

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

This notice explains situations in which the HIPAA Privacy Rule allows Valley Cities to use and disclose your protected health information without your permission or authorization. Except as specified in this notice, your protected health information will not be shared without your permission or authorization. This notice describes Valley Cities' duty and commitment to protecting the privacy of your health information. You have rights related to the protection of your health information. One of your rights is to file a complaint with Valley Cities and the Department of Health and Human Services should you feel that your rights have been violated.

If you have any questions about this notice, please contact our Privacy Officer at (206) 408-5172.

Valley Cities understands that health information about you is personal and we are fully committed to protecting your medical and behavioral health information. Valley Cities creates a record of the care and services you receive. We need this record to provide you with quality care, to coordinate your care with others who are serving you, and to comply with certain legal requirements. This Notice of Privacy Practices applies to all records of your care that are generated and/or maintained by Valley Cities. You have a right to review and receive a copy of your record.

Our Responsibility to Protect Your Health Information

Valley Cities is required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and make sure you have a copy of it.

Valley Cities hires contractors, subcontractors and other individuals known as business associates. In addition to Valley Cities staff, all business associates who may have access to your protected health information are required to follow the privacy practices described in this notice as part of their contract.

What is Protected Health Information?

"Protected health information", or "PHI", means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer, or a health care clearing house. It may include information about your past, present or future physical or behavioral health condition, the provision of your health care, and payment for your health care services.

Your Rights Related to Your Protected Health Information

Right to Inspect and Copy: You have the right of access to inspect and obtain a copy of your protected health information that was originated by Valley Cities and is maintained in your clinical record. To receive a copy, you must submit a signed, written request. Any staff person can assist you with this by phone or in person.

Your request to inspect and receive a copy of your protected health information may be denied in certain, very limited circumstances. Your request can be denied if a licensed health care professional determines that the information included in your clinical record is reasonably likely to endanger the life or physical safety of yourself or another person, or is reasonably likely to cause substantial harm to you or another person.

If you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by Valley Cities will review your request and the denial. The person conducting your review will not be the person who denied your request. We will comply with the outcome of the review.

You may request that your protected health information be provided directly to another person or entity. We will ask that you complete a "Consent for Release of Information" form. This form must clearly identify the person or entity you wish to receive your records, specify what information you wish to share, must include the date of request and the expiration date of the request, and your signed consent. We may charge a reasonable fee for the preparation and materials involved in preparing your records for distribution. We are not required to honor an authorization until the fee is paid. Once all conditions of release are met, the release may take up to 30 days for processing.

Right to Revoke Consent to Use or Disclose: Except as outlined in this notice, Valley Cities will not use or disclose your protected health information without your written consent. If you have given us permission to use or disclose your information, you have the right to revoke your permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information as outlined in the written consent form. You understand that we are unable to take back any disclosures that have already been made and that we are required to retain our records of the care and services provided to you.

NOTE: Psychotherapy notes are not considered a part of your clinical record and therefore are not available for you to access, inspect or obtain a copy. Valley Cities clinicians do not write psychotherapy notes.

NOTE: If your protected health information is compiled for use in a civil, criminal, or administrative action/proceeding, this compilation of documents is not a part of your clinical record and therefore not be available for you to access, inspect or obtain a copy.

Right to Amend: If you feel that the healthcare information we have about you is incorrect or incomplete you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Valley Cities. To request an amendment, you must submit a written request and include a reason to support the request. We may deny your request if you ask us to amend information that was not created by Valley Cities, is not part of the clinical information kept by or for Valley Cities, is not part of the information that you would be permitted to inspect or copy, or if the information in your clinical record is accurate and complete.

If you disagree with an entry, you may make a separate entry that will be attached to your clinical record. Sign and date it and submit it with your signed, written request which provides a reason that supports your request.

Right to an Accounting of Disclosures: An "Accounting of Disclosures" is a list of each instance where your protected health information was disclosed without your written consent for any reason other than the allowable circumstances outlined in this notice. You have the right to request your Accounting of Disclosures. To do so, you must submit a signed, written request to the Medical Records department. Your request must state a time frame, which may not be longer than six years and may not include dates before April 2003.

Right to Request a Restriction: You have the right to request a restriction on our use or disclosure of your protected health information for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could request that we not disclose information about a medication you are taking. However, we are not required to agree with your request for a restriction. If we agree to the restriction, we may disclose your protected health information if it is needed to provide you with emergency treatment.

To request restrictions, you must submit a signed, written request to the Medical Records department. Your request must state what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply. For example, you want us to limit disclosure of group attendance records to your spouse.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a confidential way. For example, you may request that we only call your cell phone and not your home phone, and whether or not we are allowed to leave voice mails on your phone. To request confidential communications, you must submit a signed, written request to the Medical Records department. Your request must specify how you wish to be communicated with and where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

How We May Access, Use, and Disclose Protected Health Information Without Your Consent or Authorization

We must disclose your health information to you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice.

Treatment, Payment, Operations

We may use and disclose your protected health information without your consent or authorization if the use or disclosure is for your treatment, payment for services, or for Valley Cities business operations. A description and an example are given for each of these three categories below. However, there are many other examples that are not listed. Other situations that can be grouped under *treatment, payment, or business operations* may also be used and disclosed without your consent or authorization.

NOTE: If you are receiving services for the evaluation or treatment of a substance use disorder, additional specific rules apply to the use and disclosure of information related to these services. (See section entitled *Uses and Disclosures for Substance Use Disorder Information*.)

For Treatment: We may use and disclose your protected health information to professionals outside our organization who are involved in your care, such as your family physician, case manager, school counselor, or hospital, when the use or disclosure is necessary to coordinate your treatment needs. For example, a psychiatrist treating you for depression may need to know if you are being treated with other medications prescribed by your primary care physician to prevent any negative drug interactions with medications prescribed for the depression. Treatment providers within Valley Cities may share your protected health information in order to coordinate your needs, such as prescription refills, lab work, or housing services. We will only provide such information on a need-to-know basis.

For Payment: We may use and disclose your protected health information in order to bill for the services you receive so that we may collect payment. For example, we may give your protected health information to your insurance company, the King County BHO, or a third party, including Medicaid and Medicare so that they will pay us for the services we provided to you.

For Health Care Operations: We may use and disclose your protected health information to improve the overall business operations of our organization. This is necessary to ensure a high level of quality in the care that you and other clients receive at Valley Cities. For example, we may review your treatment and services to evaluate the performance of our staff in caring for you. We may also review your protected health information to clinicians, doctors, case managers or other staff for auditing or learning purposes.

For Medical Emergencies: We may use and disclose your protected health information in the event of a medical emergency. Information may be disclosed to medical personnel to aid in your treatment.

Circumstances in Which Valley Cities is Permitted or Required to Use or Disclose Your PHI Without Written Authorization

Valley Cities will share your protected health information when the law requires that we do so, including the situations described below. We may also share your information with the Department of Health and Human Services if it needs this information to ensure that we're complying with the law.

Law Enforcement: We may use or share your protected health information with a law enforcement official, for law enforcement purposes, such as:

- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if we are unable to obtain the victim's agreement;
- About a death we believe may be the result of criminal conduct; or
- In emergency circumstances to report a crime, the location of crime victims, or the identity description or location of a person who committed a crime.

Military and National Security: If you are a member of the armed forces, we may use or share health information about you for special government functions such as military, national security, and presidential protective services.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose behavioral health care information about you in response to a subpoena, discovery request, or other lawful process.

Inmates: If you are an inmate of a correctional institution or in the custody of law enforcement, we may disclose your protected health information to the correctional institution or a law enforcement official.

Workers Compensation: We may use or share health information about you for workers' compensation claims.

Individuals Involved in Disaster Relief: We may disclose healthcare information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

Public Health Risks: We may use and disclose your protected health information to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births or deaths
- To report child, adult, or older adult abuse or neglect
- To report reactions to medications or problem with prescriptions
- To notify a person who may have been exposed to a disease or at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a person has been the victim of abuse or domestic violence. (We will only make this disclosure when required or authorized by law)
- To avert a serious threat to the health or safety of a person or the public

Health Oversight Activities: We may use and disclose your protected health information to a health oversight agency for activities authorized by law. Such activities may include audits, investigations or inspections by agencies such as King County BHO and the State of Washington. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Coroners, Medical Examiners and Funeral Directors: We may share protected health information with a coroner, medical examiner, or funeral director when a client dies.

Organ and Tissue Donation: If you are an organ donor, we are permitted to share health information about you with organ procurement organizations.

STD Information: All health information related to sexually transmitted disease is kept strictly confidential and released only in conformance with the requirements of state law. Disclosure of any healthcare information referencing a client's STD status may only be made with the client's specific written authorization. A general authorization for the release of healthcare or other information is not sufficient for this purpose.

Uses and Disclosures for Substance Use Disorder Information

The confidentiality of substance use disorder information is protected by stricter regulations than those for general health information. For example, we cannot share your substance use disorder information for treatment or payment purposes without your written consent. A client's substance use disorder records related to the diagnosis, treatment, referral for treatment or prevention is protected by federal law (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 CFR Part 2).

We may not disclose to anyone outside the SUD program that you attend the program or disclose any information identifying you as a substance abuser, unless:

- You consent in writing,
- It is allowed by a court order,
- It is made to medical personnel in a medical emergency,
- It is made to qualified personnel for research, audit or program evaluation,
- You commit or threaten to commit a crime either at the program or against any person who works for the program,
- It is made to appropriate authorities to report suspected child or adult/older adult abuse or neglect.

Violations of the federal law and regulations by a program are a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs, or to the Valley Cities Privacy Officer at (206) 408-5172.

Additional Information

Applicable laws that protect health information: The Federal Health Insurance Portability and Accountability Act of 1996 and the Omnibus Privacy Rules of 2013 (HIPAA – 45 C FR Part 160 and subparts A and E of Part 164) sets the minimum standards. For substance use care, the Federal law 42 CFR Part 2 offers more stringent rules. Additionally, Washington State laws for behavioral health care are, in many instances, stricter than the Federal laws. These laws are included in RCW 70.02 (Health Care Information Access and Disclosure).

Fundraising Activities: We may contact you in an effort to raise money for the agency and its operations. This information will not be released outside Valley Cities. If you do not want the agency to contact you for fundraising efforts, you must notify our Privacy Officer in writing. You may call (206) 408-5172 to request further information.

Research: Valley Cities does not conduct research studies. Occasionally, however, we may be asked to participate in studies undertaken by the state or a university. In which case, any information shared will be de-identified or we will ask for your written consent prior to allowing the researcher access to your name, address, or other information that reveals who you are.

Other Uses and Disclosures: Disclosures for marketing purposes and disclosures that constitute a sale of protected health information require your authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization.

Filing a Complaint: If you believe your privacy rights have been violated, you may contact the Valley Cities Privacy Officer at (206) 408-5172. You may file a complaint in writing and mail it to 325 W. Gowe Street, Kent, WA 98032. If we cannot resolve your concern, you also have the right to file a written complaint with the Department of Health and Human Services and/or the Office for Civil Rights. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

You have a right to a paper copy of this notice. If you received this notice from our website or via email, you may ask any staff member for a paper copy at any time.

Changes to this notice: Valley Cities has the right to make revisions or changes to this notice. Changes will become effective for your existing record of protected health information maintained by Valley Cities as well as information added to your

record in the future. When a change or revision is made to this notice, the current notice will be clearly posted at all Valley Cities clinics and it will contain the effective date at the bottom of each page.