Nisqually Generations Healing Center
sq̓ʷali? dxʷlaq həli?ilaltxʷ

NOTICE OF PRIVACY PRACTICES OF NISQUALLY GENERATIONS HEALING CENTER

This notice describes:

HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH Chris Petrozzi AT 360-218-7690 OR Petrozzi.Chris@Nisquallyrecovery.org IF YOU HAVE ANY QUESTIONS.

Health information which we receive and/or create about you, personally, at Nisqually Generations Healing Center (NGHC), 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 C.F.R. Parts 160 and 164.

The confidentiality of substance use disorder patient records maintained by NGHC is protected by another Federal law as well, commonly referred to as the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2. We cannot confirm or deny your participation in services or disclose information that identifies you as a patient without your written consent, 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.

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

HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED:

Internal Communications: Your protected health information will be used within NGHC that is between and among NGHC staff who have a need for the information, and between NGHC and in connection with our duty to diagnose, treat, or refer you for substance abuse treatment. This means that your protected health information may be

shared between or among personnel for treatment, payment or health care operation purposes. For example: Two or more providers within NGHC may consult with each other regarding your best course of treatment and they may share your protected health information in a billing effort to receive payment for health care services rendered to you. Your protected health information may be discussed within NGHC about your treatment in connection with others in NGHC, in an effort to improve the overall quality of care provided.

Qualified Service Organizations and/or Business Associates: Some or all of your protected health information may be subject to disclosure through contracts for services with qualified service organizations and/or business associates that assist NGHC in providing health care. Examples of qualified service organizations and/or business associates include billing companies, 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 NGHC through terms detailed in a written agreement.

Medical Emergencies: Your health information may be disclosed to medical personnel in a medical emergency, when there is an immediate threat to the health of an individual, and when immediate medical intervention is required. This includes declared medical emergencies resulting from natural disasters.

To Researchers: Under certain circumstances, the program may ask or disclose your protected health information 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, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

To Auditors and Evaluators: NGHC may disclose protected health information to regulatory agencies, funders, third-party payers, and peer review organizations that monitor alcohol and drug programs to ensure that NGHC is complying with regulatory mandates and is properly accounting for, and disbursing funds received.

Authorizing Court Order: NGHC may disclose your protected health information pursuant to an authorizing court order. Records, or testimony replaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent on a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record,

where required by 42 U.S.C. 290dd-2 and 42 CFR 2.22. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

Crime on NGHC Premises or Against Personnel: NGHC may disclose a limited amount of protected health information to law enforcement when a patient commits or threatens to commit a crime on NGHC premises or against NGHC personnel.

Threats of Serious Harm: Information may be disclosed as necessary to prevent or respond to a serious and imminent threat to the health or safety of the patient or another person, consistent with applicable law.

Reporting Suspected Child Abuse or Neglect: NGHC is required to report to Child Protective Services any situation in which reasonable cause is suspected in an incident of child abuse or neglect, including sexual abuse Chapter 26.44 RCW.

Reporting Suspected Elder Abuse or Abuse of a Vulnerable Adult: NGHC is required to report suspected abuse, neglect, abandonment or financial exploitation of an elderly person or other vulnerable adult to Adult Protective Services Chapter 74.34 RCW.

As Required by Law: NGHC will disclose protected health information as required by state law in a manner otherwise permitted by federal privacy and confidentiality regulations.

Appointment Reminders: NGHC reserves the right to contact you, in a manner permitted by law, with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.

Other Uses and Disclosure of Protected Health Information: Other uses and disclosures of protected health information not covered by this notice, will be made only with your written authorization or that of your legal representative. If you or your legal representative authorize us to use or disclose protected health information about you, you or your legal representative may revoke that authorization, at any time, except to the extent that we have already acted relying on the authorization.

You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

You may revoke written consent.

SEPARATE STATEMENTS FOR CERTAIN USES OR DISCLOSURES:

Records that are disclosed to NGHC, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

NGHC may use or disclose records to fundraise for the benefit of the part 2 program only if the patient is first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION:

Right to Request Restrictions: You have the right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations, as provided in § 2.26. You have the right to request and obtain restrictions of disclosures of records under this part to the patient's health plan for those services for which the patient has paid in full, in the same manner as 45 CFR 164.522 applies to disclosures of protected health information.

Right to an Accounting of Disclosures: You have the right to an accounting of disclosures of electronic records under this part for the past 3 years, as provided in § 2.25, and a right to an accounting of disclosures that meets the requirements of 45 CFR 164.528(a)(2) and (b) through (d) for all other disclosures made with consent. You have the right to a list of disclosures by an intermediary for the past 3 years as provided in § 2.24.

Right to Obtain a Copy: You have the right to obtain a paper or electronic copy of the notice upon request. You have the right to discuss the notice with NGHC pursuant to paragraph (b)(1)(vii) of this section.

Right to Communications: You have the right to elect not to receive fundraising communications.

Right to Inspect and Copy: In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you. To inspect and copy your protected health information, you must submit your request in writing to this office. In order to receive a copy of your protected health information, 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 protected health information. 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. Other denials, however, as set forth in the law, are not reviewable. Each

request will be reviewed individually, and a response will be provided to you in accordance with the law.

Right to Amend Your Protected Health Information: If you believe that your protected health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your protected health information 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 office. 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 protected health information that we believe:

- Is accurate and complete;
- Was not created by us, unless the person or entity that created protected health information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for us; or
- Is not part of the protected health information 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 protected health information at issue, and disclosed together with any further disclosures of the protected health information at issue.

Right to Receive Confidential Communications: You have the right to request to receive communications of protected health information from the covered health care provider by alternative means or at alternative locations. 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 office and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Our responsibilities:

NGHC is required by law, to maintain the privacy of records, to provide patients with notice of its legal duties and privacy practices with respect to records, and to notify affected patients following a breach of unsecured records.

NGHC is required to abide by the terms of the notice currently in effect.

NGHC reserves the right to change the terms of its notice and to make the new notice provisions effective for records that it maintains. NGHC will provide patients with a revised notice by mail at the current address provided on file.

COMPLAINTS:
If you believe your privacy rights have been violated, you may file a complaint.

Print and mail the completed complaint and consent forms to:
Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Email the completed complaint and consent forms to OCRComplaint@hhs.gov

File through the OCR Complaint Portal https://ocrportal.hhs.gov/

This complaint must be filed within 180 days of when the act or omission complained of occurred. You will not be retaliated against for filing a complaint.

You have a right to a copy of this notice and to discuss it with NGHC at 360-218-7690 if you have any questions.