

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	1.4.2.15
Title:	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT	Page:	1 of 10
		Date Effective:	April 14, 2003
Subject:	Privacy Practice	Date Revised:	April 14, 2003
		Date Revised:	June 1, 2009
			October 20, 2011
		Authorizing Signature:	

AUTHORITY: Authorizing Source: RCW 70.02 45 CFR 164 (HIPAA)

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/ Prepaid Inpatient Health Plan (CDRSN/PHI) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: The Chelan-Douglas Regional Support Network, in compliance with the Privacy Rules of HIPAA’s Administrative Simplification provisions, sets out, in this policy, the conditions for providing notice to consumers of our privacy practices.

DEFINITIONS: See 1.3.2.0

POLICY: The Chelan-Douglas Regional Support Network will post a copy of our Privacy Notice in a prominent position in our reception area at all CDRSN locations. In addition, copies of the Notice will be available at the reception area for those who wish to have them. Any individual who is unable to read can request that the Notice be read to them. The Privacy Notice that is in effect will be the Notice that is attached to this Policy. This version of the Notice reflects the privacy practices in place at this time at the Chelan-Douglas Regional Support Network. It is our policy to conform our Privacy Notice to the content specified in the Privacy Rule. At the present time, this content is as follows and any version of our Privacy Notice must contain all of these items:

1. Header:
“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.”
2. A description, including sufficient detail to place the individual on notice, and at least one example of the types of uses and disclosures for each of the following purposes – treatment, payment, and health care operations.
3. A description, including sufficient detail to place the individual on

notice, of each of the other purposes a covered entity is either required or permitted to use or disclose PHI without the individual's written consent or authorization.

4. A description of any prohibitions or material limitations required by more stringent law.
5. A statement that other uses and disclosures will be made only with the individual's written authorization and that such authorization may be revoked.
6. If we intend to engage in any of the following activities, we must include a separate statement, as applicable, that:
 - a. we may contact the individual to provide information about treatment alternatives, or other health-related benefits and services that may be of interest;
 - b. we may contact the individual to raise funds on our behalf.
 - c. We may disclose protected health information to the sponsor of the plan.
7. A statement of the individual's rights with respect to uses and disclosures of PHI and a description of how they may be exercised including:
 - a. the right to request restrictions – including a statement that the covered entity is not required to agree to such a restriction;
 - b. the right to receive confidential communications of PHI;
 - c. the right to inspect and copy PHI;
 - d. the right to amend PHI;
 - e. the right to receive an accounting of disclosures of PHI; and
 - f. the right to obtain a paper copy of the notice upon request.
8. A statement about the covered entity's duties to:
 - a. maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices relative to PHI;
 - b. abide by the terms of the privacy notice currently in effect; and
 - c. when retroactively applying a change in the notice, to provide a statement that it reserves the right to change the terms of its notice and to make the new notice effective for all PHI it maintains; and how it intends to provide individuals with a revised notice.
9. A statement that individuals may complain (to the Chelan-Douglas Regional Support Network or DHHS) if they believe their rights have been violated; a brief description of how to file a complaint with the covered entity; and a statement that there will be no retaliation against the individual if a complaint is made.
10. The name, title, and telephone number of the person or office designated as responsible for receiving complaints and providing additional information.
11. The date on which the notice is first in effect which may not be earlier than the date on which the privacy notice is printed or otherwise published.

We require that revision of our privacy practices may only occur after deliberation by the designated senior management group and the Privacy Officer. Any changes arising from the revision process will be incorporated into the Privacy Notice and distributed to consumers before those practices are effective.

PROCEDURE:

1. The Privacy Officer in consultation with Chelan-Douglas Regional Support Network will develop the Privacy Notice.
 - a. The Administrator of the Chelan-Douglas Regional Support Network must approve the Privacy Notice.
 - b. The Privacy Notice in effect at any time will be the notice attached to this policy.
 - c. On at least an annual basis, the Privacy Officer will be constituted to review the current version of the Privacy Notice and to suggest modifications to the Administrator.
2. All staff members of the Chelan-Douglas Regional Support Network are responsible for reading and understanding the Privacy Notice and the practices and procedures the Chelan-Douglas Regional Support Network must follow in order to comply with the practices described in the Privacy Notice.
 - a. Any employee who believes that the Chelan-Douglas Regional Support Network is not complying with its Privacy Notice or is concerned about any behaviors or actions of any employees, independent contractors, or business associates with regard to consumer privacy and the Privacy Notice must report those concerns either to their supervisor, directly to the Privacy Officer or to the Compliance Officer of the organization.
 - b. All employees will be trained on the privacy practices of the Chelan-Douglas Regional Support Network, including all practices outlined in the Privacy Notice, in accordance with Policy and Procedure 1.4.2.19.
3. The Privacy Notice will be clearly and prominently displayed in a public area at every site in the Chelan-Douglas Regional Support Network.
 - a. Paper copies of the Privacy Notice will be kept at every site and will be available to any consumer or consumer representative who requests one. Consumers can also ask that copies of the Notice be mailed or e-mailed to them.
 - b. Each new consumer must receive a copy of the Privacy Notice upon enrollment. In our Prepaid Inpatient Health Plan, consumers become enrolled at the time of their first service appointment or during the provision of crisis and emergency services. At that time, the Privacy Notice will be distributed by our contracted providers, and any of their members, affiliates, or

business associates.

- c. The Privacy Notice is written in plain language in order to make sure that consumer's of the Chelan-Douglas Regional Support Network's services understand our privacy practices. It is up to the designated staff persons at each site and program to determine if the consumer can understand the English language written notice or if a different method of informing the consumer about the Chelan-Douglas Regional Support Network's privacy practices needs to be considered. For those reasons, the Chelan-Douglas Regional Support Network will offer consumers the following alternatives:
 - 1) Consumers who cannot read and comprehend the Privacy Notice as written should be offered the opportunity to have the Notice read to them by a staff person.
 - i. Each site must have a written plan in place that designates who will be responsible for reading the Privacy Notice to consumers who need this service.
 - ii. Alternatively the consumer may have a relative or friend who accompanied them to the visit who may be able to read the Notice to the consumer.
 - iii. For consumers under the age of 18, the Privacy Notice will be offered to the parent or any other custodian who is responsible for consenting to their medical care.
 4. Consumer questions about the Privacy Notice should be answered promptly and completely. If a staff person is unable to answer a question, the consumer should be directed to the Privacy Officer for additional information. If the consumer wishes to contact the Privacy Officer they should be given a copy of the Privacy Notice which has the Privacy Officer's name and contact information on it.
 5. The Privacy Notice allows the Chelan-Douglas regional Support Network to modify or change its Privacy Practices, but we must give consumers the appropriate notice of the changes we plan to make.
 - a. Each version of the Privacy Notice will have an effective date printed on each page.
 - b. Copies of the revised Notices will be sent to the Office Manager or Site Director at each site, including the administrative offices at least 15 days prior to the effective date of the new Notice.
 - c. The staff person receiving the notice is responsible for ensuring that all old copies of the Notice are destroyed and that the new Notice is in place within 48 hours of receipt of the notice. In order to make sure that community-based clinicians, satellite sites, and other outreach sites have the appropriate copies of the Notice, each Site Manager/Office Manager must have a site-based procedure in place to ensure that the appropriate distribution of the new notice and destruction of the old notice

- takes place.
- d. Copies of the new version of the Privacy Notice will be made available to consumers upon request at least 10 days before the effective date.
 - e. All Business Associates must receive a copy of the revised Notice at least 10 days before the effective date.
6. The Chelan-Douglas Regional Support Network's website will have on its home page a link to the Chelan-Douglas Regional Support Network's Privacy Notice that is prominently displayed.
- a. Updates and revisions to the notice must be placed on the website within the time frames described in 5 a. -c. above.
 - b. The responsibility for placing the Notice and any revisions on the Chelan-Douglas Regional Support Network's website belongs to the Chelan-Douglas Regional Support Network's Information Systems Specialist.

SEE ALSO: Individual rights to access, amendment, and accounting
Treatment, Payment, and Health Care Operations
Authorizations
Opportunity to Agree/Object
Restrictions
Confidential Communications
Administrative requirements: documentation

NOTICE OF PRIVACY PRACTICES OF

**Chelan-Douglas Regional Support Network
636 Valley Mall Parkway, Suite 200
East Wenatchee, WA 98802
509-886-6318**

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION
Effective Date: November 10, 2011

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 about this notice, please contact the Privacy Officer at 509-886-6318

The Chelan-Douglas Regional Support Network “CDRSN”, is the public mental health authority for Chelan and Douglas counties. CDRSN is responsible for the contracting and oversight of all publicly funded outpatient and inpatient community mental health services in these counties. CDRSN contracts with Columbia Valley Community Health, Catholic Family and Child Service, Children’s Home Society of Washington and Recovery Innovations. Oversight of these services includes auditing to assure the quality of services as well as efficient and responsible use of public funds. The CDRSN is governed by a Board comprised of elected officials from each county and four elected city officials.

THE CHELAN-DOUGLAS REGIONAL SUPPORT NETWORK’S RESPONSIBILITIES

The Chelan-Douglas Regional Support Network is required by law to maintain the privacy of protected health information (“PHI”). We also are required to provide you with notice of our legal duties and privacy practices with respect your PHI, and abide by the terms of the Notice currently in effect.

Your PHI is individually identifiable information about your past, present, or future health or condition, and the provision of health care to you. Your PHI also includes information that we create or receive regarding your health or payment for your health care. Your PHI contains both your medical records and personal information such as your name, social security number, address, and phone number. It also may include financial information.

This notice explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We train and require all of our employees to maintain the privacy and confidentiality of your PHI.

HOW THE CHELAN-DOUGLAS REGIONAL SUPPORT NETWORK MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The Chelan-Douglas Regional Support Network uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your PHI are listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI will fall within one or more of these categories.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

We may use or disclose your protected health information without your authorization as follows in relation to your health care and treatment:

- To the individual who has medical responsibility for your care.
- Within our organization to coordinate your care.
- To Designated Mental Health Professionals.

We may use or disclose your protected health information without your authorization as follows in relation to payment:

- To administer your health benefits policy or contract.
- To bill you for health care we provide.
- To pay others who provided care to you.
- To other organizations and providers for payment activities unless disclosure is prohibited by law.

We may use or disclose your protected health information without your authorization as follows in relation to health care operations: To administer and support our business activities as a mental health regional support network or those of other health care organizations (as allowed by law) including health providers, health plans, as well as state, regional, county and local health care programs. For example, we may use your PHI to evaluate the performance of our staff in serving you. We also may combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain treatments are effective, or to compare how we are doing with others and to see where we can make improvements or adapt to budgetary constraints. We may remove information that identifies you from this set of health information so others may use it to study this information without learning who our specific client are. Another example is that we may use your PHI for service oversight activities, and to determine your eligibility for publicly funded mental health services.

To other individuals and/or organizations that help us with our business activities, such as contractors that are delegated to provide care authorizations. (Note: If we share your PHI with other organizations for this purpose, they must agree to protect your privacy.)

We may use or disclose your protected health information without your authorization for legal and/or governmental purposes in the following circumstances:

- Required by law — When we are required to do so by state and federal law, including workers' compensation laws.
- Public health and safety — To an authorized public health authority or individual to:
 - Protect public health and safety.
 - Prevent or control disease, injury, or disability.
 - Report vital statistics such as births or deaths.
 - Investigate or track problems with prescription drugs and medical devices. (Food and Drug Administration.)
- Abuse or neglect - To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.
- Oversight agencies - To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
- Legal proceedings - In the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.
- Law enforcement - To law enforcement officials in limited circumstances for law enforcement purposes. For example disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.
- Military activity and national security - To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the President of the United States.

We may also use or disclose your protected health information without your authorization in the following miscellaneous special circumstances:

- Treatment alternatives and plan description - To communicate with you about appointment reminders, treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you, or to describe our health plan and providers to you.
- Research - For the Chelan-Douglas Regional Support Network or another organization's research purposes provided that certain steps are taken to protect your privacy. Note: Generally in these cases a research review board will review the research project to ensure adequate privacy protections before the Chelan-Douglas Regional Support Network uses or discloses your PHI.
- De-identify information - To "de-identify" information by removing information from your PHI that could be used to identify you.
- Coroners, funeral directors, and organ donation - To coroners, funeral directors, and organ donation organizations as authorized by law.
- Disaster relief - To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
- Threat to health or safety - To avoid a serious threat to the health or safety of yourself and others.
- Funding Support - We may use your PHI to contact you for purposes of enlisting support to maintain or obtain funding of our programs.

- Correctional facilities - If you are an inmate in a correctional facility we may disclose your PHI to the correctional facility for certain purposes, such as providing health care to you or protecting your health and safety or that of others.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BY THE CHELAN-DOUGLAS REGIONAL SUPPORT NETWORK THAT DO REQUIRE US TO OBTAIN YOUR AUTHORIZATION

Except in the categories listed above, we will use and disclose your PHI only with your written authorization. In these situations, we will contact you for the necessary authorization. If you have questions about these laws, please contact the Privacy Officer at 509-886-6318

If you sign an authorization you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization.

If you would like to ask us to disclose your PHI, please contact the Privacy Officer, at 509-886-6318 for an authorization form.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Note: You may exercise any of the rights described below, or ask questions about these rights, by contacting the Privacy Officer at 509-886-6318.

You have the right to:

- In some situations, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose that specially protected PHI.
- Request restrictions by asking that we limit the way we use or disclose your PHI for treatment, payment, or health care operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family member or friend. Please note that we are not required to agree to a requested restriction. If we do agree, we will honor your limits unless it is an emergency situation.
- Receive confidential communications of PHI.
- Ask that we communicate with you by another means. For example, if you want us to communicate with you at a different address we can usually accommodate that request. Your request to us must be in writing. We will agree to reasonable requests.
- Inspect and copy your PHI. This request must be in writing and we may charge a reasonable fee for the cost of producing and mailing the copies, or the cost of other supplies and services associated with your request. In certain situations we may deny your request to inspect and copy and will tell you why we are denying it in writing. If you are denied access to your PHI, you may request a review of our denial.
- Ask us to amend PHI about you that we use to make decisions about you. Your request for an amendment must be in writing and provide the reason for your request. In certain cases we may deny your request, in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your PHI.
- Request a list accounting for any disclosures of your PHI we have made, except

for uses and disclosures for treatment, payment, and health care operations as previously described. To request this list of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period, which may be no longer than six years and may not include dates before April 14, 2003. You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee. We will notify you of the cost of providing the list and give you an opportunity to withdraw or modify your request at any time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list; but this date will not exceed a total of 60 days from the date we received your written request.

- Receive a paper copy of this Notice, upon request to our Privacy Officer.

CHANGES TO PRIVACY PRACTICES

We reserve the right to change our privacy practices and the terms of this Notice at any time, and to make the new notice provisions effective for all your PHI that we maintain as well as any information we receive in the future. We will post a copy of the current notice in our facility located at 636 Valley Mall Parkway, Suite 200, East Wenatchee, WA 98802, and on our website at www.cdrrsn.org. The notice will be contained on the first page, in the top left-hand corner, the effective date which will not be earlier than the date on which the notice is printed or otherwise published.

We will promptly revise and distribute our Notice whenever there is a material change to the uses or disclosures, the individual's rights, our legal duties, or other privacy practices stated in the Notice. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which such material change is reflected.

QUESTIONS AND COMPLAINTS

If you have any questions about this Notice or would like an additional copy, please contact the Privacy Officer at 509-886-6318.

If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer, the Chelan-Douglas Regional Support Network, 636 Valley Mall Parkway, Suite 200, East Wenatchee, WA 98802. All complaints must be submitted in writing. For more information on how to file a written complaint, call the Privacy Officer at 509-886-6318. You can also contact the Ombuds service at 1-800-346-4529. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Individuals will not be retaliated against for filing a complaint.