

# THE FUN BUNCH

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Fun Bunch is required to keep a certain amount of clinical and personal information about you, along with a record of services you receive, as a contracted Magellan provider. This notice of Privacy Practices applies to the entire record kept by THE FUN BUNCH.

**USES AND DISCLOSURES OF YOUR HEALTH INFORMATION:** THE FUN BUNCH uses and discloses health information about you for treatment, payment activities, and healthcare operations.

**SPECIAL CIRCUMSTANCES:** Federal and state laws allow or require THE FUN BUNCH to disclose clinical information other than substance abuse or HIV status without your written authorization in certain special situations defined by the HIPAA privacy rule such as: public health risks, health oversight activities, lawsuits and disputes, law enforcement, coroners and funeral directors, national security and intelligence agencies, protective services for the President and others as required by law.

**YOUR RIGHTS REGARDING INFORMATION ABOUT YOU:** You have the right to look at or get copies of your health information with limited exceptions. You have a right to receive a list of instances in which THE FUN BUNCH disclosed your health information for purposes other than treatment, payment, or healthcare operations. You have the right to request additional restrictions on THE FUN BUNCH's use or disclosure of your information, but THE FUN BUNCH does not have to agree. You have the right to receive a written form of this notice.

**QUESTIONS AND COMPLAINTS:** If you want more information about THE FUN BUNCH's Privacy Practices or have questions or concerns, please contact the HIPAA Compliance Officer of THE FUN BUNCH at 602-685-0280, or write to P.O. Box 61358, Phoenix, AZ 85082. You may also submit a written complaint to the U.S. Department of Health and Human Services. THE FUN BUNCH supports your right to the privacy of your health information. THE FUN BUNCH will not retaliate in any way if you choose to file a complaint with THE FUN BUNCH or with the U.S. Department of Human Services.

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CONSENT: I, (print full name) \_\_\_\_\_, have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that by signing this consent form, I am giving my consent to THE FUN BUNCH's use and disclosure of my protected health information to carry out treatment, payment activities and healthcare operations.

Signature \_\_\_\_\_ Date \_\_\_\_\_