

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 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 (NPP) describes how Wellfound Behavioral Health Hospital (WBHH) 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), WBHH 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 WBHH 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 12 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:

- **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).** WBHH 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.
 2. 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.
 3. 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 HIM & HIPAA/Compliance Department or by contacting the HIM & HIPAA/Compliance Department at the address below (HHS).

You have the Right:

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
2. 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.

To 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.

To 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:

WBHH HIM & HIPAA/Compliance Department
ATTN: HIM & HIPAA/Compliance Manager
3402 S 19th St.
Tacoma WA 98405
253-301-5447

You may also contact the U.S. Department of Health and Human Services, 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) 17

All complaints must be submitted in writing. You may ask the HIM & HIPAA/Compliance Department 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 HIM & HIPAA/Compliance Department.

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