KITSAP MENTAL HEALTH SERVICES

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES YOUR PRIVACY RIGHTS AND DESCRIBES HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

Understanding Your Health Record/Information (Note: All references herein to "health" include behavioral health)

Each time you visit or contact your health care provider, a record of this contact is made. This information, often referred to as your "chart" serves as a:

1. Basis for planning your care and treatment.
2. Means of communication among the many health and behavioral health professionals who contribute to your care.
3. Legal document describing the care you received.
4. Means by which you or a third-party payer can verify that services billed were actually provided.
5. Source of data for education, research, and planning.
6. Source of information for public health officials charged with improving the health of the nation.
7. Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record (chart) and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access this information, make more informed decisions when authorizing disclosure to others.

## Your Health Information Rights

Although your behavioral health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

1. Obtain a paper copy of the notice of privacy practices upon request.
2. Request a restriction on certain uses and disclosure of your information as provided by 45 CFR 164.522(a), however, we are not required to agree to such a restriction.
3. Receive confidential communications of your protected health information per 45 CFR 164.522(b).
4. Inspect and copy your health record as provided for in 45 CFR 164.524.
5. Amend your record as provided in 45 CFR 164.526.
6. Receive an accounting of disclosures of your behavioral health information as provided in 45 CFR 164.528.
7. Request communications of information by alternative means or at alternative locations.
8. Revoke your authorization to use or disclose behavioral health information except to the extent that action has already been taken.

## Our Responsibilities

Kitsap Mental Health Services is required to:

1. Maintain the privacy of your health information.
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Accommodate reasonable requests you may have to communicate information by alternative means or at alternative locations.
6. Notify you in the event of a breach. We will not use or disclose your information without your authorization, except as described in this notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revision in our lobbies and upon request, mail a revised notice to the address you've supplied us.

## Examples of Information Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.
*For example:* Information obtained by your psychiatrist, therapist or other member of your care team will be recorded in your record and used by your care team and other health care providers to determine the best course of treatment. Team members will also record services provided and observations to ensure the best possible continuity of care and progress toward the treatment goals you've identified.

We will use your behavioral health information for payment.
*For example:* A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, medications, attendance, and your involvement with treatment.

We will use your health information for regular health operations.
*For example:* Members of your care team, the Quality Assurance Director, and members of the Quality Assurance team may use information from your record to assess the care and outcomes in your case and others of a similar nature. This information will then be used in an effort to continually improve the quality and effectiveness of the behavioral health service we provide.

## We are permitted or required to use or disclose your information without your authorization in the following circumstances:

Business Associates: Some or all of your protected health information may be subject to disclosure through contracts for services with business associates, outside of KMHS programs, that assist our programs in providing care. Examples include, but are not limited to, other health care entities, ombudsman services, attorneys, and shredding companies. When these services are contracted, we may disclose your information to our business associate so that they can perform the job we've asked them to do. We require all of our business associates to agree in writing and appropriately safeguard your information in accordance with HIPAA privacy and security and 42 CFR Part 2 standards.

Notification: We may contact you to provide appointment reminders or information about groups or other services that may be of interest to you. Under limited emergency circumstances, we may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

For Children Under age 13: Both parents, regardless of custody, have equal right to access and consent for the release of information. The only circumstance where a parent may lose this right is when there has been a formal termination of parental rights by a court of law (RCW 26.09.225) or if a court ordered parenting plan gives exclusive rights to one of the parents. A parent's right to access information may also be denied if access to the information places the minor at risk.

Workers Compensation: We may disclose information to the extent authorized by and the extent necessary to comply with laws relating to worker's compensation.

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

Disaster Relief: We may disclose medical information about you to assist in disaster relief efforts and to inform your family of your status, condition and location.

Special Government Functions: We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, for intelligence, counterintelligence, and other national security activities authorized by law.

Correctional Institutions: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your continuity of care. We may also disclose information in the event of a crisis that poses a significant and imminent risk of harm to the public. and the safety of you or other individuals. Further, information may be released to the State monitoring program (probation) following release from a State correctional facility.

Operator of a Care Facility: We may provide information to an operator of a care facility in which you reside (nursing home, convalescent center) to assist with any special needs.

Law Enforcement/Legal Actions: We are required to report incidents of child or adult abuse or neglect and/or provide information as necessary to assist in the investigative process to the police or appropriate social service agency. We may also disclose information in the event of a crisis that poses a significant and imminent risk of harm to the public. We may disclose information to the Coroner or Medical Examiner, or limited information may be disclosed to law enforcement as required by law to assist in fulfilling their duties. We may disclose information upon receipt of a Court Order. Further, information related to a client's commission of a crime on Kitsap Mental Health Services premises is not protected.

In the course of an investigation for involuntary treatment and/or as a result of a civil petition for involuntary treatment: We are authorized to share your information with the county prosecutor, your attorney, the court, Department of Social and Health Services, to a protection and advocacy agency, and others as allowed under the law regarding involuntary commitment proceedings, RCW 71.05 or 71.34.

Duty to Warn: We are required to disclose information to the proper authorities (law enforcement) and the intended victim if we suspect serious harm to another is intended or threatened.

Guardians and Guardians ad litem: Information may be shared with your Guardian or a Guardian ad litem as necessary to fulfill his/her court assigned duties as authorized by Court orders.

DCFS/CPS/APS: If reporting possible abuse, information about the victim must be shared to facilitate the investigation.

Oversight: Information may be reviewed by a regulatory or oversight committee to ensure adherence to required guidelines. This may include, but not be limited to, state, federal and regional audits reviewing business practices, billing procedures, clinical practices and confidentiality issues.

Payments/Benefits: We may disclose information to assist in collecting payment for services or to assist you in accessing benefits/aid.

Health Care Providers: We may disclose information to your health care provider or community behavioral health provider for coordination and continuity of care (unless directed otherwise), or to assist with emergency medical treatment or medically necessary tests/evaluations or to make referrals for further services.

Health Care Information Exchange: We participate in Health Information Exchanges which allow us to electronically share and receive health information to facilitate referral, diagnoses, treatment, and coordination of your care with other health related facilities.

Federal law allows for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers or the public.

**Confidentiality of Substance Use Disorder Patient Records**

The confidentiality of substance use disorder patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having a substance use disorder Unless:

1. You consent in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

a. Violations of Part 2 may be sent to the US Attorney for the judicial district in which the violation occurred. A list of US Attorneys may be found at: https://www.justice.gov/usao/us-attorneys-listing
b. Violations of Part 2 regarding opioid treatment program (OTP) may also be sent to the SAMHSA office at: https://www.samhsa.gov/medication-assisted-treatment/about

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local Authorities.

All other uses and disclosures of your protected health information will only be made with your written authorization and you may revoke that authorization at any time as provided by 45 CFR 164.508(b) and 42 CFR part 2

**For More Information or to Report a Problem**

If you have questions or would like additional information, or feel your privacy rights have been violated and you would like to file a complaint/grievance, you may contact the KMHS Chief Compliance Officer/HIPAA Privacy Officer or the Clinical Records Supervisor at (360) 373-5031. You may also file a complaint directly with the Office for Civil Rights, U.S. Dept. of Health and Human Services, 2201 Sixth Avenue Suite 900, Seattle, WA 98121. There will be no retaliation for filing a complaint/grievance.