



Background Request Form
(Volunteer Coordinator use only)

Date: / /

Candidate Name _____

Position _____ Program # _____

Volunteer Supervisor _____ Department _____

Proposed Start Date Length of Placement _____

Hours per week (FTE) _____

Volunteer Type: PIC Volunteer

Please Complete and/or Attach the Following and Submit to Volunteer Office:

- Reference Checks (at least two)
- Volunteer Placement Application
- Background Check Forms

Comments:-

Signature: _____

Volunteer Application
Columbia River Mental Health Services'

Name _____

Address (street) _____

(City/State) _____ (Zip) _____

Phone (Day) _____ (Eve) _____

Date of Birth- ____ / ____ / ____ Email _____

How did you hear about volunteer opportunities at CRMHS? _____

What interests you about volunteering with CRMHS? _____

Have you ever been a client at CRMHS?
(No) _____ (Yes) _____ When? _____

Education ____ High School diploma ____ College Degree(S) _____

Are you volunteering to fulfill an academic requirement? (Yes) (No)

Employment-Are you presently employed? (Yes) (No)

Employer/Postion _____

Other (retired, homemaker etc.) _____

Previous work experience _____

Volunteer Experience _____

Why would you like to volunteer at CRMHS? _____

Type of volunteer position preferred (Please circle all those that apply):

Behind the scenes Children Adolescents Adults

Older Adults Clerical Fundraising Maintenance

Special Events Data Entry Marketing (other)

Please indicate if there is a specific position in which you are interested _____

Availability for volunteer service (Please circle all those that apply):

Length of commitment: 3months 6months 9months 12months Unsure

Other (please specify) _____

Hours per week: 2 4 6 8 Unsure Other (Please specify) _____

Days and times available: _____

Do you have personal transportation? _____ Auto Insurance? _____

Have you ever been convicted of a felony? _____ If yes, please state offense: _____

(A criminal record check will be conducted for all volunteer positions. A police record will not automatically bar you from being accepted as a volunteer. Misrepresentation will be grounds for termination.)

Person to contact in case of emergency:

Name _____ Phone _____

Please describe any medical condition or allergy that should be noted in case of emergency _____

Please list three references who have known you for at least a year (not a relative)

1.Name _____ Phone _____

Address _____ Email _____

2.Name _____ Phone _____

Address _____ Email _____

3.Name _____ Phone _____

Address _____ Email _____

Please indicate (list) your areas of interest:

Mentoring Program (with children): Please list.

Sports Activities

Examples-swimming

Educational Activities

Acting/Drama

Activities Outside

Visiting Zoos

Clerical & Community Relations Programs (with staff and the general public): Please list.

(Examples)clerical office activities like filing and phones; computer filing and data entry; fundraising marketing and special events.

Other: _____

CRMHS considers volunteer applicants without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status. If you are a person with a disability and need an accommodation in order to apply, please contact the volunteer coordinator at 360-993-3048.

I certify that the above information is true and accurate to the best of my knowledge. I understand that providing false information or deliberate omissions are cause for rejection or termination as a volunteer. I authorize Columbia River Mental Health Services to conduct a background and reference check and agree to hold harmless from liability Columbia River Mental Health and any organization or individual that provides information.

Signature

**Date \ \ **

**Please return to: Volunteer Program, Attn: Volunteer Coordinator,
CRMHS P.O. Box 1337, Vancouver WA 98666**



P.O. Box 1337. Vancouver WA 98666. (360) 993-3000. Fax (360) 993-3047

BACKGROUND AUTHORIZATION

Name: _____ SS#: _____ DOB: _____

List below the counties and states you have lived, worked and attended school in the last ten (10) years:

	<u>COUNTY</u>	<u>STATE</u>	<u>DATES</u>
1.	_____	_____	From _____ To _____
2.	_____	_____	From _____ To _____
3.	_____	_____	From _____ To _____
4.	_____	_____	From _____ To _____
5.	_____	_____	From _____ To _____

I hereby authorize and empower Columbia River Mental Health Services and/or its authorized representatives or agents to conduct appropriate inquiries for any and all information concerning my background for determination of my eligibility to be assigned to a position of trust and responsibility. And, I release Columbia River Mental Health Services its officers and representatives/agents from any and all liability for damages of whatever kind which may at the time result to me because of compliance with this authorization and request to release information.

Applicant Signature

Date

Affirmative Action Program Applicant Information Form

Columbia River Mental Health Services is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
	/ /
Position applied for	

Section 2: Please check (4) all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran **Other <input type="checkbox"/> Individual with Disabilities

According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis: (1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.

According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for special disabled veterans.]

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)—A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)- All persons who identify with more than one of the above five races.

Individual with Disabilities-Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran-Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (i) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era-Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran—Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

Applicant Acknowledgment

A Summary of Your Rights Under the Fair Credit Reporting Act

By my signature, I acknowledge that I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act".

Signature

Date

A Summary of Your Rights - Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. **You can find the complete text of the FCRA, 15 U.S.C. 1681-1681 u, at the Federal Trade Commission's web site (<http://www.ftc.gov>).** The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and *give* you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone *who* has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old. Ten years for bankruptcies.

A Summary of Your Rights - Under the Fair Credit Reporting Act

Continued

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING

PLEASE CONTACT:

CRA's, creditors and others not listed below

Federal Trade Commission Consumer
Response Center- FCRA Washington, DC
20580 * 202-326-3761

National banks, federal branches/agencies of foreign banks
(word "National" or initials "N.A." appear in or after bank's
name)

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 * 800-613-6743

Federal Reserve System member banks (except national banks
and federal branches/agencies of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 * 202-452-3693

Savings associations and federally chartered savings banks
(word 'Federal' or initials "F.S.B." appear in federal institution's
name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552 800-842-6929

Federal credit unions
(words "Federal Credit Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 - 703-518-6360

State-chartered banks that are not members of the Federal
Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 * 800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil
Aeronautics Board or Interstate Commerce Commission

Department of Transportation Office of
Financial Management. Washington, DC
20590 * 202-366-1306

Activities subject to the Packers and-Stockyards Act. 1921

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington DC 20250 * 202-720-7051

Employee Security and Confidentiality Agreement

As an employee of Columbia River Mental Health Services (hereinafter "the Provider"), and as a condition of my employment, I agree to the following:

1. I understand that I am responsible for complying with the HIPAA policies, which were provided to me.
2. I will treat all information received in the course of my employment with the Provider, which relates to the consumers of the provider, as confidential and privileged information.
3. I will not access consumer information unless I have a need to know this information in order to perform my job.
4. I will not disclose information regarding the Provider's consumers to any person or entity, other than as necessary to perform my job, and as permitted under the Provider's HIPAA policies.
5. I will not log on to any of the Provider's computer systems that currently exist or may exist in the future using a password other than my own.
6. I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my nametag or door pass.
7. I will not allow anyone, including other employees, to use my password to log on to the computer.
8. I will log off of the computer as soon as I have finished using it.
9. I will not use e-mail to transmit identifiable consumer information unless I am instructed to do so by the Privacy Officer.
10. I will not take consumer information from the premises of the Provider in paper or electronic form without first receiving permission from the Privacy Officer.
11. Upon cessation of my employment with the Provider, I agree to continue to maintain the confidentiality of any information I learned while an employee and agree to turn over any keys, access cards, or any other device that would provide access to the Provider or its information.

I understand that violation of this agreement could result in disciplinary actions.

Name (print)

Date

Name (signature)

Witness

CONSUMER RIGHTS

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As a consumer/client of mental health services here at Columbia River Mental Health Services you have rights which are stated in the law. According to Washington Administrative Code 388-865-0410 you have the following rights:

- A. To be treated with respect, dignity and privacy;
- B. To develop a plan of care and services which meets your unique needs;
- C. To the services of a certified language or sign language interpreter and written materials and alternate format to accommodate disability consistent with Title VI of the Civil Rights Act;
- D. To refuse any proposed treatment, consistent with the requirements in chapters 71.05 and 71.34 RCW;
- E. To receive care which does not discriminate against you, and is sensitive to your gender, race, national origin, language, age, disability, and sexual orientation;
- F. To be free of any sexual exploitation or harassment;
- G. To review your clinical record and be given an opportunity to make amendments or corrections;
- H. To receive an explanation of all medications prescribed, including expected effects and possible side effects;
- I. To confidentiality, as described in relevant statutes (chapters 70.02, 71.05, and 71.34 RCW) and regulations. Times where confidentiality will not be maintained include:
 - 1. When there is reason to suspect the occurrence of adult or child abuse or neglect per RCW 26.44.030 and chapter 74.34 RCW; and
 - 2. When the consumer presents a clear threat to do bodily harm to self or other and
 - 3. To a court under court order.
 - 4. To the Department of Corrections pursuant to chapters 9.94A and 10.77 RCW.
- J. All research concerning consumers whose cost of care is publicly funded must be done in accordance with all applicable laws, including DSHS rules on the protection of human research subjects as specified in chapter 388-04 WAC;
- K. To make an advance directive, stating your choices and preferences regarding your physical and mental health treatment if you are unable to make informed decisions
- L. To appeal any denial, termination, suspension or reduction of services and to continue to receive services at least until your appeal is heard by a fair hearing judge;
- M. Enrollees have a right to receive direct access to mental health specialists for beneficiaries with long-term or chronic care needs (e.g., severely and persistently mentally ill adults or severely emotionally disturbed children);
- N. If you are Medicaid eligible, to receive all services which are medically necessary to meet your care needs. In the event that there is a disagreement, you have the right to a second opinion from a provider within the Regional Support Network (RSN) about what services are medically necessary;
- O. To lodge a complaint with the ombuds person, RSN or Columbia River Mental Health Services if you believe that your rights have been violated. If you lodge a grievance, you must be free of any act of retaliation. The ombuds person may, at your request, assist you in filing a grievance. The ombuds' phone number is (360) 993-5900.
- P. To disenroll from your mental health prepaid health plan when you have "good cause" for disenrollment. You must utilize the RSN grievance process prior to requesting disenrollment;
- Q. Including parents of consumers under the age of thirteen, and guardians of consumers of all ages, to select a primary care provider from the available primary care provider staff within the mental health prepaid health plan;
- R. To change primary care providers in the first 90-days of enrollment with the mental health prepaid health plan and once during a 12-month period for any reason;
- S. To file an administrative hearing with DSHS without First accessing the contractor's grievance process. To use the DSHS pre-hearing and administrative hearing processes as described in chapter 388-02 WAC.

Signature

Date

Columbia River Mental Health Services Oath of Confidentiality

I _____, agree not to divulge, publish, or otherwise make

PRINTED NAME OF PERSON TAKING THE OATH

known to unauthorized persons¹ the information obtained by my access to the Columbia River Mental Health Services (CRMHS) Client Information System.

I understand that this Oath is valid only if it carries my own signature and the required signature of a Witness. I further recognize that a request for or receipt of confidential information under pretense may subject me to criminal liability.

I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state and/or federal law.

I understand that a password is used to protect the user and the data by preventing anyone else from my account. It is imperative to keep my password secret. I will not give my password to another person under any circumstance. I will not leave my computer or terminal logged into the client data base when I leave my work area.

Signature of person taking Oath _____	
Date / /	
Name of witness (Please print or type) _____	
Signature of witness _____	Date / /

Route completed form to Joe Vritiska in Information Technology. A completed form must be on file prior to be granted access to the information system.

¹An authorized person is an individual who can produce a valid signed copy of the Oath of Confidentiality showing that they have been approved for access to the CRMHS Client Data Base.



STAFF COMMITMENT TO MAINTAIN CONFIDENTIALITY OF ALCOHOL & DRUG ABUSE CLIENT RECORDS

As a condition of my employment or service relationship with Columbia River Mental Health Services, hereinafter CRMHS, I commit and agree to be bound by the following:

I am bound by 42 CFR, Part 2 of the Federal Confidentiality Regulations and RCW chapter 70.96A.

I certify not to divulge, publish, mention, or otherwise make known to any unauthorized third party, orally or in writing, any information concerning a patient of CRMHS other than to another CRMHS staff member, except when:

- a. I have an authorized consent for the release of such information from patient.
- b. I am reporting child abuse or neglect as per RCW chapter 26.44.
- c. I am reporting information concerning a crime which is proposed to be committed (duty to warn).
- d. Required by court orders, federal or state laws and regulations.

I will consult management for direction anytime I am unclear as to the interpretation of confidentiality regulations or the legality of requests made of me for information.

I agree to be bound by procedures for safeguarding patient information, including:

- a. All charts, notes, and other written materials will be locked up when not in use.
- b. Discussions regarding patients will be held in staff offices or in other places providing assurance of privacy.
- c. No privileged information, written or verbal, will be shared with other agencies, professionals, friends or family members without prior written authorization from the patient.
- d. I shall deny all requests for access to CRMHS patient files by anyone not employed by CRMHS and refer such requests to the Administrator

I understand that an unauthorized disclosure of patient information or records may subject me to civil action for damages of \$1,000.00 or three times the amount of actual damages sustained by a willful release of confidential information under RCW Chapter 71.05.440, or state and federal criminal prosecution in an amount federally of not more than \$500.00 for a first offense and not more than \$5,000.00 for each subsequent offense.

I understand my commitment to confidentiality and that these requirements do not cease at the time I terminate my relationship with CRMHS. I agree to be permanently bound by this commitment and by the regulations on confidentiality henceforth.

Employee Signature

Print Employee Name

Date

STATEMENT OF UNDERSTANDING AND ACCEPTANCE
REGARDING CONFIDENTIALITY

Professional Ethics

Basic to the maintenance of professional ethics and community respect is the principal of confidentiality. All the staff of Columbia River Mental Health Services and contractors with Columbia River Mental Health Services have a five- fold set of ethical responsibilities to the consumer, the agency, the community, their profession and themselves. Center consumers act in good faith, expecting their circumstances and personal matters to remain confidential, and we are obligated by law and ethics to reciprocate.

The following, which each employee, student, contractor, auditor and volunteer reads and signs, provides some guidelines concerning confidentiality:

Information and details about a consumer's case may be discussed within the agency for clinical purposes. That is, cases may be discussed in clinical and supervisory meetings in order that cases may be more effectively and therapeutically managed.

1. No identifying information about consumers (names, addresses, and social security numbers) should be revealed without an appropriate release of information.
2. Access to consumer records is limited to those persons whose job duties require such access.
3. The case records that are kept on consumers should be only used for clinical purposes. Other agencies requesting the records of given consumers should first obtain releases of information from the client or legal guardian.
4. Consumer files are to remain in the agency. Do not remove them from Columbia River Mental Health Services! Return consumer files to the file room at the end of each day so that they may be locked in the file room.
5. Any recordings of consumers used outside of the agency, i.e., academic assignments, must first be cleared by a written release with the consumer and permission of the primary supervisor.
6. Remove audio or videotapes of consumer sessions and consumer files from the treatment room when leaving it.
7. Discussing a case outside of the agency, even though names, addresses and social security numbers are not revealed, could be considered a breach of confidentiality. One could describe facts about the case that would identify the clients to someone listening to the discussion. Additionally, it is poor public relations for Columbia River Mental Health Services staff to be heard discussing consumers.



8. When a person's consumer status has been made public in the media, the consumer's confidentiality privileges within the center remain the same.
9. Confidentiality is limited: 1) When there is reason to suspect the occurrence of child abuse or neglect; 2) When there is a clear threat to do serious bodily harm to self or others; 3) To a court under court order. Immediate consultation with a program director is required in these cases.
10. Any matters not specifically covered here should be discussed with your supervisor, a program manager, or the clinical director.
11. Contractors have the same confidentiality responsibilities including all non clinical contractors that have access to client records where it is in hard copy, computer tape or computer disk format.
12. Clients of the Center for Dual Diagnosis Recovery (CDDR) had additional protection under Federal confidentiality laws and regulations 42 CFR Part 2.

I understand and agree to the above policy, and I am aware that any breach of confidentiality is grounds for dismissal and/or breach of contract.

Date Signed _____

Signed _____

Print Name: _____



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.

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.

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.

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.

April 14, 2003

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.

cept 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.

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 15 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 in 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.

**CRMHS
Notice of Privacy Practices
Page 2**

April 14, 2003

**The Health Insurance
Portability and Accountability
Act of 1996
(HIPAA)
A Federal Law**

**Columbia River Mental Health Services
Staff Education Module**

The Good News

- HIPAA addresses the whole healthcare industry
- Everyone who handles health information is held to the same standards
- All "covered entities" must comply. From one doc offices to university health systems
- We're all in this together nationally

What's New with HIPAA?

- Definition of protected health information (PHI)
- Fines and penalties for misuse
- Re-disclosure of information
- Consumer amendment to their records
- Notice of privacy practices
- Mandated encryption for electronic transfer
- Designated record set
- Minimum necessary standard
- Business associate agreements
- Electronic transaction code sets

What's Not New with HIPAA

- Consumer's right to privacy
- Consumer's access to their records
- Public health reporting
- Ability to use health information for treatment, payment and operations
- Healthcare professionals' commitment to confidentiality

Note that when Washington State's requirements are more stringent they will take precedence over HIPAA

HIPAA Components

- ✓ Privacy Rule - Effective 4/14/03
- ✓ Gives consumers federal rights to view and control access to their medical records.
- ✓ Penalizes individuals and organizations that fail to keep patient information confidential
- ✓ Security Rule - Fully Effective 10/04
- ✓ Establishes strict standards for securing and transmitting protected health information electronically
- ✓ Administrative Simplification
- ✓ Standardizes billing formats, codes, etc. for all insurances
- ✓ Portability
- ✓ Ensures individuals moving between health plans have continuing coverage and pre-existing conditions won't impact coverage
- ✓ Accountability
- ✓ Increases federal government's fraud enforcement authority

Penalties for breaking privacy rules

- The law provides for a range of penalties. The most serious would result in a maximum of 10 years in jail and a \$250,000 fine.
- Criminal misuse would include intent to sell, transfer or use PHI for commercial advantage, personal gain, or malicious harm.
- Though most commonly inadvertent, a Web posting of a database of patient information could draw a fine of \$100 per person identified.

What is Protected Health Information?

Any information that uniquely identifies a consumer must be protected, and is called protected health information (PHI)

A short list of PHI elements may include:

- *Name*
- *Address*
- *Social Security Number*
- *Phone Number*
- *E-mail address*

- *Diagnosis*
- *Medical history*
- *Medications*
- *Medical record number*
- *And more....*

Acceptable uses of PHI

- ✓ *For treatment, payment, and healthcare operations*

- ✓ *Other reasons require permission from the consumer*

NOTE: CRMHS release of information is called an "Authorization to Use and Disclose Health Information" in HIPAA language. The new form will be effective 4/14/03 and replaces all previous release forms.

Minimum Necessary Requirement

- Doctors, nurses, therapists, case managers, managers and other frontline caregivers have unrestricted access to information that is necessary to provide care.
- Others work in jobs where access needs to be limited to the least amount necessary to perform their job.
- Is this information necessary to do my job and provide good consumer care?
- Is this the least amount of information needed to do my job?

Business Associates and Electronic Transactions

- Business Associate Agreements are contracts with our vendors or consultants who have access to PHI. It holds them to our privacy standards. All new contracts and existing ones will be reviewed at time of signing or renewal.
- Electronic transaction code sets are being standardized throughout the country. These are important to the electronic billing system, setting consistency for electronic billing formats, and will be a part of the new software system.

Protect Consumer Privacy

- Don't

- ✓ Announce your consumer's full name when meeting in the lobby
- ✓ Leave PHI lying around or in the trash. Phone message slips and appointment lists, 180 lists, anything with PHI must be shredded.
- ✓ Discuss consumers in public areas such as the lobby and hallways, or in open treatment rooms, the break room
- ✓ Leave PHI on an answering or FAX machine
- ✓ Look up PHI if not needed for your job responsibility
- ✓ Worry that accidentally grabbing the wrong chart is a privacy violation

Protect Consumer Privacy

- DO

- ✓ Speak softly when discussing PHI in semi-private areas
- ✓ Dispose of consumer information only in closed containers for shredding
- ✓ Return ALL charts to Medical Records daily before you leave the building
- ✓ Escort your client to the lobby or an exit when finished seeing them
- ✓ Use common sense and take reasonable measures to protect PHI
- ✓ Report privacy violations to your supervisor and contact the Privacy Officer

Privacy Rules for FAXING PHI

Sending FAXES

Verify need to FAX
Limit FAXED PHI to minimum necessary
Talk with intended recipient before sending the FAX
Maintain in the chart a record of PHI FAXED
Double-check the FAX number entered before sending

Receiving FAXES

Tell the person faxing information to warn you ahead of time
Take FAXES off the machine immediately
Do not let FAXED consumer information lie around unattended

Privacy Rules for Computers

Keep your password a secret
Do not log into the CRMHS network using someone else's password
Keep computer screens facing away from the public
Log off of workstation when not in use
Use security precautions when storing PHI on PDAs and other portable storage devices
Do not use PHI in the subject line of e-mail

Consumer Rights under HIPAA

To view and keep a copy of CRMHS *Notice of Privacy Practices*

To view and request a copy of their own PHI

To request changes to information in their medical record

To request certain restrictions on the use of their PHI To receive a listing of recipients of their PHI To complain about privacy violations To revoke authorization to release PHI

To have CRMHS communicate PHI in a different way or to another place

Notice of Privacy Practices

- Provides a written explanation to our consumers of the protected healthcare information we collect about them and what we do with it
- Outlines CRMHS uses of consumer information and consumer rights regarding that information
- Must be provided to each consumer the first time we see them after April 14, 2003
- Will be added to the "Verification of Receipt" form to be discussed during Access and provided at the front desks at all facilities
- Refers consumers to Trina King x 3044 for complaints and to Susan Stevens x3025 for privacy questions
- Must be read by all employees

Summary

- HIPAA is about honoring the rights of our consumers to the privacy of their health information
- Apply the Golden Rule to every contact with PHI - how would you want others to handle your own PHI
- If PHI were your wallet or purse, think about how you would protect it
- Apply "MINIMUM NECESSARY", need to know

Complaints and Questions

- Refer consumers with complaints about privacy violations to our Customer Service Representative:
Trina King 993-3044
Do not try to handle complaints on your own
- Refer consumers with questions about privacy practices to the Privacy Officer:
Susan Stevens 993-3025