



NOTICE OF PATIENT PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions or comments about this Notice, please contact us at the address and telephone number given above.

Our Privacy Officer is our Chief Compliance Officer.

Who does this Notice apply to:

This Notice has been published by Quality Behavioral Health. It applies to everyone who works for Quality Behavioral Health, including our employees, contractors and volunteers.

Why do we publish this Notice?

We understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information we gather and use about you and provide you with notices of our legal duties and privacy practices with respect to your information.

While we are committed to the privacy of your information; however, in order to serve you, we need to gather, keep, and use records of this information. We sometimes also need to share information with other parties. This Notice is intended to let you know how we use and disclose your personal and private information.

This Notice is also to let you know about certain legal rights you have with respect to the information we collect about you. You have certain rights to review and copy our records of information about you. You may also request that we amend these records, and may ask us to account for certain disclosures we may have made of information about you, make copies available or forward information to designated entities per your request.

When is this Notice effective?

We are required to comply with the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice, and make the new terms effective for all information to which this Notice applies. This Notice will be in effect from February 11, 2025 until the date we publish an amended Notice. If we do publish an amended Notice and there is a material change to the uses or disclosures, the individual's rights, the covered entity's legal duties, or other privacy practices stated in the notice, we will notify you by sending a copy to you at your last address in our records. We will also publish the amended Notices in our files and may publish it on our web site.



What information does this Notice cover?

This Notice covers all information in our written or electronic records which concerns you, your health care and payment for your health care. It also covers information we may have shared with other organizations to help us provide your care, get paid for providing care or manage some of our administrative operations.

Why do we ask you to sign a Consent form?

We can only use or disclose information about you in very limited ways without your consent. However, we cannot provide treatment and cannot conduct payment and provide certain necessary health care operations activities without using or in some cases disclosing your information. Since these are essential activities for us, we need you to give your written consent for these purposes. Because this is such important information, if you refuse to consent, we may not be able to provide you care.

When can we use or disclose information about you?

Except for certain disclosures for legal purposes described below, we can only use or disclose information about you with your written authorization or consent.

With your written consent: (See page 6 for information specific to our Substance Use Disorder Program), we can use or disclose your information for the following purposes:

- **Treatment.** We may use or disclose information about you among staff on a “need to know” basis for treatment. We may also disclose information about you to organizations and individuals involved in your care who are outside of our center, such as consulting physicians, laboratories, social workers and so on.

-For example, if we refer you to another physician or a hospital for specialty services, we will provide that physician or hospital with all clinical information, which might be necessary, or helpful to help them provide you with the appropriate care. This is only an example and we may use or disclose information about you to provide you proper treatment in many other ways.

- **Payment.** We may use or disclose information about you for payment purposes in billing and claims payment. We may also disclose such information to your health care plan or other parties financially responsible for your care, or to claims and billing services if necessary.

-For example, if you are covered by a health care plan we cannot get paid for the services we provide you unless we submit information in a claim. This might include detailed clinical information, depending on the kind of plan and claim. This is only an example and there may be



many other ways in which we may use or disclose information about you in connection with payment for your care.

- **Health Care Operations.** We may use or disclose information about you for operational activities in connection with our Center. These activities might include the practice of quality improvement, training of interns, insurance underwriting, medical or legal review and business or administration of our Center.

-For example, we may wish to review the quality of care you receive, in order to help us deliver the best care we can. Or, we may audit our management practices so we can become more efficient. These are only examples and we may use or disclose information about you for health care operations.

Without your consent or authorization: we may disclose information about you only for the following purposes:

- To a public health agency, for purposes such as controlling disease.
- In case of suspected child abuse, to the appropriate governmental authority.
- In other cases of suspected abuse, neglect or domestic violence, to the appropriate governmental authority, with your agreement or if required by law, or if you are incapacitated or it appears necessary to prevent serious harm to you or others.
- To oversight authorities, for regulatory, licensing, certification and other legal purposes including Medicaid or Medicare Fraud.
- In litigation, subject to certain requirements controlling the terms of this disclosure.
- To Qualified Service Organizations and/or Business Associates: Some or your entire PHI may be subject to disclosure through contracts for services with qualified service organizations and/or business associates, outside of this Program, that assist our Program in providing health care. Examples of qualified service organizations and/or business associates include billing companies, attorneys, data processing companies or companies that provide administrative or specialty services. To protect your health information, we require these qualified service organizations and/or business associates to follow the same standards held by this Program through terms detailed in a written agreement.
- To law enforcement agencies, subject to applicable legal requirements and limitations. For example, those under the supervision of the Department of Corrections (DOC), DOC requires QBH to report specific information to your designated probation officer.
- For medical research purposes, subject to your authorization or approval by an institutional review board.
- If you are in the United States military, national security, intelligence, or Foreign Service to your authorized superiors or other authorized federal officials.

We may send you information to support your health care, including appointment reminders, information about alternative treatments and health-related services, which may be of interest to you. ***Please advise us if you do***



not wish to receive such communications, and we will not use or disclose your information for such purposes. If you wish not to receive this kind of communication, you must advise us in writing at our contact address given above.

We may not use or disclose information about you for any other purpose without your written authorization, provided separately from your written consent.

What legal rights do you have in connection with your information?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public law 104-191 require us to inform you of your rights in relation to your personal health information (PHI) and how we will handle disclosures. The confidentiality of your mental health patient records maintained by this Program is protected by Federal law. Generally, the Program may not say to a person outside the Program that you attend the Program or disclose any information identifying you as a mental health patient or disclose any other protected health information except in limited circumstances as permitted by Federal Law. Your health information is further protected by any pertinent state law that is more protective or stringent than either of these two Federal laws. Health information which we receive and/or create about you, personally, in this Program, relating to your past, present or future health, treatment or payment for health care services, is “protected health information” under the Federal law known as the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR, Parts 160, 162, and 164.

By law, you are entitled to:

- Ask us to further restrict our use and disclosure of information about you. We are not required to grant such a request, but if we do, we must make sure the restrictions are implemented.
- Receive confidential communications from us, at an alternative address you provide us.
- Review our records of your information.
- Obtain a copy of all or part of agency-generated records of your information. However, we may charge you a reasonable copying charge of .10¢ per page.
- Ask us to amend your records, if you believe that they are incorrect or incomplete. However, we are not required to make such an amendment and may refuse. If you request an amendment and we determine we will not make it, you are entitled to have a statement of your disagreement included in your records. If you do include a statement of disagreement in your records, we may include a statement of explanation or response in your records as well.
- Obtain an accounting of all persons to which we have disclosed information about you, for any purpose except your treatment, payment for your treatment, or our health care operations.
- If you have provided us with an **Authorization of release of protected health information (PHI)** for any purpose, you may revoke it at any time. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures which occurred before that time.
- You may revoke your **Consent** to uses and disclosures for treatment, payment and health care operations purposes at any time. You may revoke your consent by giving us written notice at our



contact address given above. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures, which occurred before that time. If you revoke your consent, we may elect to discontinue your health care treatment.

In addition: RCW 70.02 covers provisions that relate to the confidentiality of your mental health services information. RCW 70.02.230—Permitted disclosures states 1) Except as provided in this section, RCW **70.02.050**, **71.05.445**, **74.09.295**, **70.02.210**, **70.02.240**, **70.02.250**, and **70.02.260**, or pursuant to a valid authorization under RCW **70.02.030**, the fact of admission to a provider for mental health services and all information and records compiled, obtained, or maintained in the course of providing mental health services to either voluntary or involuntary recipients of services at public or private agencies must be confidential

- If you believe we have violated your privacy rights, you may forward us a written complaint to our contact address given below. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint to any of the following, we are legally prohibited from retaliating against you.

**United States Department of Health & Human Services
Office for Civil Rights
2201 Sixth Avenue M/S RX-11
Seattle, WA 98121
Telephone (206) 615-2010 or 1 (800) 368-1019
TDD (206) 615-2296**

**Greater Columbia Behavioral Health
Compliance Officer: Sindi Saunders
101 North Edison Street
Kennewick, WA 99336
(509) 735-8681
(800) 795-9296
Fax: (509) 783-4165
e-mail: sindis@gcbh.org
www.gcbh.org**

**Quality Behavioral Health
Compliance Officer: Michelle Bagby
900 7th Street
Clarkston, WA 99403
(509) 758-3341
Fax: (509) 758-8009
e-mail: mbagby@qbhs.org**



INFORMATION SPECIFIC TO REPRODUCTIVE HEALTH CARE RECORDS

We will not use or share your PHI in relation to reproductive health care (1) to conduct a criminal, civil, or administrative investigation or (2) to impose criminal, civil, or administrative liability, for seeking, obtaining, providing, or facilitating reproductive health care, if the health care is lawful where it was provided. For example, we will not provide PHI to law enforcement from another state to investigate reproductive health care services that are legal in Washington State.

If Quality Behavioral Health receives a request for PHI potentially related to reproductive health care, we will obtain a signed attestation that clearly stated the requested use or disclosure is not for the prohibited purposes described below, where the request is for PHI for any of the following purposes:

- Health oversight activities
- Law enforcement
- Judicial or administrative proceedings
- Regarding decedents, disclosures to coroners and medical examiners

Prohibited Purposes:

- (1) To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- (2) To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing or facilitating lawful reproducing health care.
- (3) To identify any person for any purpose described in (1) or (2).

The prohibition applies when the reproductive health care at issue (1) is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided, (2) is protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided, or (3) is provided by another person and presumed lawful.

INFORMATION SPECIFIC TO SUBSTANCE USE DISORDER PATIENT RECORDS

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.

If you have any questions or comments about this Notice, please contact us at the address, telephone number or web site given above.

The confidentiality of substance use disorder patient records maintained by this Program is protected by Federal law, commonly referred to as the Alcohol and Other Drug (AOD) Confidentiality Law, 42 CFR, part 2. Generally, the Program may not say to a person outside the Program that you attend the Program or disclose any information identifying you as an alcohol or drug abuser or use or disclose any other protected health information except in limited circumstances as permitted by Federal Law. Your health information is further protected by any pertinent state law that is more protective or stringent than either of these two Federal laws. Health information which we receive and/or create about you, personally, in this Program, relating to your past, present or future health, treatment or payment for health care services, is “protected health information” under



the Federal law known as the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR, Parts 160 and 164.

This Notice describes how we protect personal health information (PHI) we have about you and how we may use and disclose this information. This Notice also describes your rights with respect to PHI and how you can exercise those rights.

Uses and disclosures that may be made of your health information:

- **Internal Communication:** Your PHI will be used within our Program, which is between and among Program staff who have a need for the information and between our Program and staff having connection with our duty to diagnose, treat or refer you for substance use disorder treatment. This means that your PHI may be shared between or among personnel for treatment, payment or health care operation purposes.
- **For example:** Two or more providers within the Program may consult with each other regarding your best course of treatment. The Program and staff person may share your PHI in a billing effort to receive payment for health care services rendered to you. And/or your PHI may be discussed within the Program about your treatment in connection with others in the Program, in an effort to improve the overall quality of care provided by our Program. Your PHI will not be redisclosed by Program personnel and/or staff, except as is otherwise permitted herein.
 - **Medical Emergencies:** Your health information may be disclosed to medical personnel to the extent necessary to meet a bona fide medical emergency in which your prior informed consent cannot be obtained.
 - **Authorizing Court Order:** This Program may disclose your PHI pursuant to an authorizing court order. This is a unique kind of court order in which certain application procedures have been taken to protect your identity and in which the court makes certain specific determinations as outlined in the Federal regulations and limits the scope of the disclosure.
 - **Crime on Program Premises or Against Program Personnel:** This Program may disclose a limited amount of PHI to law enforcement when a patient commits or threatens to commit a crime on the Program premises or against Program personnel.
 - **Reporting Suspected Child Abuse and Neglect:** This Program is mandated by both State and Federal law to report abuse or neglect.
 - **Qualified Service Organization and/or Business Associates:** Some or your entire PHI may be subject to disclosure through contracts for services with qualified service organizations and/or business associates, outside of this Program, that assist our Program in providing health care. Examples of qualified service organizations and/or business associates include billing companies, attorneys, data processing companies or companies that provide administrative or specialty services. To protect your health information, we require these qualified service organizations and/or business associates to follow the same standards held by this Program through terms detailed in a written agreement.
 - **To researchers:** Under certain circumstances, this agency may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one test or treatment to those who received another, for the same condition. All research



projects, however, must be approved by an Institutional Review Board or other privacy review board as permitted within the regulations, which has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

- Other Uses and Disclosures of PHI: Other uses and disclosures of PHI not covered by this Notice will be made only with your written authorization or that of your legal representative. If you or your legal representatives authorize us to use or disclose PHI about you, you or your legal representative may revoke that authorization, at any time, except to the extent that we have already taken action relying on the authorization.
- When required by State Law and permitted by HIPAA, we may make disclosure in a manner that does not associate you with a Substance Use Disorder Program.

Your rights regarding PHI we maintain about you:

- **Right to Inspect and Copy:** In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. To inspect and copy your PHI, you must submit your request in writing to this agency. In order to receive a copy of your PHI, you may be charged a fee for photocopying, mailing or other costs associated with your request. In some very limited circumstances, we may, as authorized by law, deny your request to inspect and obtain a copy of your PHI. You will be notified of a denial to any part or parts of your request. Some denials, by law, are reviewable and you will be notified regarding the procedures for invoking a right to have a denial reviewed. Each request will be reviewed individually and a response will be provided to you in accordance with the law.
- **Right to Amend your PHI:** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must provide your request and your reason for the request in writing and submit it to this agency. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that we believe:
 - a) is accurate and complete;
 - b) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
 - c) is not part of the PHI kept by or for us; or
 - d) is not part of the PHI which you would be permitted to inspect and copy.

If your right to amend is denied, we will notify you of the denial and provide you with instructions on how you may exercise your right to submit a written statement disagreeing with the denial and/or how you may request that your request to amend and a copy of the denial be kept together with the PHI at issue and disclose together with any further disclosures of the PHI at issue.

- **Right to an Accounting of Disclosures:** You have the right to request an accounting or list of the disclosures that we have made of PHI about you. This list will not include certain disclosures as set forth in the HIPAA regulations, including those made for treatment, payment or health care operations within our Program and/or between our Program and staff or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to this agency. Your request must state the time period from which you want to receive a list of disclosures. This time period may not be longer than six (6)



years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. 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.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on PHI we are permitted to use or disclose about you for treatment, payment or health care operations within our Program. While we consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request, except in emergency situations where your PHI is needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required or those which are legally permitted and which we reasonably believe to be in the best interest of your health.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about PHI in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to this agency and specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with this agency or with the Secretary of the Department of Health and Human Services, as noted above. To file a complaint with this agency, please contact our Privacy Officer. You will not be penalized or otherwise retaliated against for filing a complaint. If you wish to report suspected violations of 42 CFR Part 2, you may contact the US Attorney for the Eastern District of Washington. The contact information is listed below.

Vanessa R. Waldref (or successor)
United State Attorney's Office
Eastern District of Washington
P.O. Box 1494
Spokane, WA 99201 or
Phone: 509-353-2767
Fax: 509-835-6397

Our Responsibilities:

This agency is required to:

- Maintain the privacy of your PHI;
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI; and
- Abide by the terms of this Notice while it is in effect.

This agency reserves the right to change the terms of this Notice at any time and to make a new Notice with provisions effective for all PHI that we maintain. In the event that changes are made, this agency will notify you or a revised Notice by mail at the current address provided on your patient file.



To Receive Additional Information:

For further explanation of this Notice, you may contact our Privacy Officer (Michelle Bagby) at (509) 758-3341.

Availability of Notice of Privacy Practices:

This Notice will be posted where registration occurs. You have a right to receive a copy of this notice and all individuals receiving care will be given a hard copy.