

PATIENT NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL, DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, your provider may not say to a person outside the facility that you are a patient nor may the facility disclose any information identifying you as a patient.

The facility must obtain your written consent before it can disclose information about you for payment purposes. For example, the facility must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign written consent before the facility can share information for treatment purposes or for health care operations. However, federal law permits the facility to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/ business associate;
2. For research, audit or evaluation;
3. To report a crime committed on the facility's premises or against their personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, the facility can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before the facility can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. The facility is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternate means or at an alternative location. The facility will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by the facility, except to the extent that the information contains psychotherapy notes or information compiled for use in civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the facility's records, and to request and receive an accounting of disclosures of your health related information made by the facility during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Our Facility's Duties

Our facility is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Our facility is required by law to abide by the terms of this notice. Our facility reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

Complaints and Reporting Violations

You may complain to our facility and to the Secretary of the United States Department of Health and Human Services. If you believe that your privacy rights have been violated under HIPAA, you will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Contact

Office for Civil Rights
U.S. Department of Health & Human Services
2201 Sixth Avenue – Mail Stop RX-11
Seattle, WA 98121
(206) 615-2290
(206) 615-2297 FAX

Effective Date

May 6, 2010

Acknowledgement

I hereby acknowledge that I have read this notice and have had an opportunity to receive a copy of this notice.

- _____ Individual refused to sign
- _____ Communication barriers prohibited obtaining the acknowledgement
- _____ An emergency situation prevented us from obtaining acknowledgement
- _____ Other (Please Specify)

Date

Patient/ Parent signature