



NOTICE OF PRIVACY PRACTICES LIFELINE CONNECTIONS, LLC

POLICY 421

This notice describes how health information about you may be disclosed and how you can get access to this information. Please review this notice carefully.

We are required by federal and state law to maintain the privacy of protected health information. Under the law, **we may not disclose any information regarding your participation in a substance use treatment program, or any information identifying you as a person who uses alcohol or drugs**, or disclose any other health information about you, except according to your signed written authorization, or as permitted or required by law.

DISCLOSURES AUTHORIZED BY SIGNED CONSENT

With your signed and dated authorization that conforms to the requirements of 42 C.F.R. Part 2 and other applicable law, we will disclose information about your treatment at Lifeline Connections. The signed consent must explain the specific information to be released and the purpose of the release. Only the minimum information necessary to achieve the stated purpose of the release shall be disclosed. You may revoke a signed consent at any time, except to the extent that action has been taken in reliance on it, by contacting us and making such a request in writing.

Examples of disclosures with your written consent include: disclosure to your insurance company for reimbursement for services provided; to a managed care company that case manages the services you receive; to mental health professionals who may need our records to assist them in determining a course of care; or to medical professionals that may need your alcohol/drug treatment history to provide medical services.

DISCLOSURES WITHOUT SIGNED CONSENT

In some cases, we may make disclosures without your written consent. These cases include disclosures:

- Pursuant to a court order issued consistent with 42 CFR Part 2, which compels release of protected health care/alcohol and drug use treatment information;
- To medical personnel in a medical emergency when your prior written consent cannot be obtained;
- When you commit or threaten to commit a crime at Lifeline Connections or against our personnel;
- To report suspected child abuse and/or neglect;
- For research, audits and surveys conducted by state or federal regulatory groups or other entities that certify the services we provide;

- When we have a qualified service organization agreement (QSOA) with another entity, which may include medical consultants and other professionals, who must agree in writing to protect your substance use disorder treatment information.

YOUR TREATMENT MAY NOT BE CONDITIONED ON SIGNING A CONSENT TO DISCLOSE YOUR INFORMATION, EXCEPT IN THE FOLLOWING SITUATIONS

There are situations where we may refuse treatment if you should refuse to sign an authorization to release your 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; or (2) if your treatment is a condition of court or criminal justice system and we are required to report information about your treatment to the criminal justice system.

YOUR RIGHTS AND HOW TO EXERCISE THEM

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

- 1. Review and get an electronic or paper copy of your health information maintained by us**
 - We will provide a copy or a summary of your health information. We may charge a reasonable, cost-based fee.
- 2. Request corrections to health information we maintain about you if you believe it is incomplete or errors have been made**
 - In some cases, we may deny your request to review or correct your records, consistent with the law. 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.
- 3. Get a list (accounting) of those with whom we've shared your information**
 - Your request can go back as far as 6 years prior to the date of your request (including who we shared it with and why).
 - We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- 4. Ask us to limit what information we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

5. Get a copy of this notice of privacy practices and any revisions made to it

- Copies and revisions are available at the reception window upon request or on our website at lifelineconnections.org.

6. Choose someone to act for you

- 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 to act for you before we take any action.

7. Request confidential communications

- You can ask us to communicate with you in a specific way (for example, home or work phone) or to send mail to you at a different address.
- We may accommodate such a request provided that we deem it reasonable.

8. File a complaint if you believe your rights may have been violated

- You can contact us directly to file a complaint if you feel we have violated your rights, by calling (360) 397-8246 and asking for the Privacy Officer. You may also contact the Privacy Officer by mail using the address below:

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

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- If you make a complaint to Lifeline Connections or to HHS or another governmental agency, we will not retaliate against you.

OUR RESPONSIBILITIES

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will never use, disclose or sell your information for marketing or fundraising purposes.
- We do not maintain a facility directory, and your information will never be included in such a directory.
- If a breach ever occurs that may have compromised the privacy or security of your health information, we will notify you promptly and in writing.
- We are required to abide by the terms of this notice and give you a copy of it upon request, but we have the right to change the terms of this notice. If we choose to change this notice, the revised notification will be posted in the lobby of Lifeline Connections within 10 days from the revision date. You may also call us at (360) 397-8246 during business hours (8:00 am – 5:00 pm) Monday through Friday and inquire about any revisions made to this notice. If you do not understand the changes, you may request to meet with our designated Privacy Officer for clarification.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html