

NOTICE OF PROPOSED EXPEDITED RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 6. DEPARTMENT OF HEALTH SERVICES
COMMUNICABLE DISEASES AND INFESTATIONS
ARTICLE 1. GENERAL

PREAMBLE

- 1. Article, Part, of Section Affected (as applicable) Rulemaking Action**

R9-6-101	Amend
R9-6-103	Amend

- 2. Citations to the agency’s statutory authority for the rulemaking to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing Statutes: A.R.S. §§ 36-132(A)(1) and 36-136(G)
Implementing Statutes: A.R.S. § 36-136(I)(1)

- 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed expedited rulemaking:**

Notice of Docket Opening: 29 A.A.R. XXXX, June 16, 2023

- 4. The agency’s contact person who can answer questions about the rulemaking:**

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5. An agency's justification and reason why a rule should be made, amended, repealed or renumbered, under A.R.S. § 41-1027, to include an explanation about the rulemaking:

Arizona Revised Statutes (A.R.S.) § 36-136(I)(1) requires the Arizona Department of Health Services (Department) to make rules defining and prescribing “reasonably necessary measures for detecting, reporting, preventing, and controlling communicable and preventable diseases.” The Department has adopted rules to implement this statute in Arizona Administrative Code (A.A.C.) Title 9, Chapter 6. R9-6-101 contains definitions applicable to multiple Articles in the Chapter, and R9-6-103 establishes procedures for processing requests from Good Samaritans, who have had a significant exposure risk, for disclosure of communicable disease-related information pursuant to A.R.S. § 36-664(E). As part of a five-year-review report for 9 A.A.C. 6, Article 1, the Department identified incorrect cross-references in these two rules and proposed making changes to the rules. After receiving an exception according to A.R.S. § 41-1039(A), the Department is correcting the cross-references in the rules through expedited rulemaking, under A.R.S. § 41-1027, consistent with the five-year review report. The Department believes that making these changes will improve effectiveness and reduce the regulatory burden.

6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Department did not review or rely on any study for this rulemaking.

7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state.

Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

Under A.R.S. § 41-1055(D)(2), the Department is not required to provide an economic, small business, and consumer impact statement.

9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:

Not applicable

10. Where, when, and how persons may provide written comment to the agency on the proposed expedited rule under A.R.S. § 41-1027(C):

Close of record: Monday, July 17, 2023, 4:00 p.m.

A person may submit written comments on the proposed expedited rules no later than the close of record to either of the individuals listed in item 4.

11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require the issuance of a regulatory permit. Therefore, a general permit is not applicable.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

Federal laws do not apply to the rule.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

No such analysis was submitted.

12. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

None

13. The full text of the rule follows:

TITLE 9. HEALTH SERVICES
CHAPTER 6. DEPARTMENT OF HEALTH SERVICES
COMMUNICABLE DISEASES AND INFESTATIONS
ARTICLE 1. GENERAL

Section

R9-6-101. Definitions

R9-6-103. Disclosure of Communicable Disease-Related Information to a Good Samaritan

ARTICLE 1. GENERAL

R9-6-101. Definitions

In this Chapter, unless otherwise specified:

1. “Active tuberculosis” means the same as in A.R.S. § 36-711.
2. “Administrator” means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.
3. “Agency” means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
4. “Agent” means an organism that may cause a disease, either directly or indirectly.
5. “AIDS” means Acquired Immunodeficiency Syndrome.
6. “Airborne precautions” means, in addition to use of standard precautions:
 - a. Either:
 - i. Placing an individual in a private room with negative air-pressure ventilation, at least six air exchanges per hour, and air either:
 - (1) Exhausted directly to the outside of the building containing the room, or
 - (2) Recirculated through a HEPA filtration system before being returned to the interior of the building containing the room; or
 - ii. If the building in which an individual is located does not have an unoccupied room meeting the specifications in subsection (6)(a)(i):
 - (1) Placing the individual in a private room, with the door to the room kept closed when not being used for entering or leaving the room, until the individual is transferred to a health care institution that has a room meeting the specifications in subsection (6)(a)(i) or to the individual’s residence, as medically appropriate; and
 - (2) Ensuring that the individual is wearing a mask covering the individual’s nose and mouth; and
 - b. Ensuring the use by other individuals, when entering the room in which the individual is located, of a device that is:
 - i. Designed to protect the wearer against inhalation of an atmosphere that may be harmful to the health of the wearer, and
 - ii. At least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.
7. “Approved test for tuberculosis” means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.

8. “Arizona State Laboratory” means the part of the Department authorized by A.R.S. Title 36, Chapter 2, Article 2, and A.R.S. § 36-132(A)(11) that performs serological, microbiological, entomological, and chemical analyses.
9. “Average window period” means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
10. “Barrier” means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
11. “Body fluid” means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, lymph, or saliva.
12. “Carrier” means an infected individual without symptoms who can spread the infection to a susceptible individual.
13. “Case” means an individual:
 - a. With a communicable disease whose condition is documented:
 - i. By laboratory results that support the presence of the agent that causes the disease;
 - ii. By a health care provider’s diagnosis based on clinical observation; or
 - iii. By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent;
 - b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak; or
 - c. Who has experienced a vaccinia-related adverse event.
14. “Case definition” means the disease-specific criteria that must be met for an individual to be classified as a case.
15. “Chief medical officer” means the senior health care provider in a correctional facility or that individual’s designee who is also a health care provider.
16. “Child” means an individual younger than 18 years of age.
17. “Child care establishment” means:
 - a. A “child care facility,” as defined in A.R.S. § 36-881;
 - b. A “child care group home,” as defined in A.R.S. § 36-897;
 - c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or
 - d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
18. “Clinical signs and symptoms” means evidence of disease or injury that can be observed by a health care provider or can be inferred by the health care provider from a patient’s description of subjective complaints.
19. “Cohort room” means a room housing only individuals infected with the same agent and no other agent.

20. “Communicable disease” means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
21. “Communicable period” means the time during which an agent may be transmitted directly or indirectly:
 - a. From an infected individual to another individual;
 - b. From an infected animal, arthropod, or vehicle to an individual; or
 - c. From an infected individual to an animal.
22. “Confirmatory test” means a laboratory analysis approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
23. “Contact” means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.
24. “Correctional facility” means any place used for the confinement or control of an individual:
 - a. Charged with or convicted of an offense,
 - b. Held for extradition, or
 - c. Pursuant to a court order for law enforcement purposes.
25. “Court-ordered subject” means a subject who is required by a court of competent jurisdiction to provide one or more specimens of blood or other body fluids for testing.
26. “Dentist” means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
27. “Department” means the Arizona Department of Health Services.
28. “Designated service area” means the same as in [R9-18-101 A.A.C. R9-1-601](#).
29. “Diagnosis” means an identification of a disease by an individual authorized by law to make the identification.
30. “Disease” means a condition or disorder that causes the human body to deviate from its normal or healthy state.
31. “Emerging or exotic disease” means:
 - a. A new disease resulting from change in an existing organism;
 - b. A known disease not usually found in the geographic area or population in which it is found;
 - c. A previously unrecognized disease appearing in an area undergoing ecologic transformation; or
 - d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.
32. “Entity” has the same meaning as “person” in A.R.S. § 1-215.

33. “Epidemiologic investigation” means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.
34. “Fever” means a temperature of 100.4° F or higher.
35. “Food establishment” has the same meaning as in the document incorporated by reference in A.A.C. R9-8-107 A.A.C. R9-8-101.
36. “Food handler” means:
 - a. A paid or volunteer full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
 - b. An individual who prepares food for or serves food to a group of two or more individuals in a setting other than a food establishment.
37. “Foodborne” means that food serves as a mode of transmission of an infectious agent.
38. “Guardian” means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
39. “HBsAg” means hepatitis B surface antigen.
40. “Health care institution” has the same meaning as in A.R.S. § 36-401.
41. “Health care provider” means the same as in A.R.S. § 36-661.
42. “Health education” means supplying to an individual or a group of individuals:
 - a. Information about a communicable disease or options for treatment of a communicable disease, and
 - b. Guidance about methods to reduce the risk that the individual or group of individuals will become infected or infect other individuals.
43. “HIV” means Human Immunodeficiency Virus.
44. “HIV-related test” has the same meaning as in A.R.S. § 36-661.
45. “Infected” or “infection” means when an individual has an agent for a disease in a part of the individual’s body where the agent may cause a disease.
46. “Infectious active tuberculosis” means pulmonary or laryngeal active tuberculosis in an individual, which can be transmitted from the infected individual to another individual.
47. “Infectious agent” means an agent that can be transmitted to an individual.
48. “Infant” means a child younger than 12 months of age.
49. “Isolate” means:
 - a. To separate an infected individual or animal from others to limit the transmission of infectious agents, or
 - b. A pure strain of an agent obtained from a specimen.
50. “Isolation” means separation, during the communicable period, of an infected individual or animal from others to limit the transmission of infectious agents.
51. “Laboratory report” means a document that:

- a. Is produced by a laboratory that conducts a test or tests on a subject's specimen; and
 - b. Shows the outcome of each test, including personal identifying information about the subject.
52. "Local health agency" means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
53. "Local health officer" means an individual who has daily control and supervision of a local health agency or the individual's designee.
54. "Medical evaluation" means an assessment of an individual's health by a physician, physician assistant, or registered nurse practitioner.
55. "Medical examiner" means an individual:
- a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-592, or
 - b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
56. "Multi-drug resistant tuberculosis" means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.
57. "Officer in charge" means the individual in the senior leadership position in a correctional facility or that individual's designee.
58. "Outbreak" means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
59. "Parent" means a biological or adoptive mother or father.
60. "Person" has the same meaning as in A.R.S. § 1-215.
61. "Petition" means a formal written application to a court requesting judicial action on a matter.
62. "Pharmacy" has the same meaning as in A.R.S. § 32-1901.
63. "Physician" means an individual licensed as a doctor of:
- a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
 - b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;
 - c. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
 - d. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
64. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
65. "Pupil" means a student attending a school.
66. "Quarantine" means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communicable period, to prevent transmission of the disease if infection occurs.
67. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
68. "Respiratory disease" means a communicable disease with acute onset of fever and symptoms such as cough, sore throat, or shortness of breath.

69. “Risk factor” means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.
70. “School” means:
- a. An “accommodation school,” as defined in A.R.S. § 15-101;
 - b. A “charter school,” as defined in A.R.S. § 15-101;
 - c. A “private school,” as defined in A.R.S. § 15-101;
 - d. A “school,” as defined in A.R.S. § 15-101;
 - e. A college or university;
 - f. An institution that offers a “private vocational program,” as defined in A.R.S. § 32-3001; or
 - g. An institution that grants a “degree,” as defined in A.R.S. § 32-3001, for completion of an educational program of study.
71. “Screening test” means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is infected with a communicable disease.
72. “Sexual contact” means vaginal intercourse, anal intercourse, fellatio, cunnilingus, or other deliberate interaction with another individual’s genital area for a non-medical or non-hygienic reason.
73. “Shelter” means:
- a. A facility or home that provides “shelter care,” as defined in A.R.S. § 8-201;
 - b. A “homeless shelter,” as defined in A.R.S. § 16-121; or
 - c. A “shelter for victims of domestic violence,” as defined in A.R.S. § 36-3001.
74. “Significant exposure” means the same as in A.R.S. § 32-3207.
75. “Standard precautions” means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.
76. “Subject” means an individual whose blood or other body fluid has been tested or is to be tested.
77. “Submitting entity” means the same as in A.R.S. § 13-1415.
78. “Suspect case” means an individual whose medical history, signs, or symptoms indicate that the individual:
- a. May have or is developing a communicable disease;
 - b. May have experienced diarrhea, nausea, or vomiting as part of an outbreak; or
 - c. May have experienced a vaccinia-related adverse event.
79. “Syndrome” means a pattern of signs and symptoms characteristic of a disease.
80. “Test” means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
81. “Test result” means information about the outcome of a laboratory analysis of a subject’s specimen and does not include personal identifying information about the subject.

82. “Treatment” means a procedure or method to cure, improve, or palliate an illness or a disease.
83. “Tuberculosis control officer” means the same as in A.R.S. § 36-711.
84. “Vaccine” means a preparation of a weakened or killed agent, a portion of the agent’s structure, or a synthetic substitute for a portion of the agent’s structure that, upon administration into the body of an individual or animal, stimulates a response in the body to produce or increase immunity to a particular disease.
85. “Vaccinia-related adverse event” means a reaction to the administration of a vaccine against smallpox that requires medical evaluation of the reaction.
86. “Victim” means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
87. “Viral hemorrhagic fever” means disease characterized by fever and hemorrhaging and caused by a virus.
88. “Waterborne” means that water serves as a mode of transmission of an infectious agent.
89. “Working day” means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

R9-6-103. Disclosure of Communicable Disease-Related Information to a Good Samaritan

- A.** In this Section, unless otherwise specified, the following definitions apply:
1. “Affidavit” means a voluntary declaration or statement of facts that is made in writing and under oath or affirmation.
 2. “Assisted person” means the individual with whom a Good Samaritan alleges interaction constituting a significant exposure risk.
 3. “Available” means in the possession of or accessible by the Designated Officer who is reviewing a disclosure request.
 4. “Communicable disease-related information” has the same meaning as in A.R.S. § 36-661.
 5. “Designated Officer” means an individual appointed by the Director or a local health officer to:
 - a. Review a disclosure request from a Good Samaritan;
 - b. Determine whether disclosure of communicable disease-related information is required under A.R.S. § 36-664(E) and this Section; and
 - c. Respond to the Good Samaritan.
 6. “Director” has the same meaning as in A.R.S. § 36-101.
 7. “Disclosure request” means the information submitted by a Good Samaritan according to A.R.S. § 36-664(E) and subsection (C) or (D).
 8. “Emergency care or assistance” means actions performed by an individual on or for another individual, which are necessary to prevent death or impairment of the health of the other individual.

9. “Emergency department” has the same meaning as in A.A.C. R9-11-101.
 10. “Good Samaritan” has the same meaning as in A.R.S. § 36-661.
 11. “In writing” means:
 - a. An original document,
 - b. A photocopy,
 - c. A facsimile, or
 - d. An e-mail.
 12. “Medical consultation” means discussion between a Good Samaritan and:
 - a. A physician or a registered nurse practitioner working in an emergency department or urgent care unit;
 - b. An occupational health provider as defined in A.A.C. R9-6-801; or
 - c. Any other health care provider knowledgeable in determining circumstances when post-exposure prophylaxis is necessary.
 13. “Mucous membrane” means a thin, pliable layer of tissue that lines passageways and cavities in the human body that lead to the outside, such as the mouth, gastrointestinal tract, nose, vagina, and urethra.
 14. “Notarized” means signed and dated by a notary.
 15. “Notary” means any individual authorized to perform the acts specified under A.R.S. § 41-313 41-251.
 16. “Post-exposure prophylaxis” means treatment provided to an individual who may have been exposed to a communicable disease, which is intended to prevent infection of the individual.
 17. “Significant exposure risk” has the same meaning as in A.R.S. § 36-661.
 18. “Under oath or affirmation” means a sworn or affirmed statement made by a Good Samaritan to a notary under the penalty of perjury.
 19. “Urgent care unit” has the same meaning as in A.A.C. R9-11-201.
- B.** A significant exposure risk may occur when a Good Samaritan’s interaction with an individual results in:
1. A transfer of blood or body fluids from the individual onto the mucous membranes or into breaks in the skin of the Good Samaritan; or
 2. A sharing of airspace between the Good Samaritan and the individual.
- C.** If a Good Samaritan makes a disclosure request to the Department or a local health agency 72 hours or less after an alleged significant exposure risk, the disclosure request shall include:
1. The Good Samaritan’s name;
 2. The Good Samaritan’s mailing address or e-mail address;
 3. The telephone number at which the Good Samaritan may be reached during a working day;
 4. A description of the accident, fire, or other life-threatening emergency, in which the Good Samaritan rendered emergency care or assistance;

5. A description of the:
 - a. Emergency care or assistance rendered by the Good Samaritan at the accident, fire, or other life-threatening emergency; and
 - b. Circumstances that the Good Samaritan believes constitute a significant exposure risk;
 6. If known, the name of the assisted person;
 7. If known, the date of birth of the assisted person; and
 8. Any additional information that may identify the assisted person.
- D.** If a Good Samaritan makes a disclosure request to the Department or a local health agency more than 72 hours after an alleged significant exposure risk, the disclosure request shall include:
1. A statement in writing that the Good Samaritan is requesting communicable disease-related information for an assisted person as allowed under A.R.S. § 36-664(E);
 2. Documentation concerning the accident, fire, or other life-threatening emergency in which the Good Samaritan rendered emergency care or assistance; and
 3. A notarized affidavit that contains:
 - a. The information specified in subsections (C)(1) through (8);
 - b. A statement that the Good Samaritan understands that the Good Samaritan may seek medical consultation to determine whether post-exposure prophylaxis for a communicable disease is needed;
 - c. A statement that the Good Samaritan certifies that the declarations contained within the affidavit are truthful to the best of the Good Samaritan's knowledge; and
 - d. The Good Samaritan's signature.
- E.** Within two working days after the Department or a local health agency receives a disclosure request from a Good Samaritan, the Designated Officer shall:
1. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan and communicable disease-related information is available for the assisted person:
 - a. Attempt to contact the Good Samaritan by telephone and provide the Good Samaritan with the communicable disease-related information:
 - i. For the assisted person;
 - ii. Pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person; and
 - iii. Without revealing the assisted person's name;
 - b. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that disclosure of communicable disease-related information for one communicable disease does not rule out the possibility that the Good Samaritan

was exposed to other communicable diseases about which information is not available to the Designated Officer;

- c. Attempt to contact the Good Samaritan by telephone and provide to the Good Samaritan information concerning the agent causing the communicable disease for which the Designated Officer is disclosing communicable disease-related information, including:
 - i. A description of the disease or syndrome caused by the agent, including its symptoms;
 - ii. A description of how the agent is transmitted to others;
 - iii. The average window period for the agent;
 - iv. An explanation that exposure to an individual with a communicable disease does not mean that infection has occurred or will occur;
 - v. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
 - vi. That it is necessary to notify others that they may be or may have been exposed to the agent through interaction with the Good Samaritan; and
 - vii. The availability of assistance from the Department, local health agencies, or other resources; and
 - d. Send to the Good Samaritan in writing:
 - i. The information specified in subsection (E)(1)(a);
 - ii. The notification specified in subsection (E)(1)(b);
 - iii. The information specified in subsection (E)(1)(c); and
 - iv. A statement that the confidentiality of the disclosed communicable disease-related information is protected by A.R.S. §§ 36-664(G) and 36-666(A)(2);
2. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan, but the Designated Officer is unable to provide communicable disease-related information for the assisted person:
- a. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that either:
 - i. Communicable disease-related information, pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person, is not available to the Designated Officer; or

- ii. The Designated Officer is unable to identify the assisted person from the information provided in the Good Samaritan's disclosure request, as specified in subsection (C) or (D);
 - b. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that:
 - i. The Good Samaritan's interaction with the assisted person may pose a significant exposure risk to the Good Samaritan; and
 - ii. The Good Samaritan may seek medical consultation on the need for post-exposure prophylaxis; and
 - c. Send to the Good Samaritan in writing the notifications specified in subsections (E)(2)(a) and (b); and
- 3. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) does not indicate a significant exposure risk to the Good Samaritan:
 - a. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that the Designated Officer will not disclose any available communicable disease-related information for the assisted person; and
 - b. Send to the Good Samaritan in writing:
 - i. The notification specified in subsection (E)(3)(a);
 - ii. A statement that the Designated Officer's decision not to disclose communicable disease-related information to the Good Samaritan is based on A.R.S. § 36-664(E) and this Section;
 - iii. The Designated Officer's reasons for not disclosing communicable disease-related information to the Good Samaritan; and
 - iv. A statement that the Good Samaritan has the right to obtain a hearing as specified in A.R.S. § 41-1092.03(B).