

Title: Patient Rights	
Policy Area: Compliance	Owner: Kimberly Buckner, CNO
Date of Approval: Approval By:	10/2/19 Matt Crockett, CEO
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Signature:	

I. Title: Patient Rights

II. Scope:

This policy applies to all patients seeking care at Wellfound Behavioral Health Hospital

III. Policy:

- A. This policy established the Wellfound procedure to define patient rights by law and policy and define the procedure for providing this information to patients and families.
- B. Patients will be provided a copy of the Patient Rights and Responsibilities brochure. This occurs on an annual basis, usually at the time of registration (or as soon as feasible), or more frequently as desired by patient and family. Brochures will be available to patients and families in registration areas.

IV. Procedure:

- A. The following steps are to be followed to assure that the patients and families at WBHH are aware of their rights and responsibilities:
 - 1. Wellfound staff will support and abide by the rights of patients who seek services within Wellfound Behavioral Health Hospital.
 - 2. Patients admitted to "inpatient" status will be provide a copy of the Patient Handbook that includes unit rules, patient rights, patient responsibilities, information on grievances and notice of privacy practices, at the time of admission (or as soon as feasible)
 - 3. Patients will sign that they have received this information.
 - 4. A copy of the brochure is available to family members and support person(s) when requested.

V. References:

Joint Commission Standards on Patient Rights
CMS Conditions of Participation

VI. Attachments:

Attachment A: Patient Handbook



Thank you for choosing Wellfound Behavioral Health Hospital. We are committed to providing you exceptional healthcare.

Wellfound Behavioral Health Hospital is licensed in the State of Washington as a psychiatric hospital and as an evaluation and treatment center. Wellfound Behavioral Health Hospital is different than other hospitals in that our units are locked for your safety and privacy.

We recognize that it takes an enormous amount of courage to seek help and we commend you for taking this step. Wellfound Behavioral Health Hospital believes we must work in partnership with you, sharing with you the information you will need to make decisions about your care. The following guide is a brief review of Conditions for Treatment, Financial Disclosures, and Patient Rights.

Consent for Care:

- I consent to be voluntarily evaluated, and/or observed and/or admitted to Wellfound Behavioral Health Hospital (“Wellfound”) and its physicians, licensed independent practitioners and other health care providers employed or otherwise affiliated with Wellfound for evaluation, diagnosis, observation, care and treatment. Admission to the inpatient unit and to the crisis stabilization unit will be based on an assessment of my condition and medical necessity. During my admission to Wellfound, I agree to abide by Wellfound rules and policies. I understand that I have the right to ask questions about my care at any time, and to be involved in my care decisions.
- I agree to accept evaluation, observation and treatment(s) ordered by my attending provider and consulting providers, some of whom are employees of Wellfound, and some of whom are independent contractors of Wellfound. I understand Wellfound does not control the actions of its independent contractors, and I understand that I may receive a separate bill from my physician(s). I understand that individual and group therapy are all important to my care and that I will actively participate in these treatment methods.

Risks of Treatment:

- No promise or guarantee of results or cure has been made to me. I understand that Wellfound makes no promise or guarantee of results or cure.
- I agree to hold Wellfound Behavioral Health Hospital and their employees and physicians harmless for any injuries caused by myself while on or off the premises.

Photographing and Videotaping:

- I understand Wellfound requires photographs of me to be utilized by staff to assure I receive the correct treatment as ordered by my attending provider. I also understand that in the common areas of the hospital there is videotaping. I understand this is to provide the highest quality of care and to insure my own personal safety. I understand that I am not permitted to video or audio tape inside of Wellfound.

Images or Recording of Health Care Providers:

- I understand that I must obtain the permission of all health care provider(s) and any other individual present before I can take photographs or video of any members of my care team. I also understand I cannot record conversations by any means without first obtaining the permission of all persons being recorded.

Financial Agreement:

- I agree to pay Wellfound for care at its regular rates and terms applicable to my care and any applicable health insurance coverage I have. I permit Wellfound to appeal any denial received from insurance company. If a third-party payor will not pay, I agree to pay for the services given, subject to applicable contractual or governmental regulations. If my bill is sent to a lawyer or collection agency, I will pay all reasonable attorney fees and costs, together with interest and amounts otherwise found to be owing. Information about the estimated charges for health services is available upon request. I understand that I have the right to request this information.
- I hereby authorize Wellfound to release any information requested by said insurance company(s) its representatives, third party payers, or agencies as may be necessary to verify or process all claims for insurance coverage or third-party reimbursement. I understand that such disclosures may contain information which could result in limitation or denial of insurance benefits or third-party reimbursement. Nevertheless, each of the undersigned do hereby release and hold Wellfound, all agents and treating practitioners harmless of and from all costs, loss, damage or liability resulting from any such disclosure(s).
 - o **Medicare** – If I am a Medicare participant, I understand that I need to pay for services that are not covered by the Medicare program.
 - o **Co-insurance** There may be a co-insurance for care related to my Medicare or other insurance benefits.
- I agree to let Wellfound Behavioral Health Hospital know if I have current insurance or other payment sources available to pay for my health care costs. If I have not told Wellfound Behavioral Health Hospital of such coverage, I understand that I will be responsible for, and agree to pay for the costs of my care.
- I agree that my insurer and other payment sources are authorized to pay Wellfound Behavioral Health Hospital directly for all the health care I get. I assign to Wellfound Behavioral Health Hospital the right to receive payment for health care provided by Wellfound Behavioral Health Hospital from the following sources:
 - o Primary (first to pay) and secondary (next to pay) benefits such as:
 - Medical insurance
 - Health insurance (HMO, PPO, other) Hospital insurance
 - Medicare
 - Medicaid
 - CHAMPUS
 - VA
 - Tricare
 - My own money, estate, or other funds to which I am entitled
- If I am unable to pay for the care, I can access financial assistance information at www.wellfoundbh.org or contact Wellfound directly.

- To receive payment for care, Wellfound may need to disclose protected health information such as my name, address, date of birth, admission/discharge date(s), telephone numbers, social security number, medical records, account numbers, insurance information and charges at Wellfound, along with circumstances leading to my need for treatment. This information may be shared with applicable sources of payment for the health care services provided to me.

Discrimination:

- Wellfound does not discriminate against any person on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression in care and treatment or participation in its programs, services activities or employment.

Release of Information:

- Wellfound may use and disclosure my information for the purpose of continuity of care for payment for health care services rendered and for its own health care operations, and when required to do so by Federal and state law. Federal and state law may place limitation on the use and disclosure of my health information, particularly if it pertains to drug or alcohol treatment, mental health treatment and diagnosis or treatment of sexually transmitted diseases.

Advance Care Directives/Living Wills-

- Advance Directives; In understand that I have the right to carry out an Advance Directive for health Care. I understand I can get information on the Advance Directive policy from Wellfound staff. I understand the POLST (Physician Order for Life Sustaining Treatment) form may not always serve as a substitute for an Advance Directive. I agree to provide a copy of such form(s) to Wellfound. I also understand that I can complete a separate Advance Directive for Mental health
- Health Care Power of Attorney/ Mental Health Power of Attorney: I understand I can nominate another person or persons to make health care decision or me at time when I am unable to do so. These can include routine health care decision (including life and death decisions) as well as mental health decisions. If I complete either of these forms, I will provide Wellfound with copies or otherwise inform staff where they are located.
- It is this facility's purposeful policy to prohibit staff from following 'do not resuscitate orders.' Patient and families requesting, 'do not resuscitate orders' will be provided the option of transferring to another facility.

Emergency Medical Treatment:

- I authorize my provider to transfer me to any Emergency Department for emergency treatment or performance of a procedure deemed medically necessary for any condition that may occur during my hospitalization at Wellfound Behavioral Health Hospital.
- I hereby allow Wellfound Behavioral Health Hospital and its authorized staff to transport me as necessary to other medical facilities, hospitals, or legal interviews and/or appearances as necessary throughout my admission
- Wellfound Behavioral Health Hospital, and its staff from liability by reason of such treatment/transfer.

Behavioral Health Emergency Response

- I understand that the use of urgent or emergency medications, seclusion and/or restraint must be for the minimum time necessary to prevent imminent and serious harm myself or to another person. I authorize Wellfound Behavioral Health Hospital to use medications, seclusion and/or restraint, only, as the last option in keeping me and others safe.

Personal Valuables and Belongings:

- I understand that my valuable items are best left at home while I am receiving care at Wellfound. I understand and agreed that should I have valuable items, Wellfound maintains a safe for safekeeping of money and valuables and Wellfound shall not be liable for loss or damage to any money, personal valuables or other articles unless deposited with the security for safekeeping. I also agree that Wellfound personnel may inventory my belongings on admission or any time that may be required by my treatment program or any other patient's program at this facility. Wellfound Behavioral Health Hospital reserves the right to determine what items may be introduced into the facility.
- I release Wellfound from any liability for loss or damage of personal property and money. Furthermore, it is understood and agreed that Wellfound shall not be liable for loss or damage of any money, personal valuables, or other articles. Wellfound will not reimburse patients or families for items brought into the hospital that are lost or stolen. A safe is available for small personal items such as jewelry, billfolds, etc. (when there is no one to take them home or keep safe for you until discharge). I further understand it is my responsibility to retrieve these items upon discharge. Personal items will be kept only for 30 days.

Patient Satisfaction Surveys:

- I agree that Wellfound may contact me after my care or treatment to ask about my experience as a patient. I understand that Wellfound uses an independent agency to do this survey. I know I am not required to respond to the survey and my participation (or not) in any survey will not impact care that I receive.

Discharge Against Medical Advice:

- I understand that I am full responsibility for being discharged against the advice of the attending physician and the hospital administration, and hereby releases the attending physician and Wellfound from all responsibility for any and all injuries and damages which may result from this action.

Items Not Permitted on the Units at Wellfound:

- Glass, plastic picture frames, mirrors or ceramic objects.
- Knives, guns or any weapon including pepper spray.
- Cigarettes, cigars, e-cigarettes, chewing tobacco, lighters.
- Razors, including electric razors.
- Scissors, nail clippers, knitting rods.
- String-like objects: shoe laces, belts, ties, suspenders, scarves.
- Backpacks, gym bags, luggage or purses.
- Cleaning supplies or liquids containing alcohol.
- Canes or crutches.

- Plastic bags, items containing latex, rubber gloves.
- Radios, cd players or any electrical items with cords.
- Cell phones or any electronic device with the capability of recording images and sound, including game devices, computers and iPods. These cannot be used by the patient or family member while on the unit.
- Credit/debit cards, state ID or Driver's license, check or savings book, important legal documents, social security cards.
- Medications brought from home (unless indicated by RN).
- Flowers, perfume or body spray (cannot be used or kept on the unit).
- Outside food or drinks not in sealed store-bought packaging. Fast food, fruit and home cooked meals are not allowed.

Patient Privacy:

- All patients will automatically be listed as Confidential; the patient name and information is not available to outside callers. Patients will also set up a HIPAA Privacy password during their stay on the unit.

Group attendance:

- This is a treatment facility; group attendance is required unless excused by a staff member.

Personal Phone Calls:

- May be made/received between 7AM and 9PM when groups are not in session. Phone calls are made with a facility provided phone and cannot be made from a personal cellular device.
- Please limit your phone calls to 10 minutes per hour to ensure others may have access to the phone.
- Phone must be returned to nursing station after use

Personal belongings:

- You are responsible for all personal belongings you choose to keep in your room. The hospital is responsible for items placed in locked storage or the hospital safe. Please refer to the list of items that are not allowed onto the unit.
 - o Art supplies can be used in the common areas and cannot be in patient rooms.
- The facility will provide personal hygiene items. Available items include: shampoo, conditioner, body wash, tooth paste, tooth brush, mouthwash hair brush/comb, bar soap, lotion, and deodorant. Hospital supplied hygiene items may be kept in patient rooms after morning room checks and must be removed after dinner.
 - o You may bring cosmetic products to be kept in your assigned belongings locker on the unit; stored in the patient bins in the laundry room. Cosmetic products may be brought out of bin for a maximum of 5-10 minutes per day and may be applied under staff supervision. Cosmetics will remain in locked area and not in individual rooms.
- Room safety checks will be performed by staff in the morning and evening. This is to ensure safety and rule compliance for all patients. Each patient may be present in their room during all room checks performed by staff.

Physical contact:

- Patient to patient physical contact is not allowed.
- Patient to staff physical contact is not allowed.

- All socialization is to take place in the common areas of the unit.

Clothing:

- Must be casual and may not reveal breast/chest area, genital area or buttocks. Thigh high skirts/dresses are not allowed. Clothing which exposes the midriff or that is tight and provocative is not allowed. Clothing with written obscene or offensive language is not allowed. Thong underwear and underwire bras are not permitted on the unit.
- Footwear must be slip-on with non-skid soles. Shoestrings, high-heels, and boots are not allowed on the unit.
- Headwear is determined by staff based on individual needs and overall safety.
- A laundry room is available to wash and dry clothing. Staff will complete patient laundering as necessary.
- Please do not loan or exchange clothing
- No more than three sets of clothing is allowed in a room at one time.

Smoking:

- Wellfound is a smoke free environment. Nicotine patches are available with a physician's order.

Food:

- Food cannot be kept in patient rooms
- Outside food and drink that is store-bought and in original sealed packaging may be brought in for visitation only and must leave with the family member when visitation is over.
- We do not allow caffeinated drinks to be brought into the unit.
- All snacks are available for distribution between groups. You can choose 2 snacks and 2 drinks during snack time.
- Water/Juice, yogurt, pudding, and, crackers are offered 24/7.
- You may order tea or coffee to be brought up with meals; however, no additional caffeinated beverages will be administered between 4pm-6am.
- Patients are responsible to come out of their room during meal time as meal trays are removed from the unit within 60 minutes of arrival.

Television:

- Off during group times and at 9pm unless Charge Nurse allows for accommodation

PATIENT RIGHTS

- 1) In accordance with WAC 246-341-0600, You have the right to:
 - a) Receive services without regard to race, creed, national origin,
 - i) religion, gender, sexual orientation, age or disability;
 - b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
 - c) Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
 - d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises;
 - e) Be free of any sexual harassment;
 - f) Be free of exploitation, including physical and financial exploitation;
 - g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
 - h) Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
 - i) Receive a copy of agency grievance system procedures according to WAC 182-538D-0654 through 182-538D-0680 upon request and to file a grievance with the agency, or behavioral health organization (BHO), if applicable, if you believe your rights have been violated; and
 - j) Submit a report to the department when you feel the agency has violated a WAC requirement regulating behavioral health agencies.
- 2) For Medicaid recipients, you have the right to be informed of your rights at the time of admission and in a manner that is understandable.
- 3) In accordance with RCW 71.05 and 71.34.160, You have the right to:
 - a) Immediate release, unless involuntary commitment proceedings are initiated.
 - b) Wear your own clothes and to keep and use personal possessions, except when deprivation is essential to protect your safety or that of another person.
 - c) Keep and be allowed to spend a reasonable sum of your own money
 - d) Adequate care and individualized treatment.
 - e) Have all information and records compiled, obtained, or maintained in the course of receiving services kept confidential.
 - f) Have access to individual storage space for your private use.
 - g) Have visitors at reasonable times.
 - h) Have reasonable access to a telephone, both to make and receive confidential calls.
 - i) Have ready access to letter writing materials, including stamps, and to send and receive uncensored correspondence through the mails.
 - j) Not to consent to the administration of anti-psychotic medications beyond the hearing conducted pursuant to RCW 71.05.320(2) or the performance of electroconvulsant therapy or surgery, except emergency life-saving surgery, unless ordered by a court of competent jurisdiction pursuant to the following standards and procedures: RCW 71.05.200 (1)(e); 71.05.215; and 71.05.370(7).
 - k) To dispose of property and sign contracts unless you have been adjudicated as incompetent in a court proceeding directed to that particular issue.
 - l) Not to have psychosurgery performed under any circumstances.

- 4) In accordance with Center for Medicare and Medicaid Services, You have the right:
- a) To have receive prompt response to your grievances including written notice of Wellfound's decision that contains the name of the hospital contact person, the steps taken on your behalf to investigate the grievance, the results of the grievance process, and the date of completion.
 - b) To participate in the development of your care plan.
 - c) To make informed decisions about your care, to be informed of your health status, to be involved in care planning and treatment, and being able to request or refuse treatment.
 - d) To formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
 - e) To have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.
 - f) To personal privacy, including physical privacy as well as privacy of medical information.
 - g) To receive care in a safe setting.
 - h) To be free from all forms of abuse or harassment.
 - i) To the confidentiality of your clinical records.
 - j) To access information contained in his or her clinical records within a reasonable time frame
 - k) To be free from physical or mental abuse, and corporal punishment.

PATIENT RESPONSIBILITIES

You have the responsibility to:

- Provide accurate and complete information about your health, address, telephone number, date of birth, insurance carrier and employer.
- Call if you cannot keep your appointment.
- Be respectful of your hospital team, from the doctors, nurses and technicians to the people who deliver your meals and the cleaning crews.
- Be considerate in language and conduct of other people and property, including being mindful of noise levels, privacy and number of visitors.
- Be in control of your behavior if feeling angry.
- Give us a copy of your advance directive.
- Ask questions if there is anything you do not understand.
- Report unexpected changes in your health. Follow hospital rules.
- Take responsibility for the consequences of refusing care or not following instructions.
- Leave valuables at home.
- Keep all information about hospital staff or other patients private.
- Do not take pictures, videos or recordings without permission from hospital staff.
- Pay your bills or work with us to find funding to meet your financial obligations.

GREIVANCES

If you have a grievance regarding the care or treatment received at Wellfound, you may submit a grievance to the following:

Wellfound Compliance Department
ATTN: Patient Advocate
3402 S 19th St.
Tacoma WA 98405
253-301-5479

Washington State Department of Health
Health Systems Quality Assurance
Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
360-236-4000
hsqacomplaintintake@doh.wa.gov

Center for Medicare and Medicaid Services
Office of the Regional Administrator
701 Fifth Avenue, Suite 1600
Seattle, WA 98104
206-615-2306
ROSEA_ORA2@cms.hhs.gov

The Joint Commission
Office of Quality and Patient Safety
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
Fax: 630-792-5635
www.jointcommission.org

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice also describes how substance use disorder information about you may be used and disclosed and how you can get access to this information.

Introduction

This Notice of Privacy Practices describes how Wellfound may use and disclose your protected health information and your rights regarding that information. “Protected Health Information” includes information we have created or received regarding your past or present physical or mental health, the provision of your health care, and payment for your health care. It includes personal information such as your name, social security number, address, and phone number.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Wellfound is required to maintain the privacy of your protected health information, provide you with this notice of our legal duties and privacy practices with respect to your health information, and comply with the practices and procedures set forth in this Notice.

How we may use and disclose your health information WITHOUT your authorization.

Uses and Disclosures for Treatment, Payment and Operations

For Treatment. We may use and disclose health information without your authorization:

- To your care coordinator, therapist, psychiatrist or nurse to provide your health care and any related services.
- To other internal departments or between Inpatient and Outpatient services in order to coordinate and manage your health care and related services. For example, we may need to disclose information in order to coordinate prescriptions, lab work, or to make recommendations such as chemical dependency treatment.
- To other clinical staff who work here, such as when we consult about your care.
- To another health care provider working outside of Wellfound for purposes of coordinating treatment or sharing information that will help your care, such as to your primary care physician or to a laboratory.

For Payment. We may use or disclose health information without authorization so that the treatment and services you receive are billed to, and payment is collected from, Medicaid or Medicare, your health insurance plan, or other payers. For example, we may disclose your health information to permit your insurance company, Medicare, or the King County Mental Health Plan (which administers benefits to Medicaid individuals):

- To determine your eligibility for services,
- To review services to assure they were appropriate for your care.

For Health Care Operations. We may use or disclose health information without your authorization:

- To run our organization and make sure that our consumers and patients receive quality care. Activities may include: quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administration.
- In combination with information about other clients to decide what additional services we should offer, what services are no longer needed, and whether treatments are effective.
- To other health care providers, State or County funding sources, or to your health insurance plan to assist them with certain of their own health care operations. We will do so only if you have or have had a relationship with the other provider or health plan. For example, we may provide information to your health plan to assist them in their quality assurance activities.

Business Associates. Your health information may be used and disclosed to individuals or organizations that assist us or to comply with our legal obligations as described in this Notice. For example, we may disclose information to consultants or attorneys who assist us in our

business activities. These business associates are required to protect the confidentiality of your information with administrative, technical and physical safeguards.

Other circumstances in which we may disclose your information without your consent:

1. **Emergencies.** To assure good care in case of emergencies. For example, we may provide health information to a paramedic who is transporting you in an ambulance (HHS).

Research. To researchers when the research has been approved by a privacy board that has reviewed the research proposal and established protocols to protect the privacy of your health information (HHS).

As Required By Law. Covered entities may use and disclose protected health information without individual authorization as required by law (including by statute, regulation, or court orders) (HHS).

To Avert a Serious Threat to Health or Safety. When necessary to prevent a serious and imminent threat to the health and safety of you, the public, or another person (HHS).

Public Health Activities. For public health activities, to prevent or control disease, injury, or disability, or reporting to the Food and Drug Administration for investigating or tracking problems with prescription drugs (HHS).

Victims of Abuse, Neglect or Domestic Violence. In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence (HHS).

Health Oversight Activities. To health oversight agencies for activities such as audits, examinations, investigations, inspections and licensures. Such agencies include government agencies that oversee the health care system, government benefit programs (Medicare or Medicaid), and other government programs regulating health care and civil rights laws. This may also include worker compensation claims (HHS).

Judicial and Administrative Proceedings. To a court or administrative agency when a judge or administrative agency orders us to do so, or when we receive a discovery request (HHS).

Law Enforcement Activities. To law enforcement officials for law enforcement purposes as allowed or required by law (HHS).

Department of Corrections. To a correctional institution or parole/probation officer, if you are an inmate of a correctional institution or under the custody of a State of Washington Department of Corrections parole/probation officer (RCW 70.96A.155).

Decedents. Covered entities may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased

person, determine the cause of death, and perform other functions authorized by law (HHS).

Essential Government Functions. To military authorities under certain circumstances if you are in the Armed Forces. We may disclose to authorized federal officials personal information required for lawful intelligence, counterintelligence, and other national security activities (HHS).

Workers Compensation. Covered entities may disclose protected health information as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses (HHS).

Uses and Disclosures That May be Made Without Your Authorization, But For Which You Will Have an Opportunity to Object. Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.

Persons Involved in Your Care. Unless you object, healthcare providers may use their professional judgment to provide relevant protected health information to your family member, friend, or another person. This person would be someone that you indicate has an active interest in your care or the payment for your healthcare. We may also provide health information about you to a person designated to participate in your care in accordance with an advance directive validly executed under state law (70.02.200)(2)(b).

For Notification and Other Purposes. A covered entity also may rely on an individual's informal permission to disclose to the individual's family, relatives, or friends, or to other persons whom the individual identifies, protected health information directly relevant to that person's involvement in the individual's care or payment for care. This provision, for example, allows a pharmacist to dispense filled prescriptions to a person acting on behalf of the patient. Similarly, a covered entity may rely on an individual's informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual's care of the individual's location, general condition, or death. In addition, protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts (HHS)

Appointment reminders. We may provide health information to you to remind you that you have an appointment with us. You may specifically ask us to communicate with you through a different method (HHS).

Facility directories (HHS). Wellfound does not maintain formal Facility Directories.

1. For Outpatient Services, if you use Hopelink or Access transportation services and they ask for you by name, we will acknowledge your presence or absence if we can determine this from the Sign-In Sheet.

In the Hospital, if a visitor asks for you by name, we will contact you to see if you want to see the visitor. We do not release any other information about you to the visitor.

For Youth Residential Programs if an approved visitor asks for you by name, we will contact the program to ask if you want to see the visitor. We do not release any other information about you to the visitor.

Uses and Disclosures of Your Health Information WITH Your Permission.

Uses and disclosures not described above will generally only be made with your written permission called an “authorization.” You may revoke an authorization at any time, unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation. For example, we will ask for your authorization to release information:

- To schools and teachers when we are coordinating care;
- To parents of minors 13 years of age or older. Minors 13 years of age or older have the right to request mental health treatment without a parent's consent. If involving your parents is necessary to your care, we will ask for your authorization to release information to them.

Confidentiality of Substance Abuse Records and information related to STDs, AIDS, HIV. For

individuals who have received treatment, diagnosis or referral for treatment from drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations. Information related to testing or treatment of HIV or sexually transmitted diseases is protected by state law (RCW 70.24.105). As a general rule, we may not tell a person outside the programs that you attend a drug or alcohol abuse program, disclose any information identifying you as an alcohol or drug abuser, or disclose a diagnosis or the results of tests or treatment for HIV, AIDS, or sexually transmitted diseases, unless:

- you authorize the disclosure in writing; or
- the disclosure is permitted by a court order, after (in the case of STDs, AIDS, HIV) application showing good cause, or
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes;
- when exchanging medical information with other health care providers (in the case of STDs, AIDS, HIV), or
- for payment purposes, or
- you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.

A violation of the federal law and regulations governing drug or alcohol abuse is a crime.

Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

Your Rights Regarding Your Health Information. You may exercise the rights described below by putting your request in writing to the Privacy Officer or by contacting the Privacy Office at the address below (HHS).

You have the right to:

To Request Restrictions on the health information we use or disclose about you for treatment, payment or health care operations. You may request in writing that we not use or disclose your information for treatment, payment, and/or operations activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request except:

1. If the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; or

The protected health information pertains solely to a health care item or service for which you or someone on your behalf (other than a health plan) have paid in full.

If we do agree, we will honor your request unless the restricted information is needed to provide you with emergency treatment.

We cannot share your substance use disorder treatment or payment purposes without your written consent.

To Request Confidential Communications by requesting that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. We will accommodate all reasonable requests. You must make your request in writing and specify how or where you wish to be contacted. You do not need to give us a reason for the request.

Inspect and Copy health information used to make decisions about your care, whether they are decisions about your treatment or payment for your care. The request must be in writing. Usually this would include clinical and billing records. If you request a copy, we may charge a fee for the cost of providing you with the information. We may deny your request in certain circumstances. In some cases, you will have the right to have the denial reviewed. We will inform you in writing if the denial may be reviewed. Once the review is completed, we will honor the decision made by the reviewer.

To Request an Amendment of health information used to make decisions about your care, whether they are decisions about your treatment or payment of your care. Your request must include why you believe the information is incorrect or inaccurate. A copy of your request will be added to your medical record. We may deny your request if it is not in writing or does not include a reason, or if you ask us to amend health information that:

- was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- is not part of the health information we maintain to make decisions about your care;
- is not part of the health information that you would be permitted to inspect or copy;
- or
- is accurate and complete.

To an Accounting of Disclosures of when we have disclosed your health information for purposes other than treatment, payment, and health care operations. The request should state the time period of the accounting you wish to receive, should not be longer than six years and should not include dates before April 14, 2003. If you request this list more than once in a 12-month period, we may charge you a fee for additional reports.

To be Notified of a Breach of unsecured protected health information. We will notify you if a breach occurs (RCW 42.56.590)

To Request a Paper Copy of this Notice, if you have agreed to receive the notice electronically.

Choose someone to act for you. If you have given someone healthcare power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

To request nondisclosure to health plans for items or services that are self-paid. You have the right to request in writing that healthcare items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.

Other uses and disclosures not described in this notice will be made only with the individual's written authorization.

You may revoke an authorization you have previously given by informing us in writing using a form provided by the organization.

Our Legal Duties.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following breach of unsecured protected health information. We are required to abide by the terms of this notice.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us by contacting:

Wellfound Compliance Department
ATTN: Privacy Officer
3402 S 19th St.
Tacoma WA 98405
253-301-5479

You may also contact the U.S. Department of Health and Human Services, Office for Civil Rights:

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue, Mail Stop RX-11
Seattle, WA 98121-1831
(206) 651-2290; (206) 651-2296 (TTY)
(206) 615-2297 (fax)
Toll free: 1 (800) 362-1710; 1 (800) 537-7697 (TTY)

All complaints must be submitted in writing. You may ask the Privacy Officer to assist you with writing your complaint. We will not retaliate against you for filing a complaint.

Changes to this Notice. We reserve the right to change the terms of this Notice and to make the revised Notice effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice at each site where we provide care. You may obtain a copy by calling the Privacy Officer.

Acknowledgement. We are required to request your acknowledgement that you received this notice. We will ask you to sign a form indicating you received this.



Patient Unit Orientation

MHT to review with patient upon admission to the inpatient unit

- _____ Tour of the unit
- _____ Activity Schedule- Groups and attendance
- _____ Patients' Rights, Unit rules, and Handbook (given)
- _____ Galley (No food in rooms, meal times, menus, alternatives, snacks)
- _____ Phone usage
- _____ Medication times
- _____ Introduction to assigned nurse at hand off

Patient Name (Print)

Patient Signature

Name/Signature of MHT Completing

Date

Name/Signature of Receiving Nurse after Note of arrival made in Epic