



# Notice of Privacy Practices

*(Effective September, 2013)*

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.**

We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and our privacy practices with respect to that information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect, but we reserve the right to change these terms at any time. Any changes will be effective immediately and will be available to you on our website ([www.ichs.com](http://www.ichs.com)).

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

**For Treatment.** We may use or disclose your protected health information to provide you with medical treatment. We may disclose your protected health information to doctors, nurses or other members of our health care team who are involved in your care. For example, your physician may need to consult with specialists about your care. Your protect health information would be shared with them to help understand your health care needs.

**For Payment.** We may use or disclose your protected health information so that the treatment and services you receive at International Community Health Services ("ICHS" or "we") may be billed to you, an insurance company or third party. For example, we may need to give your health plan information about surgery you received so that your health plan will pay us or reimburse you for the surgery. We will not disclose your protected health information to third party payers without your authorization unless allowed to do so by law. You have a right to request the restriction of the disclosure of your protected health information to a health plan or other party when that information relates solely to a healthcare item or service for which you or another person on your behalf (other than a health plan) has paid us, and we are required to agree to such request.

**For Health Care Operations.** We may use and disclose your protected health information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use health information to assess the quality of the health care services provided to you or to evaluate the performance of our staff.

## **OTHER ALLOWABLE USES OF YOUR PROTECTED HEALTH INFORMATION WITHOUT REQUIRING YOUR PRIOR AUTHORIZATION**

**Business Associates.** There are some services provided at ICHS through contracts with business associates. Examples include laboratory, external auditors, outside attorneys and others. Whenever an arrangement between a business associate and ICHS involves the use or disclosure of your protected health information, we will have a written agreement that will protect the privacy of your protected health information.

**Appointment Reminders** - We may contact you as a reminder that you have an appointment for treatment or health care services at ICHS.

**Treatment Alternatives** - We may use your protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Research** – Under certain circumstances, ICHS may use and disclose population health information for medical research purposes. In most circumstances, we will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project as long as the health information does not leave ICHS.

**As Required By Law** - We will disclose your protected health information when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety** - We may use and disclose your protected health information when necessary to prevent a serious threat to your health or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

**Organ and Tissue Donation** - If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans** - If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** - We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Persons Involved In Your Care** - Unless you object, we may, in our professional judgment, disclose your PHI to family, friends, or others identified by you to facilitate that person's involvement in caring for you or in payment for your care. We may use or disclose your PHI to assist in notifying a family member, personal representative, or any other person responsible for your care of your location and condition. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member or other persons who may be involved in some aspect of caring for you.

**Public Health** - As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Health Information Exchange** - We participate in one or more health information exchanges (HIEs) and may electronically share your PHI for treatment, payment, and healthcare operations purposes with other participants in the HIEs. HIEs allow your health care providers to efficiently access and use your pertinent medical information necessary for treatment and other lawful purposes. If you do not opt-out of this exchange of information, we may provide your health information to the HIEs in which we participate in accordance with applicable law. In order to opt-out, you must complete and submit a Health Information Exchange Opt-Out form. Upon receipt of your request, your PHI will continue to be used and disclosed in accordance with this Notice and the law, but will no longer be available electronically to otherwise authorized providers through our HIE(s).

**Health Oversight Activities** - We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**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 your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement** - We may disclose your protected health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at ICHS;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors** - We may disclose your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** - We may disclose your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Confidentiality of Substance Use Disorder Patient Records** - The confidentiality of substance use disorder patient records maintained by ICHS is protected by federal regulations. Generally, ICHS may not acknowledge the presence of an identified patient in a ICHS facility or component of a ICHS facility which is publicly identified as a place where only substance use disorder diagnosis, treatment, or referral for treatment is provided unless the patient consents to the disclosure in writing, or the disclosure is authorized by a court order. With your written permission, we may share these records with a health information exchange.

Any answer to a request for disclosure of patient substance abuse disorder treatment records which is not permissible under the federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being, diagnosed or treated for a substance use disorder.

There are limited situations in which the federal regulation permits the disclosure of patient substance use disorder treatment information without your authorization. These include: to medical personnel to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained; for the purpose of conducting scientific research, with certain confidentiality protections as specified by regulations; and in the course of a review of records on the substance use disorder program premises for an audit or evaluation, with certain confidentiality protections as specified by regulations.

Violation of the federal regulations governing confidentiality of substance use disorder information is a crime. Suspected violations may be reported to the United States Attorney for the judicial district in which the violation occurs and, if applicable, to the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight.

United States Attorney's Office  
700 Stewart Street, # 5220  
Seattle, WA 98101

SAMHSA Center for Substance Abuse Treatment  
5600 Fishers Lane  
Rockville, MD 20857  
Phone: 240-276-1600

Information related to a patient's commission of a crime on the premises of a substance use disorder treatment program or against personnel of such a program is not protected. Reports of suspected child

abuse and neglect made under state law to appropriate state or local authorities are not protected. The federal regulations do not prohibit ICHS from giving a patient access to their own records, including the opportunity to inspect and copy any records that a substance use disorder program maintains about the patient. The federal regulations governing substance use disorder treatment information are set forth at 42 C.F.R. § 2.1 et seq.

### **CERTAIN USES AND DISCLOSURES REQUIRING AUTHORIZATION**

Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, disclosures that constitute a sale of protected health information, and other uses and disclosures of protected health information not covered by this Notice will be made only with your written permission. If you provide ICHS with permission to use or disclose your protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Communication with Family and Friends** - We may share your protected health information with family members or friends who are involved in your care and/or payment for your care if you tell us that we can do so, or if you do not object to sharing of this information. We may also share relevant information with these persons if, using our professional judgment, we believe that you do not object.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

Although your health record is the property of ICHS, your protected health information belongs to you. You have the following rights regarding your protected health information:

**Right to this Notice** - You have a right to a paper copy of this Notice. You may ask us to give you a copy at any time. You may also obtain a copy of this Notice at our website: [www.ichs.com](http://www.ichs.com).

**Right to Inspect and Copy** - You have a right to inspect and receive a copy of certain health care information pertaining to you including billing records. You must submit your request in writing to the:

International Community Health Services  
Attn: Compliance Officer  
PO Box 3007, Seattle WA 98114-3007

If you request a copy of such protected health information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health record, you may request that the denial be reviewed. We will comply with the outcome of the review.

**Right to Request Amendment** - You have a right to ask that your protected health information be amended by giving a written request to our Compliance Officer. We have the right to deny this request under certain circumstances. You may write a statement of disagreement if your request is denied. This statement of disagreement will be stored in your health record, and included with any release of your records.

**Right to an Accounting of Disclosures** - You have the right to receive an accounting of disclosures. This is a record of certain disclosures we made of your protected health information in accordance with law.

You must submit your request in writing to the Compliance Officer. We may charge you for the costs of providing the record. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred. The Health Center Manager can be reached at the following address:

International Community Health Services  
Attn: Compliance Officer  
PO Box 3007, Seattle WA 98114-3007

**Right to Request Restriction** - You have a right to ask us to restrict certain uses and disclosures of your protected health information. For example, you may request that we limit the protected health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose your protected health information about a surgery you had to a family member or friend. You must submit your request in writing to the Compliance Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse; however, we are not required to agree to a requested restriction.

**Right to Request Confidential Communications** - You have the right to request that we communicate with you about health matters in a specific way or location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must submit your request in writing to the Compliance Officer. We will not ask you for the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to Be Notified of Breach** – You have a right to be notified following a breach of unsecured protected health information.

## Complaints

If you believe your privacy rights have been violated, you may contact the ICHS Compliance Officer at 206.788.3658 or submit your complaint in writing to the ICHS Compliance Officer at PO Box 3007; Seattle, WA 98114-3007.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

The quality of your care will not be jeopardized nor will you be subject to any retaliation for filing a complaint.

If you have any questions about this notice, please contact the ICHS Compliance Officer at 206.788.3658.