



## NOTICE OF PRIVACY PRACTICES

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.

At Catholic Community Services of Western Washington, your privacy and the confidentiality of your personal information is a priority. Our policies and procedures are designed to control and protect the confidentiality and security of your personal information whether in written, oral or electronic format. We train our employees in these policies and procedures. Employees who violate our confidentiality and security policies are subject to disciplinary action.

This notice is based on state and federal law, our service philosophy and our code of ethics. We are required by law to protect the privacy of your personal information, to provide you with this notice and to abide by this notice.

Your personal information refers to any service related or financial information that can reasonably be used to identify you. Personal information may include your name, social security number, address, phone number, employment and service related records generated by us or by other providers. It may also include financial information. Except in specified circumstances, we use or disclose the least amount of personal information that is necessary to accomplish the purpose of the use or disclosure.

### **How we may use and share your personal information**

Catholic Community Services uses and discloses your personal information in a variety of ways connected to your services, payment for services, and our operations. Some examples of how we may use or disclose your personal information are listed below. Not every use or disclosure in a category is listed.

**Services:** We may use or share your personal information with staff members, volunteers, and other service delivery personnel who are involved in providing or coordinating your services. For example, your personal information will be shared among members of your service team, including supervisors.

**Payment:** We may use or share your personal information in order to bill and collect payment for your services. For example, we may release portions of your client record to Medicaid, a private insurance plan, or a state office to get paid for services that we provided to you, or to pay others who provided care to you.

**Service operations:** We may use or share your personal information to carry out the administrative and business operations of our agency. For example, we may use your personal information to review and improve the care you receive, to evaluate the performance of our personnel, and the quality of services provided. Disclosure of your personal information to the county, state and/or the Medicaid agency may be necessary to determine your eligibility for publicly funded services. Other uses may include business planning, arranging for legal and auditing services and obtaining licenses and/or accreditations. We may share your personal information with other individuals such as consultants, attorneys and organizations that help us with our business activities; however they must agree to protect your privacy.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders by mail or phone.

**Emergencies:** We may disclose your personal information if needed for emergency treatment if it is not reasonably possible to obtain your consent prior to the disclosure and emergency personnel require it for crisis treatment.

**Legal and/or governmental purposes:** We may use or disclose your personal information without your authorization in the following circumstances:

- When required by state and federal law, including worker's compensation laws;
- For public health and safety reasons to authorized entities: to prevent or control disease, injury, or disability, to report vital statistics, i.e. births/deaths, to investigate or track problems with prescription drugs and medical devices (FDA);
- To report to government entities authorized to receive reports regarding abuse, neglect, or domestic violence;
- To health oversight agencies for activities such as audits, investigations, inspections, and licensures;
- In the course of any legal proceeding in response to a court or administrative agency order and, in certain cases, in response to a subpoena, discovery request, or other lawful process;
- To law enforcement in limited circumstances for law enforcement purposes, e.g. to identify or locate a suspect, witness, or missing person, to report a crime; or to provide information concerning victims of crimes;
- To the military and authorized federal officials for national security and intelligence purposes.

**Other uses of your personal information:**

Except as described in the examples above, we will only use and disclose your personal information with your written authorization. If you sign an Authorization for Disclosure, you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization. In some situations federal and state law provide special protection for specific kinds of personal information and requires authorization from you before we can share this protected information. This protected information includes treatment for alcohol or drug abuse and/or mental health treatment. From time to time Catholic Community Services may send out requests for donations from former clients. If you wish to be removed from this list, please contact The Office of Mission Resources at 206-328-5644.

## Your rights

You have rights regarding personal information that we maintain about you.

- **Request Restrictions:** You may request that we limit how we use or disclose your personal information. This request to restrict information may also include family members and others involved in your care. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- **Disclosure and self-pay:** If you have paid for care without using your health insurance, you have the right to restrict information to a health insurer.
- **Confidential Communications:** You may ask that we contact you at a different address, a different phone number or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
- **Inspect and copy:** You may review and request a copy of your personal information if you put your request in writing. We will respond to your request within seven (7) working days. We may charge a reasonable fee for producing the copy; the fee may be waived depending on your circumstances. In certain situations we may deny your request and if so, we will provide you with written reasons for the denial and explain any right to have the denial reviewed.
- **Amendments:** If you believe that there is a mistake or missing information in our record of your personal information, you may request, in writing, a correction and/or addition to the record. We will respond within seven (7) working days of receiving your request. You may challenge the accuracy of the record and may insert your own statement. A CCS representative will note the challenge and that you have added a statement to the service record. Both you and the representative will sign and date statements/insertions to the record. In certain situations we may deny your request and if so, we will provide you with written reasons for the denial and explain any right to have the denial reviewed.
- **Accounting of disclosures:** You may request a list of when, to whom, for what purpose, and the content of your personal information that was released. We will respond within 30 calendar days of receiving your written request. Your request can relate to disclosures made after April 14, 2003. The list will not include instances of disclosure for treatment, payment, operations, or disclosures that you authorized in writing. There will be no charge for up to one such list per year.
- **Receive an additional copy of this notice:** You may request a copy or ask questions about this notice by contacting the Privacy Officer for the appropriate county or system: Northwest - Kathy McNaughton, King County – Katie Toth, Southwest – Kristen Zinsky, Long Term Care System - Carol Krula, Family Preservation System - Linda Thomas. You may also view this notice on our Web site at [www.ccsww.org](http://www.ccsww.org).

## Questions and complaints

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your personal information, you may file a complaint with the Privacy Officer named above. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with us or with the Department of Health and Human Services.

## **Changes to privacy practices**

We reserve the right to change our privacy practices and the terms of this notice at any time. If we do so, we will post a new notice at the front desk at our service sites and on our Web site at [www.ccsww.org](http://www.ccsww.org).

This notice is effective February 1, 2016.