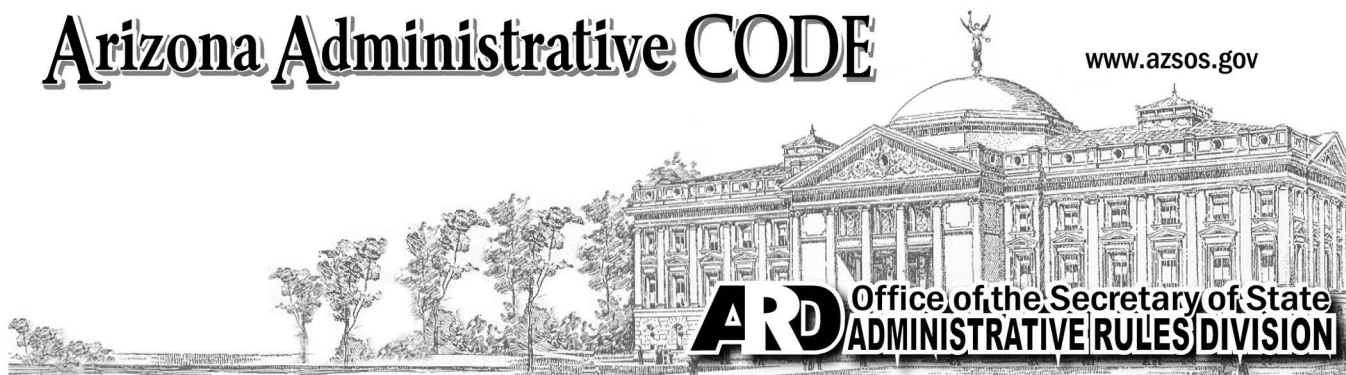




TITLE 9. HEALTH SERVICES
CHAPTER 1. DEPARTMENT OF HEALTH SERVICES - ADMINISTRATION
9 A.A.C. 1

Supplement Information
Supp. 25-4

Rules expired between October 1, 2025 through December 31, 2025 are underlined in the table of contents.

For questions about expired rules, contact:

Name: The Governor's Regulatory Review Council
Telephone: (602) 542-2058
Address: 100 N. 15th Avenue, Suite 302
Phoenix, AZ 85007
Website: <https://grrc.az.gov/contact-us>

The release of this Chapter in Supp. 25-4 replaces Supp. 21-2, 1-15 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “*Rule*’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

This Chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 9. HEALTH SERVICES

CHAPTER 1. DEPARTMENT OF HEALTH SERVICES - ADMINISTRATION

Supp. 25-4

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Article 6, consisting of Sections R9-1-601 through R9-1-606, recodified from R9-18-101 through R9-18-106, and amended at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). These rules were originally adopted under 9 A.A.C. 18 effective April 22, 1988 (Supp. 88-2); and amended by final rulemaking at 12 A.A.R. 3715, effective November 11, 2006 (Supp. 06-3).

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ARTICLE 1. RULES OF PRACTICE AND PROCEDURE**R9-1-101. Definitions**

In addition to the definitions in A.R.S. §§ 41-1001 and 41-1092, the following definitions apply in this Chapter, unless otherwise specified:

1. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
2. "Department" means the Arizona Department of Health Services.
3. "Director" means the Director of the Arizona Department of Health Services.
4. "Recommended decision" means the written ruling made by an administrative law judge regarding a contested case or appealable agency action within 20 days after a hearing under A.R.S. § 41-1092.08.

Historical Note

Adopted effective April 13, 1990 (Supp. 90-2). Amended by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

R9-1-102. Response to a Recommended Decision

- A. The Director may mail a copy of a recommended decision to each party.
- B. A party has ten calendar days from the date the Director mails the recommended decision to submit a response that states each reason why the Director should accept, reject, or modify the recommended decision with information supporting the reason.
- C. The Director may consider a response in subsection (B) in determining whether to accept, reject, or modify the recommended decision.

Historical Note

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

R9-1-103. Rehearing or Review of a Final Administrative Decision

- A. A party who is aggrieved by a final administrative decision may file with the Director, not later than 30 calendar days after service of the final administrative decision, a written motion for rehearing or review of the final administrative decision specifying the grounds for rehearing or review.
- B. A party filing a motion for rehearing or review under this Section may amend the motion at any time before it is ruled upon by the Director.
- C. Any other party may file a response to the motion for rehearing or review in subsection (A) within 15 calendar days after the date the motion for rehearing or review is filed with the Director.
- D. The Director may require that the parties file supplemental memoranda explaining the issues raised in a motion or response in subsection (A) or (C) and may permit oral argument.

- E. The Director may grant a rehearing or review of the final administrative decision for any of the following reasons materially affecting the requesting party's rights:

1. Irregularity in the proceedings of the hearings or an abuse of discretion that deprived the party of a fair hearing,
2. Misconduct by the administrative law judge or the prevailing party,
3. Accident or surprise that could not have been prevented by ordinary prudence,
4. Newly discovered material evidence that could not with reasonable diligence have been discovered and produced at the original hearing,
5. Excessive or insufficient penalties,
6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing, or
7. That the decision is not supported by the evidence or is contrary to law.

- F. The Director shall rule on the motion for rehearing or review within 15 calendar days after a response to the motion is filed. If no response to the motion for rehearing or review is filed, the Director shall rule on the motion for rehearing or review within five calendar days after the expiration of the response period in subsection (C).

- G. An order issued by the Director granting a rehearing or review shall specify the grounds for the rehearing or review.

Historical Note

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

R9-1-104. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-105. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-106. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-107. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-108. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

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R9-1-109. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-110. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-111. Repealed**Historical Note**

Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-112. Repealed**Historical Note**

Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-113. Repealed**Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-114. Repealed**Historical Note**

Amended Regulation 1-74. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-115. Repealed**Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-116. Repealed**Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-117. Repealed**Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-118. Repealed**Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2).

Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-119. Repealed**Historical Note**

Amended Regulation 10-71 and 1-74. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-120. Repealed**Historical Note**

Amended Regulation 10-71. Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-121. Repealed**Historical Note**

Section repealed, new Section adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-122. Repealed**Historical Note**

Amended Regulation 10-71 and 1-74. Repealed effective April 13, 1990 (Supp. 90-2).

R9-1-123. Repealed**Historical Note**

Amended Regulation 10-71. Repealed effective April 13, 1990 (Supp. 90-2).

R9-1-124. Repealed**Historical Note**

Repealed effective April 13, 1990 (Supp. 90-2).

R9-1-125. Repealed**Historical Note**

Former Section R9-1-125 renumbered as Section R9-1-126, new Section R9-1-125 adopted effective May 12, 1977 (Supp. 77-3). Repealed effective April 13, 1990 (Supp. 90-2).

R9-1-126. Repealed**Historical Note**

Former Section R9-1-125 renumbered as Section R9-1-126 effective May 12, 1977 (Supp. 77-3). Repealed effective April 13, 1990 (Supp. 90-2).

ARTICLE 2. PUBLIC PARTICIPATION IN RULEMAKING**R9-1-201. Definitions**

In addition to the definitions in R9-1-101, the following definitions apply in this Article, unless otherwise specified:

1. "Amendment" means a change to a rule, including added or deleted text.
2. "Arizona Administrative Code" means the publication described in A.R.S. § 41-1012.
3. "Citation" means the number that identifies a rule.
4. "Rulemaking record" means a file maintained by the Department as specified in A.R.S. § 41-1029.
5. "Text" means a letter, number, symbol, table, or punctuation in a rule.

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Historical Note

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

Amended by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

R9-1-202. Rulemaking Record

Except on a state holiday, an individual may review a rulemaking record at the Office of Administrative Counsel and Rules, Monday through Friday, from 8:00 a.m. until 5:00 p.m.

Historical Note

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

R9-1-203. Petition for Department Rulemaking and Petition for Review of a Department Practice or Substantive Policy Statement

A. A petition to the Department for rulemaking under A.R.S. § 41-1033 shall include:

1. The name and address of the individual who submits the petition;
2. An identification of the rulemaking, including:
 - a. A statement of the rulemaking sought,
 - b. The Arizona Administrative Code citation of each existing rule included in the petition, and
 - c. A description of each new rule included in the petition;
3. The specific text of each new rule or amendment;
4. The reasons for requesting the rulemaking, supported by:
 - a. Statistical data;
 - b. If the statistical data refers to exhibits, the exhibits;
 - c. An identification of the persons who would be affected by the rulemaking and the type of effect; and
 - d. Other information supporting the rulemaking;
5. The signature of the individual who submits the petition;
6. The date the petition is signed; and
7. A copy of each existing rule included in the petition.

B. A petition to the Department under A.R.S. § 41-1033 for review of a Department practice or substantive policy statement that allegedly constitutes a rule shall include:

1. The name and address of the individual who submits the petition,
2. An identification of a Department practice or substantive policy statement that allegedly constitutes a rule,
3. The signature of the individual who submits the petition,
4. The date the petition is signed, and
5. A copy of the Department's substantive policy statement or a description of the Department's practice.

C. The Department shall notify an individual who submits a petition according to A.R.S. § 41-1033 of the Department's decision in writing within 60 calendar days after receipt of the petition.

D. If the Department denies a petition submitted according to A.R.S. § 41-1033, the individual who submitted the petition may proceed according to A.R.S. §§ 41-1033 or 41-1034.

Historical Note

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

Amended by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3). Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

R9-1-204. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-205. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-206. Repealed**Historical Note**

Adopted effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

ARTICLE 3. DISCLOSURE OF MEDICAL RECORDS, PAYMENT RECORDS, AND PUBLIC HEALTH RECORDS**R9-1-301. Definitions**

In addition to the definitions in R9-1-101, the following definitions apply in this Article, unless otherwise specified:

1. "Behavioral health services" means the same as in A.R.S. § 36-401.
2. "Business day" means the same as in A.R.S. § 10-140.
3. "Commercial purpose" means the same as in A.R.S. § 39-121.03.
4. "Consent" means permission by an individual or by the individual's parent, legal guardian, or other health care decision maker to have medical services provided to the individual.
5. "Court of competent jurisdiction" means a court with the authority to enter an order.
6. "De-identified" means a public health record from which the information listed in 45 CFR 164.514(b)(2)(i) for an individual and the individual's relatives, employers, or household members has been removed.
7. "Disclose" means to release, transfer, provide access to, or divulge information in any other manner.
8. "Disclosure" means the release, transfer, provision of access to, or divulging of information in any other manner by the person holding the information.
9. "Disease" means the same as in R9-6-101.
10. "Documentation" means written supportive evidence.
11. "Emancipated minor" means an individual less than age 18 who:
 - a. Is determined to be independent of parents or legal guardians under A.R.S. Title 12, Chapter 15, Article 1;
 - b. Meets the requirements for recognition as an emancipated minor in A.R.S. § 12-2455;

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- c. Has the ability to make a contract under A.R.S. § 44-131 or to consent to medical services under A.R.S. § 44-132; or
 - d. Is married or is a U.S. armed forces enlisted member.
12. "Employee" means an individual who works for the Department for compensation.
 13. "Enlisted member" means the same as in 32 U.S.C. 101.
 14. "Epidemic" means that a disease affects a disproportionately large number of individuals in a population, community, or region at the same time.
 15. "Estate" means the same as in A.R.S. § 14-1201.
 16. "Halfway house" means a residential setting that temporarily provides shelter, food, and other services to an individual after the individual completes a confinement in a correctional facility, as defined in A.R.S. § 13-2501, or a stay in a health care institution, as defined in A.R.S. § 36-401.
 17. "Health care decision maker" means the same as in A.R.S. § 12-2291.
 18. "Human Subjects Review Board" means individuals designated by the Director to:
 - a. Review human subjects research that is conducted, funded, or sponsored by the Department for consistency with 45 CFR Part 46, Subpart A, dealing with the protection of the human subjects;
 - b. Review requests for Department information from external entities conducting or planning to conduct human subjects research; and
 - c. Establish guidelines for the submission and review of human subjects research.
 19. "Incapacitated person" means the same as in A.R.S. § 14-5101.
 20. "Incidence" means the rate of cases of a disease or an injury in a population, community, or region during a specified period.
 21. "Individually identifiable health information" means the information described in 42 U.S.C. 1320d.
 22. "Injury" means trauma or damage to a part of the human body.
 23. "Legal guardian" means an individual:
 - a. Appointed by a court of competent jurisdiction under A.R.S. Title 8, Chapter 4, Article 12 or A.R.S. Title 14, Chapter 5;
 - b. Appointed by a court of competent jurisdiction under another state's laws for the protection of minors and incapacitated persons; or
 - c. Appointed for a minor or an incapacitated person in a probated will.
 24. "Medical records" means the same as in A.R.S. § 12-2291.
 25. "Medical services" means the same as in A.R.S. § 36-401.
 26. "Minor" means the same as in A.R.S. § 36-798.
 27. "Outbreak" means an unexpected increase in the incidence of a disease as determined by the Department or a health agency, as defined in A.R.S. § 36-671.
 28. "Parent" means a biological or adoptive mother or father of an individual.
 29. "Patient" means an individual receiving behavioral health services, medical services, nursing services, or health-related services, as defined in A.R.S. § 36-401.
 30. "Payment records" means the same as in A.R.S. § 12-2291.
 31. "Personal representative" means the same as in A.R.S. § 14-1201.
 32. "Probated will" means a will that has been proved as valid in a court of competent jurisdiction.
 33. "Public health records" means information created, obtained, or maintained by the Department for:
 - a. Public health surveillance to monitor the incidence and spread of a disease or an injury;
 - b. Public health investigation to identify and examine outbreaks or epidemics of disease or the incidence of injury;
 - c. Public health intervention to respond and contain outbreaks or epidemics of disease or the incidence of injury;
 - d. A system of public health statistics, as defined in A.R.S. § 36-301;
 - e. A system of vital records, as defined in A.R.S. § 36-301; or
 - f. Health oversight activities, which include the following:
 - i. Supervision of the health care system,
 - ii. Determining eligibility for health-related government benefit programs,
 - iii. Determining compliance with health-related government regulatory programs, or
 - iv. Determining compliance with civil rights laws for which health-related information is relevant; or
 - g. Other public health activities required or authorized by state or federal law.
 34. "Research" means the same as in 45 CFR 164.501.
 35. "State" means the same as in A.R.S. § 36-841.
 36. "Surviving spouse" means the individual:
 - a. To whom a deceased individual was married at the time of death, and
 - b. Who is currently alive.
 37. "Third person" means a person other than:
 - a. The individual identified by medical records; or
 - b. The individual's parent, legal guardian, or other health care decision maker.
 38. "Treatment" means a procedure or method to cure, improve, or palliate a disease or an injury.
 39. "Valid authorization" means written permission to disclose individually identifiable health information that contains all the elements described in 45 CFR 164.508(c)(1).
 40. "Volunteer" means an individual who works for the Department without compensation.
 41. "Will" means the same as in A.R.S. § 14-1201.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).
 Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).

R9-1-302. Medical Records or Payment Records Disclosure

- A. Except as provided in subsection (B), an employee or volunteer shall not disclose to a third person medical records or payment records containing individually identifiable health information obtained or accessed as a result of the employment or volunteering.
- B. Unless otherwise prohibited by law, an employee or volunteer may disclose to a third person medical records or payment

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records containing individually identifiable health information:

1. With the valid authorization of the individual identified by the information in the medical records or payment records, if the individual:
 - a. Is at least age 18 or an emancipated minor, and
 - b. Is not an incapacitated person;
 2. With the valid authorization of the parent, legal guardian, or other health care decision maker of the individual identified by the information in the medical records or payment records, if the individual is:
 - a. Less than age 18, other than an emancipated minor; or
 - b. An incapacitated person;
 3. With the valid authorization of the individual identified by the information in the medical records or payment records, regardless of age, if:
 - a. The information to be disclosed resulted from the consent given by the individual under A.R.S. § 36-663 or A.R.S. § 44-132.01 and,
 - b. The individual is not an incapacitated person;
 4. With the valid authorization of the individual identified by information in the medical records or payment records if:
 - a. The information to be disclosed resulted from the individual's treatment under A.R.S. § 44-133.01;
 - b. The individual was at least age 12 at the time of the treatment under A.R.S. § 44-133.01 as established by documentation, such as a copy of the individual's:
 - i. Driver license issued by a state, or
 - ii. Birth certificate; and
 - c. The individual is not an incapacitated person;
 5. If the individual identified by the information in the medical records or payment records is deceased, upon the written request to the Department according to subsection (D) for disclosure of the deceased individual's medical records or payment records to:
 - a. The deceased individual's health care decision maker at the time of death;
 - b. The personal representative of the deceased individual's estate; or
 - c. If the deceased individual's estate has no personal representative, a person listed in A.R.S. § 12-2294(D);
 6. At the direction of the Human Subjects Review Board, if the medical records or payment records are sought for research and the disclosure meets the requirements of 45 CFR 164.512(i)(2); or
 7. As required by an order issued by a court of competent jurisdiction.
- C.** For purposes of subsection (B)(1), an individual less than age 18 who claims emancipated minor status shall submit to the Department a valid authorization signed by the individual less than age 18 and:
1. A copy of an order emancipating the individual issued by the Superior Court of Arizona;
 2. If the individual was an emancipated minor in a state other than Arizona:
 - a. Documentation establishing that the individual is at least age 16, such as a copy of the individual's:
 - i. Driver license issued by a state, or
 - ii. Birth certificate; and
- b. Documentation of the individual's emancipation, such as a copy of:
- i. An order emancipating the individual issued by a court of competent jurisdiction of a state other than Arizona,
 - ii. A real property purchase agreement signed by the individual as the buyer or the seller in a state other than Arizona,
 - iii. An order for the individual to pay child support issued by a court of competent jurisdiction of a state other than Arizona, or
 - iv. A loan agreement with a financial institution, such as a bank, savings and loan association, a credit union, or a consumer lender, signed by the individual as the borrower in a state other than Arizona;
3. A copy of the individual's marriage certificate issued by a state;
 4. If the individual is a homeless minor, as described in A.R.S. § 44-132, documentation such as:
 - a. A statement on the letterhead of a homeless shelter, as defined in A.R.S. § 16-121, or halfway house that:
 - i. Is dated within 10 calendar days before the date the Department receives the document,
 - ii. States the homeless shelter or halfway house is the individual's primary residence,
 - iii. Is signed by an authorized signer for the homeless shelter or halfway house, and
 - iv. States the authorized signer's title or position at the homeless shelter or halfway house; or
 - b. A statement signed by the individual that:
 - i. The individual does not live with the individual's parents, and
 - ii. The individual lacks a fixed nighttime residence;
 5. If the individual is a U.S. armed forces enlisted member, a copy of the individual's U.S. armed forces:
 - a. Enlistment document, or
 - b. Identification card; or
 6. If the individual is a U.S. armed forces veteran, as defined in 38 U.S.C. 101, a copy of the individual's discharge certificate.
- D.** A request to the Department under subsection (B)(5) to disclose medical records or payment records shall include:
1. The name of the individual identified by the information in the medical records or payment records;
 2. A statement that the individual identified by the information in the medical records or payment records is deceased;
 3. The description and dates of the medical records or payment records requested;
 4. The name, address, and telephone number of the person requesting the medical records or payment records disclosure;
 5. Whether the person requesting the medical records or payment records disclosure:
 - a. Was the deceased individual's health care decision maker at the time of death,
 - b. Is the personal representative of the deceased individual's estate, or
 - c. Is a person listed in A.R.S. § 12-2294(D);
 6. The signature of the individual requesting the medical records or payment records disclosure;

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7. Documentation that the individual identified by the information in the medical records or payment records is deceased, such as a copy of:
 - a. The individual's death certificate,
 - b. A published obituary notice for the individual, or
 - c. Written notification of the individual's death; and
 8. Documentation establishing the relationship to the deceased individual indicated under subsection (D)(5), which includes the following:
 - a. Appointment as the deceased individual's legal guardian by a court of competent jurisdiction,
 - b. Appointment as the personal representative of the deceased individual's estate by a court of competent jurisdiction,
 - c. The deceased individual's birth certificate naming the person requesting the medical records or payment records as a parent,
 - d. The birth certificate of the person requesting the medical records or payment records naming the deceased individual as a parent, or
 - e. If the person requesting the medical records or payment records disclosure is the deceased individual's surviving spouse:
 - i. A copy of the person's marriage certificate naming the deceased individual as spouse, and
 - ii. A copy of the deceased individual's probated will naming the person as the deceased individual's surviving spouse.
- E.** The Department shall send a response to a request for medical records or payment records disclosure under subsection (B)(5) that meets the requirements of subsection (D):
1. By regular mail,
 2. To the address provided under subsection (D)(4), and
 3. Within 30 days after the date the Department receives the request.
- Historical Note**
- New Section made by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).
Amended by final expedited rulemaking at 26 A.A.R. 1224, with an immediate effective date of June 3, 2020 (Supp. 20-2).
- R9-1-303. Public Health Records Disclosure**
- A.** A.R.S. Title 39, Chapter 1, Article 2, governs the Department's disclosure of public health records, except for:
1. Disclosure of public health records under A.R.S. §§ 36-104(9) and 36-105;
 2. Disclosure of vital records, as defined in A.R.S. 36-301, under A.R.S. §§ 36-324, 36-342, and 36-351;
 3. At the direction of the Human Subjects Review Board, disclosure of public health records that are not de-identified when:
 - a. The public health records are sought for research, and
 - b. The disclosure meets the requirements of 45 CFR 164.512(i)(2);
 4. Disclosure of medical marijuana records under A.R.S. § 36-2810; or
 5. Other disclosures prohibited by state or federal law.
- B.** For disclosure of public health records under A.R.S. Title 39, Chapter 1, Article 2, an individual shall submit to the Department a public records request that contains:
1. The request date;
 2. The requester's name, and if applicable, the requester's mailing address, e-mail address, and telephone number;
 3. If applicable, the name, address, and telephone number of the requester's organization;
 4. A specific identification of the public health records to be disclosed, including the description and dates of the records;
 5. Whether the public health records identified in subsection (B)(4) will be used for commercial purposes;
 6. If the requester indicates under subsection (B)(5) that the public health records will be used for commercial purposes, an explanation of each commercial purpose;
 7. The requester's signature; and
 8. If the requester indicates under subsection (B)(5) that the public health records will be used for a commercial purpose:
 - a. A jurat, as defined in A.R.S. § 41-311, completed by an Arizona notary; or
 - b. A notarization from another state indicating that the notary:
 - i. Verified the signer's identity,
 - ii. Observed the signing of the document, and
 - iii. Heard the signer swear or affirm the truthfulness of the document.
- C.** Within 15 business days after the Department receives a public records request that meets the requirements in subsection (B) or at a later time agreed upon by the Department and the individual requesting the records, the Department shall respond to the request by:
1. Sending by regular mail or electronic mail to the address provided in subsection (B)(2):
 - a. An acknowledgement that the Department received the public records request;
 - b. A list of categories of public health records that are not subject to disclosure; and
 - c. For the public health records requested that are subject to disclosure, a statement that the Department will notify the individual when disclosure will be provided; or
 2. Providing:
 - a. A list of categories of public health records that are not subject to disclosure; and
 - b. For the public health records requested that are subject to disclosure, disclosure of the records.
- D.** The Department shall ensure that public health records disclosed pursuant to a public records request are de-identified.
- E.** For copies of public health records disclosed pursuant to a public records request:
1. If the copies are for a commercial purpose, the Department shall charge:
 - a. The amount determined according to A.R.S. § 39-121.03, and
 - b. Based on the requester's explanation under subsection (B)(6);
 2. If the copies are not for a commercial purpose, the Department shall charge twenty-five cents per page; or
 3. If the copies are for a purpose stated in A.R.S. § 39-122(A), the Department shall not impose a charge.
- Historical Note**
- New Section made by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).
Amended by final expedited rulemaking at 26 A.A.R.

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1224, with an immediate effective date of June 3, 2020
(Supp. 20-2).

R9-1-304. Reserved

R9-1-305. Reserved

R9-1-306. Reserved

R9-1-307. Reserved

R9-1-308. Reserved

R9-1-309. Reserved

R9-1-310. Reserved

R9-1-311. Repealed

Historical Note

Amended by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).

R9-1-312. Repealed

Historical Note

Amended by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 12 A.A.R. 3699, effective November 11, 2006 (Supp. 06-3).

R9-1-313. Repealed

Historical Note

Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-314. Repealed

Historical Note

Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

R9-1-315. Repealed

Historical Note

Section repealed by final rulemaking at 8 A.A.R. 3296, effective July 15, 2002 (Supp. 02-3).

ARTICLE 4. EXPIRED AND REPEALED

R9-1-401. Reserved

R9-1-402. Reserved

R9-1-403. Reserved

R9-1-404. Reserved

R9-1-405. Reserved

R9-1-406. Reserved

R9-1-407. Reserved

R9-1-408. Reserved

R9-1-409. Reserved

R9-1-410. Reserved

R9-1-411. Expired

Historical Note

Section R9-1-411 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 797, effective April 8, 2021 (Supp. 21-2).

R9-1-412. Expired

Historical Note

Amended effective December 12, 1975 (Supp. 75-2). Amended effective February 12, 1981 (Supp. 81-1). Amended effective January 5, 1987 (Supp. 87-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective April 3, 1996 (Supp. 96-2). Amended by final rulemaking at 6 A.A.R. 4724, effective November 28, 2000 (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 4459, effective October 2, 2002 (Supp. 02-4). Amended by final rulemaking at 13 A.A.R. 4505, effective February 2, 2008 (Supp. 07-4). Amended by exempt rulemaking at 19 A.A.R. 1800, effective October 1, 2013 (Supp. 13-2). Section R9-1-412 expired under A.R.S. § 41-1056(J) at 27 A.A.R. 797, effective April 8, 2021 (Supp. 21-2).

R9-1-413. Repealed

Historical Note

Amended effective February 12, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

R9-1-414. Repealed

Historical Note

Adopted effective May 26, 1978 (Supp. 78-3). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

R9-1-415. Repealed

Historical Note

Amended effective February 12, 1981 (Supp. 81-1). Correction, subsection (A) DHEW Publication number from (FDA) 48-2091 to (FDA) 78-2091 (Supp. 83-3). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

R9-1-416. Repealed

Historical Note

Amended effective February 12, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

R9-1-417. Repealed

Historical Note

Amended effective February 12, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 5077, effective November 22, 2002 (Supp. 02-4).

R9-1-418. Repealed

Historical Note

Repealed effective February 12, 1981 (Supp. 81-1).

ARTICLE 5. SLIDING FEE SCHEDULES

R9-1-501. Definitions

In this Article, unless otherwise specified:

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1. "Administrative fee" means a fee payable by an uninsured individual that is established and charged according to R9-1-506(E).
2. "AHCCCS" means the Arizona Health Care Cost Containment System.
3. "Business day" means the same as in A.R.S. § 10-140.
4. "Calendar year" means January 1 through December 31.
5. "Child" means an individual under age 19.
6. "Consideration" means valuable compensation for something received or to be received.
7. "Correctional facility" means the same as in A.R.S. § 13-2501.
8. "Costs of producing rental income" means payments made by a rental-income recipient that are attributable to the premises or the portion of the premises generating the income, including payments for:
 - a. Property taxes,
 - b. Insurance premiums,
 - c. Mortgage principal and interest,
 - d. Utilities, and
 - e. Maintenance and repair.
9. "Costs of producing self-employment income" means payments made by a self-employment-income recipient that are attributable to generating the income, including payments for:
 - a. Equipment, machinery, and real estate;
 - b. Labor;
 - c. Inventory;
 - d. Raw materials;
 - e. Insurance premiums;
 - f. Rent; and
 - g. Utilities.
10. "Current federal poverty guidelines" means the most recent annual update of the U.S. Department of Health and Human Services' Poverty Guidelines published in the Federal Register.
11. "Deduction" means a dollar amount subtracted from a payment, before an individual receives the payment, for:
 - a. Federal income tax,
 - b. Social Security tax,
 - c. Medicare tax,
 - d. State income tax,
 - e. Insurance other than OASDI,
 - f. Pension, or
 - g. Other dollar amounts required by law or authorized by the individual to be subtracted.
12. "Department" means the Department of Health Services.
13. "Detention facility" means a place of confinement, including:
 - a. A juvenile facility under the jurisdiction of:
 - i. A county board of supervisors, or
 - ii. A county jail district authorized by A.R.S. Title 48, Chapter 25;
 - b. A juvenile secure care facility under the jurisdiction of the Department of Juvenile Corrections; or
 - c. A facility for individuals who are not United States citizens and who are in the custody of the U.S. Immigration and Customs Enforcement, Department of Homeland Security.
14. "Earned income" means work-related payments received by an individual, including:
 - a. Wages,
 - b. Commissions and fees,
 - c. Salary,
 - d. Profit from self-employment,
 - e. Profit from rent received from an individual or entity, and
 - f. Any other work-related monetary payments received by an individual.
15. "Family income" means the dollar amount determined according to R9-1-503(B).
16. "Family member" means an individual, determined according to R9-1-502, whose income is included in family income.
17. "Fee percentage" means a part of a provider's usual charges for medical services that is:
 - a. Expressed in hundredths, and
 - b. Established by a provider in a sliding fee schedule for medical services rendered to an uninsured individual.
18. "Fetus" means the same as in A.R.S. § 36-2152.
19. "Flat fee" means a dollar amount that is:
 - a. Established by a provider in a sliding fee schedule for a medical service or group of medical services rendered to an uninsured individual, and
 - b. Less than the provider's usual charges for the medical service or group of medical services.
20. "Gift" means money, real property, personal property, a service, or anything of value other than unearned income for which the recipient does not provide consideration of equal or greater value.
21. "Hospital services" means the same as in A.A.C. R9-10-201.
22. "Income" means combined earned and unearned income.
23. "Inpatient services" means hospital services provided to an individual who will receive the services for 24 consecutive hours or more.
24. "Interrupted income" means income that stops for at least 30 continuous days during the current calendar year and then resumes.
25. "KidsCare" means the children's health insurance program, a federally funded program administered by AHCCCS under A.R.S. Title 36, Chapter 29, Article 4.
26. "Lowest contracted charge" means the smallest reimbursement a provider has agreed to accept for a medical service:
 - a. Determined by the provider's review of all the contracts between the provider and third party payors as defined in A.R.S. § 36-125.07(C), that:
 - i. Cover the medical service, and
 - ii. Are in effect at the time the medical service is provided to an uninsured individual; and
 - b. Subject to limitations of federal or state laws, rules, or regulations.
27. "Medical services" means the same as in A.R.S. § 36-401.
28. "Medicare tax" means the dollar amount subtracted from a payment for the health care insurance program for the aged and disabled under Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.
29. "New income" means income that begins at least 30 days after the start of the current calendar year.
30. "OASDI" means old age, survivors, and disability insurance.
31. "Profit" means the remainder after subtracting:
 - a. The costs of producing rental income from the rent received from an individual or entity, or

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- b. The costs of producing self-employment income from the self-employment.
- 32. "Provider" means an individual or entity that:
 - a. Provides medical services;
 - b. Participates in a program that requires participants to use a sliding fee schedule, such as a program authorized under A.R.S. §§ 36-104(16), 36-2907.06, 36-2172, or 36-2174;
 - c. Includes:
 - i. A dentist licensed under A.R.S. Title 32, Chapter 11;
 - ii. A physician licensed under A.R.S. Title 32, Chapter 13 or Chapter 17;
 - iii. A registered nurse practitioner defined in A.R.S. § 32-1601 and licensed under A.R.S. Title 32, Chapter 15;
 - iv. A physician assistant licensed under A.R.S. Title 32, Chapter 25 and practicing according to A.R.S. § 32-2531;
 - v. A health care institution licensed under A.R.S. Title 36, Chapter 4; or
 - vi. An office or facility that is exempt from licensing under A.R.S. § 36-402(A)(3); and
 - d. Excludes an individual or entity when the individual or entity provides:
 - i. Inpatient services,
 - ii. Medical services at a correctional facility, or
 - iii. Medical services at a detention facility.
- 33. "Secure care" means the same as in A.R.S. § 41-2801.
- 34. "Self employment" means earning income from one's own business, trade, or profession rather than receiving a salary or wages from an employer.
- 35. "Sliding fee" means flat fee or fee percentage that increases or decreases based on one or more factors.
- 36. "Sliding fee schedule" means a document containing a provider's flat fees or fee percentages based on:
 - a. Family members determined according to R9-1-502, and
 - b. Family income determined according to R9-1-503.
- 37. "Social Security tax" means the dollar amount subtracted from a payment for OASDI under Title II of the Social Security Act, 42 U.S.C. 401 et seq.
- 38. "State health benefits risk pool" means:
 - a. A state-established organization qualifying under 26 U.S.C. 501(c)(26);
 - b. A state-established qualified high risk pool described in Section 2744(c)(2) of the Public Health Service Act, 42 U.S.C. 300gg-44(c)(2); or
 - c. A state-sponsored arrangement, for which the state specifies the membership, primarily established and maintained to provide health insurance coverage for state residents with a medical condition or a history of a medical condition that:
 - i. Prevents them from obtaining coverage for the condition through insurance or from a health maintenance organization, or
 - ii. Enables them to obtain coverage for the condition only at a rate substantially more than the rate available through the state-sponsored arrangement.
- 39. "Support payment" means a dollar amount, received at regular intervals by an individual, for food, shelter, furniture, clothing, and medical expenses.
- 40. "Terminated income" means income received during the current calendar year that stops and will not resume.
- 41. "Training stipend" means a dollar amount, received at regular intervals by an individual, during a course or program for the development of the individual's skills.
- 42. "Unearned income" means payments received by an individual that are not gifts and not earned income, including:
 - a. Unemployment insurance;
 - b. Workers' compensation;
 - c. Disability payments;
 - d. Social Security payments;
 - e. Public assistance payments, excluding food stamps;
 - f. Periodic insurance or annuity payments;
 - g. Retirement or pension payments;
 - h. Strike benefits from union funds;
 - i. Training stipends;
 - j. Child support payments;
 - k. Alimony payments;
 - l. Military family allotments or other support payments from a relative or other individual not residing with the recipient;
 - m. Investment income;
 - n. Royalty payments;
 - o. Periodic payments from estates or trusts; and
 - p. Any other monetary payments received by an individual that are not gifts, earned income, capital gains, lump-sum inheritance or insurance payments, or payments made to compensate for personal injury.
- 43. "Uninsured individual" means an individual who does not have health care coverage under any of the following:
 - a. A group health plan as defined in Section 2792(a)(1) of the Public Health Service Act, 42 U.S.C. 300gg-91(a)(1), including a small employer's group health plan under A.R.S. Title 20, Chapter 13 or under the laws of another state;
 - b. A church plan as defined in section 3(33) of the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1002(33);
 - c. Medicare, the health insurance program for the aged and disabled under Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.;
 - d. Medicaid, the program that pays for medical assistance for certain individuals and families with low incomes and resources, through AHCCCS or another state's Medicaid agency, under Title XIX of the Social Security Act, 42 U.S.C. 1396 et seq., excluding a state program for distribution of pediatric vaccines under 42 U.S.C. 1396s;
 - e. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or Tricare, the medical and dental care programs for members of the armed forces, certain former members, and their dependents under 10 U.S.C. 1071 et seq. and 32 CFR 199;
 - f. A medical care program of the Indian Health Service or of a tribal organization;
 - g. The Federal Employees Health Benefits Program for U.S. government employees, certain former employees, and their family members under 5 U.S.C. 8901 et seq. and 5 CFR 890 and 891;
 - h. Peace Corps plans under Section 5(e) of the Peace Corps Act, 22 U.S.C. 2504(e), including:

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- i. Medical and dental care for Peace Corps applicants, Peace Corps volunteers, and minor children living with Peace Corps volunteers under 32 CFR 728.59;
 - ii. Form PC-127C authorization for payment for evaluation of the Peace Corps related conditions of former Peace Corps volunteers;
 - iii. Treatment of the Peace Corps related conditions of former Peace Corps volunteers under 32 CFR 728.53; and
 - iv. CorpsCare coverage for the non-Peace Corps related conditions of former Peace Corps volunteers and their dependents.
 - i. A state health benefits risk pool;
 - j. An individual policy or contract issued by:
 - i. An insurer for medical expenses, including a preferred provider arrangement;
 - ii. A health care services organization under A.R.S. Title 20, Chapter 4, Article 9 or a health maintenance organization as defined in Section 2792(b)(3) of the Public Health Service Act, 42 U.S.C. 300gg-91(b)(3); or
 - iii. A nonprofit hospital, medical, dental, or optometric service corporation as defined in A.R.S. § 20-822, including Blue Cross Blue Shield of Arizona, or organized under the laws of another state;
 - k. An individual policy or contract made available through the Healthcare Group of Arizona administered by AHCCCS under A.R.S. §§ 36-2912, 36-2912.01, and 36-2912.02;
 - l. A health insurance plan of a state or of a political subdivision as defined in A.R.S. § 35-511 or determined under the laws of another state;
 - m. A policy or contract issued to a member of a bona fide association as defined in section 2791(d)(3) of the Public Health Service Act, 42 U.S.C. 300gg-91(d)(3); or
 - n. KidsCare or another state's children's health insurance program under Title XXI of the Social Security Act, 42 U.S.C. 1397aa et seq.
44. "Variable income" means income in a dollar amount that changes from payment to payment.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

R9-1-502. Family Member Determination

A provider shall determine the family members of an uninsured individual seeking medical services.

- 1. A family with one member consists of:
 - a. A non-pregnant child who does not live with:
 - i. A parent;
 - ii. A spouse;
 - iii. An individual with whom the child has a common biological or adopted child;
 - iv. A biological or adopted child; or
 - v. A biological or adopted child of an individual with whom the child has a common biological or adopted child; or
 - b. A non-pregnant individual who is at least age 19 who does not live with:
 - i. A spouse;

- ii. An individual with whom the individual who is at least age 19 has a common biological or adopted child;
 - iii. A biological or adopted child; or
 - iv. A biological or adopted child of an individual with whom the individual who is at least age 19 has a common biological or adopted child.
2. A family with two or more members consists of:
- a. An individual and:
 - i. The biological or adopted children who live with the individual; and
 - ii. If the individual or a child under subsection (2)(a)(i) is pregnant, each fetus;
 - b. Two individuals, who have a common biological or adopted child and who live together, and:
 - i. The common biological or adopted children living with the two individuals;
 - ii. The biological or adopted children of either individual living with the two individuals; and
 - iii. If an individual or a child under subsection (2)(b)(i) or subsection (2)(b)(ii) is pregnant, each fetus; or
 - c. Two individuals, who are married to each other, who live together, and who do not have a common biological or adopted child, and
 - i. The biological or adopted children of either individual living with the two individuals; and
 - ii. If an individual or a child under subsection (2)(c)(i) is pregnant, each fetus.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

R9-1-503. Family Income Determination

- A. A provider shall establish flat fees or fee percentages for medical services rendered to uninsured individuals with family incomes, including earned and unearned income, equal to or less than 200 percent of the current federal poverty guidelines.
- B. A provider shall determine an uninsured individual's family income by:
 - 1. Multiplying a weekly payment received by a family member, before deductions, by 52;
 - 2. Multiplying a biweekly payment received by a family member, before deductions, by 26;
 - 3. Multiplying a monthly payment received by a family member, before deductions, by 12;
 - 4. For variable income received by a family member:
 - a. Adding at least four payments, before deductions;
 - b. Dividing the sum obtained in subsection (B)(4)(a) by the number of payments included; and
 - c. Multiplying the quotient obtained in subsection (B)(4)(b) by 52, 26, or 12 as applicable;
 - 5. Counting the actual payments received by a family member, before deductions, for:
 - a. Interrupted income,
 - b. New income, and
 - c. Terminated income; and
 - 6. Adding the dollar amounts calculated under subsections (B)(1) through (B)(5).

Historical Note

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

TITLE 9. HEALTH SERVICES

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R9-1-504. Sliding Fee Schedule Submission and Contents

- A.** By April 1 of each year, a provider shall submit to the Department the provider's sliding fee schedule, including:
1. A sliding fee schedule with fee percentages,
 2. A sliding fee schedule with flat fees, or
 3. A sliding fee schedule with fee percentages and a sliding fee schedule with flat fees.
- B.** A sliding fee schedule with fee percentages shall contain:
1. A statement that the sliding fee schedule applies to charges for all medical services provided to uninsured individuals by or through the provider;
 2. The current federal poverty guidelines;
 3. For an uninsured individual with a family income equal to or less than 100 percent of the current federal poverty guidelines, a 100 percent reduction; and
 4. For uninsured individuals with family incomes more than 100 percent of the current federal poverty guidelines but not more than 200 percent of the current federal poverty guidelines, at least three fee percentage levels that increase as family income increases.
- C.** A sliding fee schedule with flat fees shall contain:
1. The requirements listed in subsections (B)(1) and (B)(2);
 2. The flat fee for each medical service or group of medical services;
 3. For an uninsured individual with a family income equal to or less than 100 percent of the current federal poverty guidelines, a \$0 flat fee for each medical service or group of medical services included under subsection (C)(2); and
 4. For uninsured individuals with family incomes more than 100 percent of the current federal poverty guidelines but not more than 200 percent of the current federal poverty guidelines, at least three flat fee levels that increase as family income increases for each medical service or group of medical services included under subsection (C)(2).

Historical Note

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

R9-1-505. Sliding Fee Schedule Approval Time-frames

- A.** The overall time-frame described in A.R.S. § 41-1072(2) for a request for sliding fee schedule approval is 32 days.
1. A provider and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
 2. An extension of the substantive review time-frame and the overall time-frame shall not exceed eight days.
- B.** The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for a request for sliding fee schedule approval is 11 days, beginning on the day the Department receives the request.
1. Except as provided in subsections (B)(3) and (B)(4), the Department shall mail to a provider a written notice of administrative completeness when the provider's request for sliding fee schedule approval is complete.
 2. If a request for sliding fee schedule approval is incomplete, the Department shall mail to the provider a written notice of administrative deficiencies that:
 - a. Lists the missing documents or incomplete information, and
 - b. Suspends the administrative completeness review time-frame and the overall time-frame from the date on the notice of administrative deficiencies:

- i. Until the date the Department receives a complete request for sliding fee schedule approval; or
 - ii. For 60 days, whichever comes first.
3. If the Department does not receive all the additional documents or information required under subsection (B)(1) within 60 days after the date on the notice of administrative deficiencies, the Department deems the request for sliding fee schedule approval withdrawn.
 4. If the Department approves a sliding fee schedule during the administrative completeness review time-frame, the Department does not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame described in A.R.S. § 41-1072(3) for a request for sliding fee schedule approval is 21 days, beginning on the date on the Department's notice of administrative completeness under subsection (B)(1).
1. The Department shall mail to a provider a written notice granting or denying approval according to A.R.S. § 41-1076 by the last day of the substantive review time-frame and the overall time-frame.
 2. If the Department issues to a provider a written request for additional information according to A.R.S. § 41-1075(A), the request for additional information suspends the substantive review time-frame and the overall time-frame from the date on the request for additional information:
 - a. Until the date the Department receives all the information requested; or
 - b. For 60 days, whichever comes first.
 3. If the Department does not receive all the information requested under subsection (C)(2) within 60 days after the postmark date of the request for additional information, the Department shall deny sliding fee schedule approval.
- D.** If a time-frame's last day falls on a Saturday, Sunday, or state service holiday listed in A.A.C. R2-5-402, the Department considers the next business day the time-frame's last day.

Historical Note

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

R9-1-506. Fees Payable by Uninsured Individuals Under a Sliding Fee Schedule

- A.** A provider:
1. Shall not charge an uninsured individual with a family income equal to or less than 100 percent of the current federal poverty guidelines the fee determined according to subsection (C) or subsection (D), and
 2. May charge an individual described in subsection (A)(1) only the single administrative fee determined according to subsection (E).
- B.** A provider may charge an uninsured individual with a family income more than 100 percent of the current federal poverty guidelines but not more than 200 percent of the current federal poverty guidelines the fee determined according to subsection (C), subsection (D), or subsection (E).
- C.** If a provider uses a sliding fee schedule with fee percentages, an uninsured individual's fee for medical services shall not exceed the dollar amount calculated by applying the fee percentage for the individual's family income to the lowest contracted charge for each medical service provided.

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- D. If a provider uses a sliding fee schedule with flat fees, an uninsured individual's fee for medical services shall not exceed the lowest contracted charge for each medical service provided.
- E. A provider may:
1. Establish a single administrative fee that does not exceed \$25; and
 2. Charge the administrative fee to:
 - a. Uninsured individuals with a family income equal to or less than 100 percent of the current federal poverty guidelines; and
 - b. Uninsured individuals with family incomes more than 100 percent of the current federal poverty guidelines but not more than 200 percent of the current federal poverty guidelines only in lieu of the fee calculated under subsection (C) or subsection (D).

Historical Note

New Section made by final rulemaking at 12 A.A.R. 3990, effective December 4, 2006 (Supp. 06-4).

ARTICLE 6. EXPIRED**R9-1-601. Expired****Historical Note**

New Section R9-1-601 recodified from R9-18-101 at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 1, 2025 (Supp. 25-4).

R9-1-602. Expired**Historical Note**

New Section R9-1-602 recodified from R9-18-102 at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). Section expired under A.R.S. §

41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 1, 2025 (Supp. 25-4).

R9-1-603. Expired**Historical Note**

New Section R9-1-603 recodified from R9-18-103 at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 1, 2025 (Supp. 25-4).

R9-1-604. Expired**Historical Note**

New Section R9-1-604 recodified from R9-18-104 at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 1, 2025 (Supp. 25-4).

R9-1-605. Expired**Historical Note**

New Section R9-1-605 recodified from R9-18-105 at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 1, 2025 (Supp. 25-4).

R9-1-606. Expired**Historical Note**

New Section R9-1-606 recodified from R9-18-106 at 26 A.A.R. 3319, with an immediate effective date of December 7, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 4407 (November 21, 2025), effective November 1, 2025 (Supp. 25-4).