

Notice of Privacy

Innovation Care Partners members are part of an **OHCA** – **O**rganized **H**ealth **C**are **A**rrangement. OHCA members are **required** to inform patients of their involvement. Your Notice of Privacy document for patients should mention the OHCA participation as well as the ICP Health Information Exchange (Innovation Exchange). If the required information is not included in your current Notice of Privacy, please consider utilization of the verbiage below.

Notice of Privacy:

We participate in an organized health care arrangement consisting of greater Phoenix metropolitan area hospitals as well as physicians who have medical staff privileges at one or more of these hospitals. Participants in this arrangement work together to improve the quality and efficiency of the delivery of health care to their patients. As a participant in this arrangement, we may share your PHI with other members of this arrangement for purposes of treatment, payment or the health care operations of this organized health care arrangement.

