases for mental health and substance use information.
- Complete medical records from previous providers.
- Other (PT evaluations, toxicology screens, etc.), as specified by provider.

STATEMENT OF PATIENT

RIGHTS AND RESPONSIBILITIES

Patients have a fundamental right to medical care that safeguards their personal dignity and respects their cultural, psychosocial and spiritual values. The organization strives to provide understanding and respect of these values in meeting patients' needs as long as these values are within the health center's capacity, its stated mission and philosophy and relevant laws and regulations.



We honor and attest to your rights as a patient to:

Accessible Care	■ Receive appropriate medical, dental, behavioral health care without discrimination. ■ Communicate and receive a timely response to your concerns by contacting an organizational representative. ■ Receive referrals to other health care professionals to optimize health status. ■ Communication assistance if you do not speak or read English, or are hearing or visually impaired.
Respect and Dignity	■ Be assured of the confidentiality of your health information. ■ Make informed choices about your care and treatment, including the decision to refuse treatment. ■ Complete an Advance Directive/Living Will and have your stated wishes honored. ■ Be assured of considerate and respectful treatment regardless of race, color, creed, ethnic or national origin, cultural background, religion or belief, age, sex, gender identity, gender expression, sexual orientation, economic status, education, disability or illness.
Involvement of Family and Friend	■ Involve family members and friends in your care, when it is safe and possible.
Coordination of Care	■ Know the name of your primary medical or dental provider. ■ Know the names and professional titles of caregivers participating in your care. ■ Participate in the development and implementation of your care, along with their chosen family and representatives. ■ Appoint a representative of your choice to make informed decisions about your care.
Information, Education and Communication	■ Be given complete and current information about your diagnosis, condition, and treatment and outcomes of care, including unanticipated outcomes, in a manner you can understand. ■ Participate in decisions about your diagnosis, treatment and care. ■ Receive and examine an explanation of charges, regardless of source of payment in a manner that you can understand. ■ Know the potential risks and benefits of procedures and treatments. ■ Receive health information and education to optimize your health and self-management.

Physical Comfort and Emotional Support

- Be cared for in a healing environment which is clean, safe and respectful of your privacy.
- Receive appropriate pain assessment and management to maximize your comfort.
- Express concerns, be heard, and receive an appropriate response.
- Be cared for in a safe environment and not be subject to abuse, neglect, exploitation, coercion, manipulation, sexual abuse or assault.

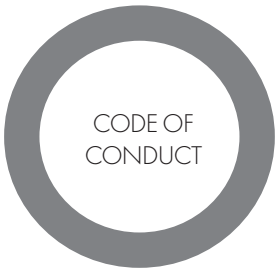
Transition and Continuity of Care

- Expect reasonable continuity of care and be advised of continuing healthcare requirements.



As a partner on your healthcare team, we ask you to:

- Provide complete and accurate information about your current and past state of health, including allergies, past illnesses, hospitalizations and the medications you are taking.
- Report changes in your condition or symptoms, including pain, to a member of the healthcare team.
- Talk to us about your pain and options for minimizing it.
- Ask questions when you do not understand what we are saying or asking you to do.
- Follow the treatment plan that you developed with your healthcare providers including participation in self-management activities.
- Accept responsibility for your health outcome, if you choose not to follow your treatment plan.
- Follow the rules and regulations of our health center, which have been put in place for your safety and the safety of others.
- Assist us in providing a safe environment by sharing your observations if you perceive unsafe conditions or practices.
- Show respect and consideration for your healthcare professionals and other patients and families by controlling noise and disturbances, not smoking and respecting others' property.
- Assure your financial obligation for health care is fulfilled as promptly as possible.

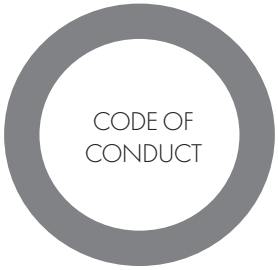


One of the responsibilities of all patients is to show respect and consideration for the healthcare professionals who are working to provide care. In order to help patients understand this responsibility the following Code of Conduct was created. **As a patient, you have the responsibility to:**

- Follow the rules, regulations, directions and policies of our health center which have been put in place for your safety and safety of others.
- Inform your provider about your illness or problems and ask questions about your care.
- Show respect to both caregivers and other patients and visitors.
- Cancel or reschedule appointments so that another person may have that timeslot.
- Not arrive intoxicated or under the influence of drugs.
- Pay your co-pays and bills on time.

The following behaviors are unacceptable from non-employees (patients, friends, family members, other visitors to El Rio) and employees:

- Carrying a weapon or firearm on to any properties.
- The use of profanity or abusive language towards members of staff, other patients or visitors.



- Audio or video recording of visits, phone calls or conversations without permission from your provider or staff member.
- Destroying or damaging El Rio property or taking property that does not belong to you.
- Any physical, verbal or gesturing bullying such as pushing, shoving, kicking, poking, tripping, assault, threatening or intimidating staff, other patients or other visitors, making personal insults, shouting or raising your voice, and not allowing staff to speak, repeatedly interrupting them.
- Fighting with or assaulting staff, patients or other visitors.
- Failure to follow the smoke-free environment policy.
- Use of language that is sexual in nature or making comments about an individual's body or dress.
- Sexual flirtations, touching, advances or propositions, staring in a sexually suggestive way at staff, patients or other visitors.
- Being under the influence of un-prescribed drugs, alcohol, narcotics, or other intoxicants which may compromise the safety of your care or the safety of staff, other patients or other visitors.
- Repetitive phone calls, voice mail, or written correspondence when concerns have been addressed verbally or in writing.

Any of the above unacceptable behaviors may result in being asked to leave the premises without being seen, and/or being asked to complete a patient conduct agreement before being seen again. Repeated episodes of inappropriate behavior could result in being released from care. If you as a patient experience any of the above unacceptable behaviors from a staff member, patient or visitor please contact any staff member or health center leader.

INFORMATION NOTICE OF HEALTH PRACTICES

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

How does Health Current help you to get better care?

In a paper-based record system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors are able to access it electronically in a secure and timely manner.

What health information is available through Health Current?

The following types of health information may be available:

- Hospital records
- Medical history
- Medications
- Allergies
- Lab test results
- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment & eligibility
- Other helpful info for your treatment

Who can view your health information through Health Current & when can it be shared?

People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning, payment for your treatment, conducting quality assessment and improvement activities, developing clinical guidelines and protocols, conducting patient safety activities, and population health services. Medical examiners, public health authorities, organ procurement organizations, and others may also access health information for certain approved purposes, such as conducting death investigations, public health investigations and organ, eye or tissue donation and transplantation, as permitted by applicable law.

Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current.

The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website at healthcurrent.org/permitted-use.

You may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form.

Does Health Current receive behavioral health information and, if so, who can access it?

Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from federally-assisted substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share the substance abuse treatment records it receives from these programs in two cases. One, medical personnel may access this information in a medical emergency. Two, you may sign a consent form giving your healthcare provider or others access to this information.

How is your health information protected?

Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

YOUR RIGHTS REGARDING SECURE SHARING OF

ELECTRONIC INFORMATION

You have the right to:



1. Ask for a copy of your health information that is available through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider.
2. Request to have any information in the HIE corrected. If anything is incorrect, you can ask your healthcare provider to correct the information.
3. Ask for a list of people who have viewed your information through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider. Please let your healthcare provider know if you think someone has viewed your information who should not have.

You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current:

1. Except as otherwise provided by state or federal law, you may "opt out" of having your information shared through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. Your information will not be available for sharing through Health Current within 30 days of Health Current receiving your Opt Out Form from your healthcare provider. **Caution:** If you opt out, your health information will NOT be available to your healthcare providers—even in an emergency.
2. If you opt out today, you can change your mind at any time by completing an Opt Back In Form and returning it to your healthcare provider.
3. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.

DECISIONS ABOUT

YOUR HEALTH CARE

Who makes your health care decisions?

You do, if you can make and communicate them. Your doctors should tell you about the treatment they recommend, other reasonable alternatives, and important medical risks and benefits of that treatment and the alternatives. You have the right to decide what health care, if any, you will accept.

What happens if you become unable to make or communicate your health care decisions?

You can still have some control over your health care decisions, if you have planned ahead. One way to plan ahead is by making a health care directive which names someone to make these decisions for you, or which guides or controls these decisions. If you have not named someone in a health care directive, your doctors must seek a person authorized by law to make these decisions. A person who makes health care decisions for you is called a surrogate.

What is a health care directive?

It is a written statement about how you want your health care decisions made. Under Arizona law, there are three common types of health care directives. They are:

- A health care power of attorney is a written statement in which you name an adult to make your health care decisions for you only when you cannot make or communicate such decisions.
- A living will, which is a written statement about health care you want or do not want that is to be followed if you cannot make your own health care decisions. For example, a living will can say whether you would want to be fed through a tube if you were unconscious and unlikely to recover.
- A pre-hospital medical care directive, which is a directive refusing certain lifesaving emergency care given outside a hospital or in a hospital emergency room. To make one you must complete a special orange form.

These directives, used separately or together, can help you say "yes" to treatment you want and "no" to treatment you don't want.

Must your health care directives be followed?

Yes. Both health care providers and surrogates must follow valid health care directives.

Are you required to make a health care directive?

No. Whether you make a health care directive is entirely up to you. A health care provider cannot refuse care based on whether or not you have a health care directive.

Can you change or revoke health care directives?

Yes. If you change or revoke a health care directive, you should notify everyone who has a copy.

Who can legally make health care decisions for you if you are unable to make your own decision and if you have not made a health care power of attorney?

A court may appoint a guardian to make health care decisions for you. Otherwise, your health care provider must go down the following list to find a surrogate to make your health care decisions for you.

1. Your husband or wife, unless you are legally separated.
2. Your adult child. If you have more than one child, a majority of those who are available.
3. Your mother or father.
4. Your domestic partner, unless someone else has financial responsibility for you.
5. Your brother or sister.
6. A close friend of yours (someone who shows special concern for you and is familiar with your health care views).

If your health care provider cannot find an available and willing surrogate to make health care decisions for you, then your doctor can decide with the advice of an ethics committee or, if this is not possible, with the approval of another doctor.

You can keep anyone from becoming your surrogate by saying, preferably in writing, that you do not want that person to make health care decisions for you.

A surrogate will not have the right to refuse the use of tubes to give you food or fluids unless:

- you have appointed that surrogate to make health care decisions for you in a health care power of attorney; OR
- a court has appointed that surrogate as your guardian to make your health care decisions for you; OR
- you have stated in a health care directive that you do not want this specific treatment.

What if you already have a living will or other health care directive?

A health care directive which was valid when made anywhere in the US is valid under Arizona law. However, Arizona law changed on September 30, 1992, making new choices available to you. You should review your health care directives periodically and update them as needed.

Do you need a lawyer to make a health care directive?

No. Just be sure that your directive is valid under Arizona law.

What does the law require for a health care directive after September 30, 1992?

A health care power of attorney must:

- Name a person to make health care decisions for you if you are unable to make your own decisions. You may also name an additional person or persons to make decisions for you if your first choice cannot serve. The person or persons must be at least 18 years old.
- Be signed or marked by you and dated.
- Be signed by a notary or by an adult witness or witnesses, who saw you sign or mark the document and who say that you appear to be of sound mind and free from duress. A notary or witness cannot be the person you name to make your decisions and cannot be providing health care to you. If you have only one witness, that witness cannot be related to you or someone who will get any of your property from your estate if you die.

A living will must:

- State how you want your health care decisions to be made in the future.
- Be signed or marked by you and dated.
- Be notarized or witnessed in the same way as described above for a health care power of attorney.

A pre-hospital medical care directive must:

- Be in exactly the form required by law. The form must be orange and must list the following treatments which you may refuse:
  1. Chest compression (chest pressure to restart the heart).
  2. Defibrillation (electrically correcting heart beat).
  3. Assisted ventilation (breathing by machine).
  4. Intubation (supplying air through a tube down the throat).
  5. Advanced life support medications.
- Be signed or marked by you and dated.
- Be signed by a licensed health care provider and a witness.

You should talk to your doctor about pre-hospital directives if you are thinking about signing one.

If you have signed an orange pre-hospital medical care directive, you may also wear a special orange bracelet. It must state your name, your doctor's name, and the words "do not resuscitate." This bracelet will call to the attention of emergency medical personnel that you do not want the emergency medical care you have checked on the form.

Who should have copies of your health care directives?

It is very important that you give copies to your doctors at once and to any health care facility upon admission. You should give copies to anyone you have named to make health care decisions for you in a health care power of attorney. You may also want to give copies to close family members. Be sure to keep extra copies for yourself.

SOURCES OF INFORMATION & FORMS

Your local Area Agency on Aging and Senior Center may also have forms and information. The following State organizations provide health care directive forms and other information:

Aging and Adult Administration
State of Arizona
1789 W. Jefferson, Site code 950A
Phoenix, AZ 85007
(602) 542-4446

Arizona Health Decisions
Your Health Care Choices Program
P.O. Box 4401
Prescott, AZ 86302
(520) 778-4850

Arizona Hospital Association
Communications Department
1501 W. Fountainhead Parkway Suite 650
Tempe, AZ 85281
(602) 968-1083

Arizona Medical Association
810 W. Bethany Home Road
Phoenix, AZ 85013
(602) 246-8901

Dorothy Garske Center
Your Health Care Choices Program
4250 E. Camelback Road, Suite 185K
Phoenix AZ 85018
(602) 952-1464

Arizona Senior Citizens Law Project
1818 S. 16th Street
Phoenix, AZ 85034
(602) 252-6710

State Bar of Arizona
Arizona Bar Center
363 N. First Avenue
Phoenix, AZ 85003
(602) 252-4804

The following National organizations also provide health care directive forms and information.

American Association of Retired Persons (AARP)
601 "E" Street, NW
Washington, D.C. 20049
(202) 434-AARP

Choice in Dying
200 Varick Street
New York, NY 10014
(212) 366-5540

Prepared by the Patient Self-Determination Act Committee of Arizona State Bar and made available by the Arizona Hospital Association and this Health Center.

You have received this information about your rights to make or control your own health care decision, because of a 1991 federal law. We hope this information will help you. A description of this health care organization's policies about your right to make health care decisions must be given to you along with this information. You are also encouraged to talk with your family, your doctor, and anyone else who could help you in these matters.

PATIENT SELF-DETERMINATION

PURPOSE:

To comply with the federal and state laws as they relate to self-determination and advance directives.

POLICY:

1) The organization recognizes the right of all adult patients to make decisions concerning medical care, including the right to refuse treatment, as provided under laws of the State of Arizona. Additionally, The organization recognizes the right of all adult patients to execute advance directives under Arizona revised Statutes 36-3201 through Section 36-3211. The organization encourages all members to discuss issues relating to consent and refusal to consent to medical treatment with their physician.

2) The organization will provide written information to its patients concerning their rights to refuse treatment and issue advance directives, as required by regulations issued by the Department of Health and Human Services pursuant to the Omnibus Budget Reconciliation Act of 1990 (Public Act 101-964).

3) The organization will not discriminate against you in your care whether or not you have an advanced directive.

NEW PATIENT INFORMATION

PATIENT LABEL

EL RIO USE ONLY

RECEIPT ACKNOWLEDGMENT

I _____,

print name

acknowledge that I received the El Rio Health or Elk Ridge Community Health Patient Compliance Booklet which includes:

1. The El Rio Health / Elk Ridge Community Health - Privacy Notice

2. Patient Rights and Responsibilities

3. Notice of Health Information Practices related to the Health Information Exchange known as "Health Current." *"I acknowledge that I received and read the Notice of Health Information Practices. I understand that my healthcare provider participates in Health Current, Arizona's health information exchange (HIE). I understand that my health information may be securely shared through the HIE, unless I complete and return an Opt-Out Form to my healthcare provider."*

4. Decisions about your Health Care (Advanced Directives Information)

5. Supplemental El Rio Patient Welcome Booklet

Your signature on this form acknowledges that you have received or been sent a copy of all items above.

_____ _____

Signature of Patient, Parent or Legal Guardian Date