



## **NOTICE OF PRIVACY PRACTICES**

As required by the Privacy Regulations promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **Understanding Your Health Record/Information**

Each time you visit or contact your mental health care provider, a record of this contact is made. This information, often referred to as your “medical record” serves as a: 1) basis for planning your care and treatment, 2) means of communication along the many health and mental health professionals who contribute to your care, 3) legal document describing the care you received, 4) means by which you or a third-party payer can verify that services billed were actually provided, 5) a source of data for education, research, and planning, 6) a source of information for public health officials charged with improving the health of the nation, and 7) a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your mental health information is used helps you to: ensure its accuracy, better understand who, what, when, and why others may access this information, and helps you to make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your mental health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to: 1) obtain a paper *or electronic copy* of the notice of privacy practices upon request, 2) request a restriction on certain uses and disclosure of your information as provided by 45 CFR 164.522(a), 3) receive confidential communications of your protected health information per 45 CFR 164.522(b), 4) inspect and copy your mental health record as provided in 45 CFR 164.524, 5) amend your record as provided in 45 CFR 164.526, 6) receive an accounting of disclosures of your mental health information as provided in 45 CFR 164.528, 7) request communications of information by alternative means or at alternative locations, 8) *opt out of communication that contacts you for fundraising*, 9) revoke your authorization to use or disclose mental health information except to the extent that action has already been taken; and 10) *restrict disclosure of your personal health*

*information to a health plan, if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out-of-pocket in full.*

### **Our Responsibilities**

Peninsula Behavioral Health is required to: 1) maintain the privacy of your mental health information, 2) provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, 3) abide by the terms of this notice, 4) notify you if we are unable to agree to a requested restriction, 5) *notify you in the event of a breach of your personal health information*, 6) accommodate reasonable requests you may have to communicate information by alternative means or at alternative locations. We will not use or disclose your information without your authorization, except as described in this notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revision in our lobbies and upon request, mail a revised notice to the address you've supplied us.

Electronic communication (e-mail, texting, Facebook, Skype, Twitter, chat rooms or any other form of social media) between representatives of PBH and a client, family or other significant/interested parties, is only permitted to address the individual's appointments or scheduling matters.

### **Examples of Information Disclosures for Treatment, Payment and Health Operations**

*We will use your mental health information for treatment.*

**For example:** Information obtained by your psychiatrist, therapist or other member of your treatment team will be recorded in your record and used to determine the best course of treatment. Team members will also record services provided and observations to ensure the best possible continuity of care and progress toward the treatment goals you've identified.

*We will use your mental health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, medications, attendance, and your involvement with treatment.

*We will use your mental health information for regular mental health operations.*

**For example:** Members of your care team, the Quality Assurance Director or members of the Quality Assurance team may use information from your record to assess the care of outcomes in your case and others of a similar nature. This information will then be used in an effort to continually improve the quality and effectiveness of the mental health service we provide.

### **We are permitted or required to use or disclose your information without your authorization in the following circumstances:**

***Business Associates:*** There are some services provided in our organization through contract with business associates. Examples include, but are not limited to, shredding companies and transcription services. When these services are contracted, we may disclose your information to our business associate so that they can perform the job we've asked them to do. We require all

of our business associates to appropriately safeguard your information in accordance with HIPAA privacy and security standards.

**Notification:** We may contact you to provide appointment reminders or information about groups of other services that may be of interest to you. Under limited emergency circumstances, we may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

**For Children Under age 13:** Both parents, regardless of custody, have equal right to access and consent for the release of information. The only circumstance where a parent may lose this right is when there has been a formal termination of parental rights by a court of law (RCW 26-09-225). A parent's right to access information may be denied if access to the information places the minor at risk.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your mental health information (45 CFR 512(j)).

**Workers Compensation:** We may disclose information to the extent authorized by and the extent necessary to comply with laws relating to workers compensation.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Disaster Relief:** We may disclose medical information about you to assist in disaster relief efforts and to inform your family of your status, condition and location.

**Special Government Functions:** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, for intelligence, counterintelligence, and other national security activities authorized by law.

**Correctional Institutions:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, mental health information necessary for your continuity of care and the safety of you or other individuals. Further, information may be released to the State monitoring program (probation) following release from a State correctional facility.

**Operator of a Care Facility:** We may provide information to an operator of a care facility in which you reside (nursing home, convalescent center) to assist with any special needs.

**Law Enforcement/Legal Actions:** We are required to report incidents of child or adult abuse or neglect and/or provide information as necessary to assist in the investigative process to the police or appropriate social service agency. We may disclose information to the Coroner or Medical Examiner, or limited information may be disclosed to law enforcement as required by law to assist in fulfilling their duties. We may disclose information upon receipt of a Court Order. Further, information related to a client's commission of a crime on Peninsula Community Mental Health Center premises is not protected.

***In the course of an investigation for involuntary treatment and/or as a result of a civil petition for involuntary treatment:*** We are authorized to share your information with the county prosecutor, your attorney, the court, Department of Social and Health Services, to a protection and advocacy agency, and others as allowed under the law regarding involuntary commitment proceedings, RCW 71.05 or 71.34.

***Duty to Warn:*** We are required to disclose information to the proper authorities (law enforcement) and the intended victim if we suspect serious harm to another is intended or threatened.

***Oversight:*** Information may be reviewed by a regulatory or oversight committee to ensure adherence to required guidelines. This may include, but not be limited to, state, federal and regional audits reviewing business practices, billing procedures, clinical practices and confidentiality issues.

***Payments/Benefits:*** We may disclose information to assist in collecting payment for services or to assist you in assessing benefits/aid.

***Health Care Providers:*** We may disclose information to your primary health care provider or community mental health provider for continuity of care (unless directed otherwise), or to assist with emergency medical treatment or medically necessary tests/evaluations.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers or the public.

***Drug and Alcohol Abuse Records:*** According to 42 C.F.R. Part 2 information regarding alcohol and drug abuse records are different. If your record contains information regarding alcohol and drug abuse, this information will be disclosed:

1. Pursuant to an agreement with a qualified service organization/ business associate
2. For research, audit or evaluations
3. To report a crime committed on Peninsula Behavioral Health's premises or against Peninsula Behavioral Health personnel
4. To medical personnel in a medical emergency
5. To appropriate authorities to report suspected child abuse or neglect
6. As allowed by a court order

**All other uses and disclosures of your protected health information will only be made with your written authorization and you may revoke that authorization at any time as provided by 45 CFR 164.508(b).**

### **For More Information or to Report a Problem**

If you have questions or would like additional information, or feel your privacy rights have been violated and you would like to file a complaint, you may contact the Chief Executive Officer at (360) 457-0431. You may also file a complaint directly with the Office for Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Avenue Suite 900, Seattle, WA 98121. There will be no retaliation for filing a complaint.