Comprehensive

Notice of Privacy Practices

Effective July 1, 2013

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

Central Washington Comprehensive Mental Health (CWCMH) respects client confidentiality and only releases personal health information (PHI) about you in accordance with the State of Washington and federal law. This notice describes our practices related to the use of your medical record generated by CWCMH. The medical record is the physical property of CWCMH and the information in the medical record belongs to you.

I. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide your care, there are times when we will need to share your PHI with others beyond CWCMH. This includes, for example:

Treatment: We may use or disclose PHI about you to provide, coordinate, or manage your care or any related services with other providers such as a surgeon that may need medical information before performing a surgery.

Payment: Information will be used to obtain a payment for the treatment and services provided. This will include contacting your health insurance company for prior approval of planned treatment or for billing purposes. *Substance abuse services will need a signed authorization to contact insurance carriers.

Healthcare Operations: We may use information about you to coordinate our business activities. This may include, setting up your appointments, reviewing your care and training staff.

Organized Health Care Arrangement (OHCA): We may use and disclose PHI with other healthcare providers and healthcare plans as necessary to carry out treatment, payment and health care operations which may include utilization review, quality assessment and improvement activities.

II. INFORMATION DISCLOSED WITHOUT YOUR CONSENT

Emergencies: Sufficient information may be shared to address the immediate emergency you may be facing.

Follow-Up Appointments/Care: We will be contacting you, routinely by phone or mail, to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

As Required by Law: This would include situations where we have a court order, or are required to provide public health information, such as communicable diseases or suspected abuse and neglect, such as child abuse, elder abuse, institutional abuse, or unprofessional behavior by a healthcare professional.

Coroners, Funeral Directors: We may disclose personal health information to a coroner or medical examiner and funeral directors for the purposes of carrying out their duties.

Governmental Requirements: We may disclose information to a health oversight agency for activities authorized by law, such as auditors, investigations, inspections and licensure. There also might be a need to share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested, with the Department of Social and Health Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others: If a crime is committed on our premises or against our personnel, we may share information with law enforcement to apprehend the alleged criminal. We also have the obligation to involve law enforcement and to warn any potential victim, when we believe that an immediate danger may exist to someone, or if we believe that you present a danger to yourself, contact may be made with a designated mental health professional to assess for possible hospitalization. If you are a mental health client sentenced in accord with the Sentencing Reform Act, we may refer PHI to the Department of Corrections.

Business Associates: Your PHI may be disclosed to individuals or organizations that provide assistance to CWMCH or to comply with their legal obligations as described in the Notice. For example: We may disclose information to our computer software provider to assist us in maintenance of our software program.

Fundraising: CWCMH is a "not for profit" provider of health care services. Occasionally, we raise funds through community projects and may request that our treatment staff approach our clients to see if they would like to participate in these planned activities. We would involve our clients only if they were willing to sign an approved release of information. We will never sell your PHI.

A full listing of who CWCMH may disclose your health care information to without your consent is available upon request.

III. INFORMATION DISCLOSURE WHEN YOU HAVE THE OPPORTUNITY TO OBJECT

Facility Directory: This PHI is limited to your name, location in this agency and general health condition (critical, good, fair, or something similar). CWCMH will only provide this information if you provide a written authorization.

Disclosure to Family, Friends or Others: PHI may be disclosed to your family member, friend or another person. CWCMH will only provide PHI if you provide written authorization.

Disaster Relief: Unless you object, CWCMH may disclose your location and general condition to a public or private agency (the Red Cross, for example) authorized by law or its charter to assist in disaster relief efforts.

IV. YOUR RIGHTS

You have the following rights under Washington State and federal law:

Copy of Record: You are entitled to inspect your medical record that CWCMH has generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records: You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or others who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent that no action has been taken in reliance on your prior authorization. The request to revoke a release of information must be made in writing.

Restriction on Record: You may ask us not to use or disclose part of the personal health information. This request must be in writing. CWCMH is not required to agree to your request, if we believe it is not in your best interest to permit use and disclosure of the information. The request should be given to the Medical Records Department who will consult with the staff involved in your care to determine if the request can be granted. The Medical Records Department can be contacted at (509) 575-4084.

Restriction on Record for Self Paid Services: If you have paid for a service in <u>full</u>, we will not disclose that service information to your health plan for payment or healthcare operations when you provide a written request not to disclose the PHI.

Confidential Communications: You may request that we communicate with you in a certain manner or at a designated location. For example: You can request we only contact by mail or only at home or at work. We will honor such requests as long as it is reasonable. Requests can be made to any office coordinator. We have a right to verify that the payment information you are providing is correct. Due to agency policy, we are not able to provide information to you by e-mail.

Amending Record: If you believe that something in your medical record is incorrect or incomplete, you may request we amend it. To do this, contact the Medical Records Department at (509) 575-4084 and ask for the "Request to Amend Health Information Form". In certain cases, we may deny your request to change the record. If we deny your request for the amendment, you have a right to file a statement that you disagree with us. We will then file our response to your statement and both will be added to your medical record.

Accounting for Disclosures: You may request a listing of any disclosures we have made related to your personal health information, except for information we used for treatment, payment or health care operations purposes or that we shared with you or your family, or information that you gave us specific authorization to release. It also excludes the information we were required to release. Please submit your request in writing to our Medical Records Department. The first accounting in a 12 month period is free of charge. You will be charged a fee for any subsequent accounting in the 12 month period following the initial accounting.

Legal Responsibilities

Changes in Policy: CWCMH reserves the right to change its Privacy Statement, based on the needs of the organization and changes in state and federal law. Copies of the revised Notice may be obtained from any office coordinator.

CWCMH is required by federal and state law to protect the privacy of your PHI, notify affected individuals following a compromise of unsecured PHI, provide you with a copy of this Notice, and adhere to the privacy practices as described above.

No confidential information, including the fact that you are or have been a client, will be disclosed without a valid authorization form signed by you or your legal representative. Federal or state laws allow or require CWCMH to disclose personal health information for mental health services without your written authorization in certain situations, if they occur.

Questions and Complaints: If you have any questions or complaints, or would like a copy of this notice you may contact any member of your treatment team or the CWCMH Privacy Officer, in writing, at our Yakima Center Office, 402 South 4th Avenue, Yakima WA 98902 or by phone at (509) 575-4084. You may also file a complaint with the Office for Civil Rights, U.S Department of Health and Human Services, 2201 Sixth Avenue-Mail Stop RX-11, Seattle, WA 98121 or by phone at (206) 615-2290, (206) 615-2296 (TTY) or toll free at (800) 362-1710 or (800) 537-7697 (TTY), if you believe CWCMH has violated your privacy rights. There is no retaliation for reporting suspected violations of your rights.

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Uses and Disclosure of Mental Health Information that do not Require Your Consent or Authorization

Within the Agency

To a person who has medical responsibility for clients care /care facility in which the client resides

To a licensed mental health professional, health care professional or their administrative/office staff who are providing care, or to whom you have been referred for evaluation or treatment

To a designated mental health professional

To an employee of a state or local correctional facility where the person is confined

To a person who is providing evaluation, treatment, or follow-up services for someone criminally insane

To a court under court order and/or courts, your attorney or guardian ad litem as necessary to administer commitment act/ guardianship proceedings

For program evaluation or research if recipients sign oath of confidentiality

To law enforcement officers/department of corrections/ indeterminate sentence review board

To public health officers

To those necessary for a client to make a claim for aid, insurance or medical assistance

To child or adult Protective Services

To the attorney of a detained person/ prosecuting attorney to carry out the responsibilities of the office for early release, less restrictive alternative or inpatient order

To law enforcement agencies and to a person whose health and safety has been threatened by client or, is known to have been repeatedly harassed by client

To the client's next of kin, attorney, guardian or conservator if a client is in a facility or is seriously physically ill

To the department of health for the purposes of determining compliance with state or federal licensure, certification, or registration rules or laws

To an individual, organization, or agency as necessary for management of financial audits, or program monitoring and evaluation

To the department of social and health services, to the director of regional support networks, to resource management services as necessary to determine the progress and adequacy of treatment

Uses and Disclosure of Substance Abuse Health Information that do not Require Your Consent or Authorization:

When authorized by a court order

In a medical emergency to medical personnel

To comply with mandated reporting of child abuse or neglect

When a patient commits or threatens to commit a crime on program premises or against program personnel

To the secretary of social and health services for research, verification of eligibility and appropriateness of reimbursement, and evaluation of programs To law enforcement agencies and to a person whose health and safety has been threatened by client or, is known to have been repeatedly harassed by client