



Mental
Health
Services

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. PLEASE REVIEW IT CAREFULLY.

I. Who will follow this notice. This notice describes Columbia River Mental Health Services practices and that of our workforce. The workforce includes our employees, volunteers and others who work at CRMHS. CRMHS includes services based at the main clinic and other satellite facilities.

II. We have a legal duty to safeguard your protected health information (PHI). We are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short, and it includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. Our employees are required to maintain the confidentiality of your PHI, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change this notice and our privacy policies. Any changes will apply to PHI we already have. Before we make an important change to our policies, we will change this notice and post a new notice in waiting areas of our facilities. You can also request a copy of this notice at the front desk of our facilities.

III. How we may use and disclose your protected health information. We may use and disclose your PHI without your prior written permission. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

1. For Treatment. This is the most important use and disclosure of your PHI. Our physicians, nurses and other clinicians use and disclose your PHI to diagnose, evaluate, coordinate and manage your care. We may disclose your PHI among clinicians and other staff who work at CRMHS. For example our staff may discuss your care at a case conference.

- We may also disclose your PHI to another health care provider. Your primary care physician for example.
- 2. For Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the services we provided to you. For Medicaid clients or low-income clients on a sliding fee schedule, we will also provide demographic and service information to Washington State Mental Health Division.
 - 3. For Operations.** We may disclose your PHI in order to operate this mental health center. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.
 - 4. For Appointment Reminders.** We may use and disclose your PHI to contact you to remind you of your appointment.
 - 5. For Treatment Alternatives.** We may contact you to describe services we offer; for treatment; for case management and care coordination or to recommend treatment options. For example we may tell you about a new therapy group that may be appropriate for your treatment.
 - 6. To Business Associates.** We may contract with business associates to perform certain functions or activities on our behalf such as payment and health care operations. The business associates must agree to safeguard your PHI.
 - 7. Specific types of PHI.** There are stricter requirements for use and disclosure of some types of PHI, for example drug and alcohol addiction treatment information and HIV information. However, there are still circumstances in which these types of information may be used or disclosed without your authorization. If you become a patient in our chemical dependency program we will give you specific information about your privacy rights for that program.
 - 8. For Disaster Relief.** We may disclose your name, city of residence, age, gender and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.
 - 9. For Public Health Activities.** Many functions performed or authorized by government agencies promote and protect the public's health and may require us to disclose your PHI. For example we have an obligation to report certain diseases or exposure to disease, injuries, conditions and vital events such as deaths. We may use and disclose your PHI as needed to comply with federal and state laws governing workplace safety.
 - 10. For Health Oversight.** As a health care provider we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits of our operations and activities and in that process; they may review your PHI.

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11. **For Worker's Compensation.** We may use and disclose your PHI to comply with workers' compensation laws by providing information to administrators, insurance carriers or others responsible for evaluating your claim for benefits.
12. **For Military Activity and National Security.** We may use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to carry out military missions. We may also disclose your PHI to authorized federal officials for national security and intelligence activities or for protection of the President and other government officials and dignitaries.
13. **For Fundraising.** We may use or disclose PHI to contact you to raise funds for our organization.
14. **As Required by Law.** In some circumstances federal or state law requires that we disclose your PHI. For example, the Secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI.
15. **For lawsuits and other legal disputes.** We may use and disclose PHI if responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization to defend a lawsuit or arbitration.
16. **For Law Enforcement.** We may disclose PHI to authorized officials for law enforcement purposes, for example to respond to a search warrant, report a crime on our premises or help identify or locate someone.
17. **For Serious Threat to Health or Safety.** If we believe it is necessary to avoid a serious threat to your health or safety or to someone else's.
18. **For Abuse and Neglect.** We may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect, or domestic violence.
19. **To Coroners, Medical Examiners or Funeral Directors.** We may disclose PHI to a coroner or medical examiner to determine cause of death or for other official duties.
20. **Inmates.** Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to them for certain purposes, for example to protect your health or safety or someone else's.

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. You may revoke that authorization by notifying us in writing at any time. The revocation will not apply to any authorized use or disclosure that took place before we received your revocation.

IV. What rights you have regarding your PHI.

1. **The right to see and get copies of your PHI.** In general you have the right to see and receive copies of the PHI in your medical record or billing records. If you wish to see or receive such records please write to us at Medical Records, P.O. Box 1337, Vancouver, WA 98666. We will respond to you within 30 days

after receiving your written request. We will charge you the standard copying fees allowed by Washington State law. In certain situations, we may deny your request. If we do, we will tell you in writing, our reasons for the denial and explain your right to have the denial reviewed.

2. **The right to choose how we send PHI to you.** You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). When we can reasonably and lawfully agree to your request we will. We are permitted to charge you for any additional costs incurred by granting your request.
3. **The right to correct or update your PHI.** If you believe there is a mistake in your PHI or that important information is missing, you may request on writing that we correct or add to the record. Send your request to Privacy Officer, P.O. Box 1337, Vancouver, WA 98666. We will respond in writing. If we approve your request we will make the correction or addition. If we deny your request we will tell you why and explain your right to file a written statement of disagreement.
4. **The right to an accounting of disclosures of PHI.** You may ask for a list of disclosures of your PHI. Write to us at Medical Records, P.O. Box 1337, Vancouver, WA 98666. The list will not include disclosures we have made for treatment, payment and health care operations, disclosures that occurred prior to April 14, 2003, disclosure for which CRMHS had a signed authorization, disclosures of your PHI to you; disclosures for notifications for disaster relief purposes; or disclosure to persons involved in your care.
5. **The right to request limits on uses and disclosures of your PHI.** CRMHS will attempt to honor your right to limit use of your PHI, but may not be able to meet all requests. You may not limit the uses and disclosures that we are legally required or allowed to make.

V. How to contact us about this notice or to complain about our privacy practices. If you have any questions about this notice please contact our Privacy Officer at 360-993-3025. If you want to lodge a complaint about our privacy practices please call our Customer Service Representative at 360-993-3044. You may also notify the Secretary of the Department of Human Services (HHS): Office of Civil Rights, 200 Independence Ave., S.W., Washington, D.C. 20202.

VI. Effective date of this notice. This notice went into effect on April 14, 2003.