

## NOTICE OF PRIVACY PRACTICES

**I. GENERAL INFORMATION**

Information regarding your health care, including payment for health care, is protected by two federal laws; the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 42 USC § 130d et seq., 45 CFR Parts 160 & 164, and the Confidentiality Law, 42 USC § 290dd-2, 42 CFR Part 2. Your records are also protected under the Revised Codes of Washington 70.02 and 70.96A. Under these laws, Lifeline Connections may not say to a person outside the agency that you attend the program, nor may we disclose any information identifying you as a person who abuses alcohol or drugs, or disclose any other protected information except as permitted by federal law.

**II. INFORMATION ABOUT YOUR TREATMENT AND RECORDS WE KEEP ABOUT YOU IS PROTECTED**

"This notice describes how medical information about you may be disclosed and how you can get access to this information." Please review it carefully. We are required by law to maintain the privacy of protected health information and to notify individuals receiving services that their records are protected by both state and federal laws and about our privacy practices. We are required to abide by the terms of this notice, but we have the right to change the terms of this notice. If we choose to change this notice, the revised notification shall be posted in the lobby of the agency within 10 days from the revision date. You may call (360-397-8246) the agency during business hours (8:00 am – 5:00 pm) Monday through Friday and inquire about any revisions made to this privacy policy. If you do not understand the changes, you may request to meet with our designated Privacy Officer or his/her designee for clarification.

**III. DISCLOSURES AUTHORIZED BY SIGNED CONSENT**

With your signed authorization consistent with the format delineated in 42 CFR Part 2 and 45 CFR Part 160, we will disclose confidential information about the treatment you received at our agency. The signed consent will explain the specific information to be released and the purpose of the release. Only the minimum information necessary to achieve the purpose of the release shall be disclosed. At any time you may revoke a signed consent, except to the extent that action had been taken in reliance on it, contacting our agency and making such a request. There is an exception in which you cannot revoke an authorization to disclose confidential information and that is when you are ordered to treatment by a court or there are legal conditions that require your participation in treatment (45 CFR §164.508(b)(4)). Examples of disclosures with your written consent (disclosures are not limited to the following—the following are only examples): disclosures may be made to your insurance company for reimbursement for services provided, or a managed care company that case manages the services you receive, or to mental health professionals who may need our records to assist them in determining a course of care, or medical professionals that may need your alcohol/drug treatment history to provide medical services.

**IV. DISCLOSURES WITHOUT SIGNED CONSENT**

In some cases, we may make disclosures without your written consent that are consistent with 42 CFR Part 2, 45 CFR Parts 160 & 164, and Washington State Code. These cases include: (1) court ordered issued consistent with 42 CFR Part 2 which compels release of protected health care/alcohol and drug abuse treatment information, (2) to medical personnel in a medical emergency, (3) when a patient commits or threatens to commit a crime at the agency or against agency personnel, (4) to report suspected child abuse and/or neglect, (5) research, audits and surveys conducted by state or federal regulatory groups or other entities that certify the services we provide, and (6) when we have a qualified service organization agreement (QSOA) (consistent with the requirements of 42 CFR Part 2 and 45 CFR Parts 160 & 164) with another entity, which may include medical consultants and other professionals. These professionals must agree in writing to protect your alcohol and drug abuse/medical treatment information consistent with 42 CFR Part 2 and 45 CFR Parts 160 & 164. With the exception of those situations delineated above, we will only make disclosures with your signed authorization.

**V. AGENCY IS NOT ALLOWED TO CONDITION TREATMENT ON SIGNING A CONSENT EXCEPT IN THE FOLLOWING SITUATIONS**

There are several situations that we may refuse treatment if you should refuse to sign an authorization to release confidential information: (1) If you refuse to sign a release that permits us to bill for services that you are not able to pay, or that are being paid by State/County contracts; and (2) If your treatment is a condition of court or criminal justice system and we must comply with reporting to the criminal justice system.

**VI. YOUR RIGHTS AND HOW TO EXERCISE THEM**

1. You have the right to request to review your records and to request that corrections be made if you believe errors have been made, except to the extent not provided for in federal or state code. Your request to make correction(s) must be in writing on paper, and state specifically what you believe is incorrect, and be dated and signed by you. We will respond to your written request within 10 days from the receipt of your written notification to review or correct your records; in some cases we may extend this time period to 21 days—you will be notified in writing of an extension and be given the date the records will be available or when the request will be otherwise disposed. In some cases, we may deny your request to review or correct your records consistent with federal and state codes. If we deny your request, you will be mailed written notification explaining the reason(s) for the denial within 10 days from the receipt of your written request; if we agree with your request, you will be mailed notification within 10 days from the receipt of your written request and we will take action consistent with your request. You may request a review of a denial. This request must be in writing in paper, and state specifically what you want reviewed, and is dated and signed by you. Upon receipt of written notice for review of a denial, a licensed counselor, not involved directly in your care, shall conduct a review within 15 working days from receipt of the request for review, and mail you a written determination within 30 days from the date we received your request to review our denial. If we make a correction to your records per your request, others who may have received a copy of your record prior to the correction shall be sent a copy of the amendment within 15 days from the date the record(s) was corrected. If you do not submit a written statement of disagreement, if we should deny correcting your record, you may request in writing on paper that you want your written request to correct your record(s) included in any future disclosures specific to the record(s) in question, and we will include your request to correct your record(s) and our denial with any future disclosure we make of the records in question. If you have submitted a written disagreement and we have denied your request to correct your record(s), we will include your disagreement with any future disclosure of the protected information to which the disagreement is related. You may also make an appeal to the Department of Health and Human Services if we deny your request to review or amend your records (see section IX).

2. You have a right to ask for an accounting of what information has been disclosed about you for 6 years prior to the date of your request (including who we shared it with and why), except to what extent it is not required by 45 CFR Parts 160 & 164. You may exercise this right by making a written request on paper stating that you want to review disclosures of your records. This request must be dated and signed by you. You may submit this request to your assigned counselor. In the absence of the counselor who provided you services, you may make this request to the Privacy Officer. Within 30 days of receipt of your written request, we will provide an appointment time to meet with you for this review. We may extend this 30-day period another 30 days if records have been archived or are at multiple sites.

3. You have the right to request restrictions about what information will be disclosed about you; in some cases, we have the right to deny such requests or to terminate restriction agreements. If we deny or terminate an agreement with you, you will be mailed a written explanation for the basis of the denial within 10 working days from the denial or termination. You may also make an appeal to the Department of Health and Human Services if we deny your request (see section IX).

4. You have the right to request an electronic or printed photocopy of your record(s), except to what extent that photocopying is not required by 45 CFR and Washington State Code. This request must be written on paper, state what you want copied, and be dated and signed by you. There is an agency form available for record requests that you may use. We may charge a nominal fee for the expense of copying records. We will respond to your written request within 30 days from the receipt of your request to photocopy your records; in some cases, we may extend this time period to 30 days—you will be notified in writing of an extension and be given the date the records will be available or when the request will be otherwise disposed of. You may make an appeal to the Department of Health and Human Services if we deny your request (see Section IX).
5. You have the right to a copy of this privacy policy and any revisions made. Copies and revisions are available at the reception window upon request or on our website at [lifelineconnections.org](http://lifelineconnections.org).
6. If you have given someone medical 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.
7. You have the right to request that we communicate with you by alternative means or at an alternate location. We may accommodate such a request provided that we deem it reasonable.

Written requests as outlined above may be given directly to your counselor, or to the receptionist who will give the request to your counselor. Written requests addressed to the Privacy Officer may be given to the receptionist who will give the request to the Privacy Officer. You may also mail a request to the attention of your counselor or Privacy Officer by sending your request to the following address:

Lifeline Connections  
ATTN: (enter name of your counselor, or enter "Privacy Officer")  
PO Box 1678  
Vancouver WA 98668-1678

#### **VII. AGENCY PRIVACY GRIEVANCE PROCEDURE**

If you believe that your privacy rights have been violated, you may register a grievance with Lifeline Connections' Privacy Officer as follows:

1. The privacy grievance must be made within 180 days of when you knew or should have known that the act or omission complained of occurred.
2. The grievance must include the specific acts(s) or omission(s) believed to be in violation of the applicable requirements of parts 160 or 164 of 45 CFR and include the date(s) when you believed they occurred. If you know the name of the Agency employee whom you believe violated the privacy rules, include his or her name. The written grievance must be dated and signed by you.
3. You may ask the receptionist for a grievance form and envelope and complete the form and place it in the envelope and give it to the receptionist, OR
4. Mail your written grievance or grievance form to the address below:

Lifeline Connections  
ATTN: (enter name of your counselor, or enter "Privacy Officer")  
PO Box 1678  
Vancouver WA 98668-1678

Upon receipt of your written grievance, an investigation of your grievance will commence within five (5) working days. You may make a request to meet with the Privacy Officer or his/her designee and review the findings. Please see grievance process for additional information/details.

#### **VIII. AGENCY PRIVACY OFFICER**

You may contact the Privacy Officer or his/her designee by calling the agency (360-397-8246) and asking for the Privacy Officer. You may also contact the Privacy Officer by directing mail to the address noted in section VII.

#### **IX. HHS COMPLAINT PROCEDURE**

You may also make complaints to the US Department of Health and Human Services Office (HHS) (200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)) consistent with 45 CFR, section 160.306, when you believe that your privacy rights have been violated. The complaint must be filed in writing, either on paper or electronically, must name the entity that is the subject of the complaint, must describe the acts of omissions believed to be in violation of applicable portions of part 160 or subpart E of part 164 of chapter 45 CFR and must be filed within 180 days of when you know or should have known that the act or omission complained of occurred, unless the time limit is waived by HHS for good cause shown.

#### **X. VIOLATIONS OF 42 CFR PART 2:**

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurred.

#### **XI. RETALIATION IS PROHIBITED**

If you make a complaint to Lifeline Connections or to HHS, you will not be retaliated against for filing a complaint.

If a breach ever occurs that may have compromised the privacy or security of your information, we will notify you promptly and in writing. We must follow the duties and privacy practices described in this notice and give you a copy of it.