



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.

The Health Insurance Portability and Accountability Act of 1996 (called HIPAA) requires Catholic Community Services of Western Washington (CCS) to protect the privacy of your personal information, to give you this notice, and to abide by it. We are also required to let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Protecting the privacy and the confidentiality of your medical information is a priority at CCS. By medical information, we mean all information gathered about your physical, behavioral or mental health. We create a record of the care and services you receive during your enrollment at CCS in order to provide you with quality care and comply with certain legal requirements. Our policies and procedures are designed to control and protect the confidentiality and security of your personal information (called Protected Health Information or PHI) whether in oral, written or electronic format. We train our employees on CCS confidentiality and security policies and procedures; employees who violate them are subject to discipline.

Protected Health Information (PHI) refers to any service-related or financial information that can reasonably be used to identify you. PHI may include your name, social security number, address, phone number, employment, and service related records generated by us or other providers. It may also include financial information. We will use or disclose the least amount of PHI necessary to accomplish the reason for the use or disclosure, except in specified circumstances.

HOW WE MAY USE AND SHARE (“DISCLOSE”) YOUR PHI

Catholic Community Services is allowed to use and share your PHI without your authorization in a variety of ways that are connected to treatment/services, payment for services, and our healthcare operations. Some *examples* of how we may use or share your PHI are listed below. *Not every potential use or disclosure in a category is listed.*

Treatment/Services: We may use or share your PHI with CCS staff members, volunteers and other service delivery personnel who are involved in providing or coordinating your services. A few examples: a) your PHI will be shared among members of your service team at CCS, including supervisors; b) we may share your information with other healthcare professionals from whom you receive treatment, with pharmacies to refill your medications, or with labs to obtain samples for monitoring medication levels and organ functioning;; c) to help you avert a crisis, we may share information with local crisis services and/or a person designated as your emergency contact.

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

Service Operations: We may use or share your PHI in order 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 to evaluate 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.

*For service areas covered by HIPAA, including (1) the Family Behavioral Health System, (2) Mental Health Services, (3) all Addiction Recovery Services, (4) Foundational Community Supports (FCS) funded by Medicaid. These include Supportive Housing and Supported Employment., and (5) the Long Term Care System.

Emergencies: If it is not reasonably possible to obtain your consent, we may disclose your personal information if needed for emergency treatment.

Legal and/or Government Purposes: We may use or disclose your PHI without your authorization in the following circumstances:

- When required by federal, state, or local laws, including worker's compensation;
- For public health and safety reasons to authorized entities, to prevent or control disease, injury, or disability; to report births or deaths; to report problems with prescription drugs and medical devices (FDA);
- To communicate with family members, law enforcement, or others when a person presents a serious and imminent threat of harm to self or others;
- 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; and
- If you are a member of the armed forces, we may release medical information about you as required by military command authorities. Additionally, we may release medical information about foreign military personnel to the appropriate foreign military authority.

Coroners, Medical Examiners, and Funeral Directors: We may disclose PHI if it is necessary, for example, to identify a deceased person or determine cause of death, or to assist a funeral director to carry out their duties.

Other Uses of Your Personal Information: Except as described in the sections above, we will only use and disclose PHI with your written authorization. If you sign a *CCS Authorization for Disclosure* form, 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 laws provide special protection for specific kinds of PHI, requiring 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.

Fundraising: from time to time, CCS may send out requests for donations from former clients. If you wish to be removed from this list, please contact the Fund Development Office at 206-328-5707.

YOUR RIGHTS

You have rights regarding the PHI that we maintain about you.

Inspect and Copy: You, or your personal representative as established by Washington State law, may inspect and request a copy of your protected health information if you put your request in writing. We will respond to such a request within fifteen (15) calendar days. We may charge a reasonable fee for the copy; the fee may be



waived depending on your circumstances. You also have the right to direct that a copy of your record be sent to anyone you choose, as long as you provide us with specific and accurate information about how and where to send it. In certain situations we may deny your request. If denied, we will provide you with written reasons for the denial and explain any right to have the denial reviewed.

Request Restrictions: You may request that we limit how we use and disclose your PHI for treatment/services, payment, or CCS operations. Your request to restrict may 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, except in the case of restricting disclosure to a health insurer if you have paid 100% of the fee for services. To the extent we agree to any restrictions on our uses and disclosures, we will put the agreement in writing and abide by it, except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.

Requesting Confidential Communications: You may ask that we contact you at a different location/address, at a different phone number, or by alternative means. We must agree to your request as long as it is reasonably possible for us to do so.

Amendments: If you believe there is a mistake or missing information in our record of your protected health information, you may request, in writing, a correction and/or addition to the record. We will respond within 10 calendar days of receiving your request. You may challenge the accuracy of the record and may insert your own statement. CCS will note the challenge and the addition of your statement to the service record. Both you and the representative will sign and date statements or insertions to the record. In certain situations, we may deny your request. If this occurs, 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 protected health information that was released by CCS to others, except for those disclosures made under an *Authorization for Disclosure* or for those made for purposes of treatment/services, payment, and CCS operations identified above. We will respond within 30 calendar days of a written request which states a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should be made to the site where you received services and should include in what form you want the list (e.g. paper or electronic). CCS will not charge a fee for up to one such list per year.

QUESTIONS AND/OR COMPLAINTS

For more information, to request an additional copy of this Notice, or to file a complaint if you think we may have violated your privacy rights, you may contact the **Privacy Officer** for the appropriate region or system of CCS of Western Washington. For CCS Southwest, call 253-502-2609; for Family Behavioral Health System, call 253-224-1928; for CCS King County, call 206-726-5683; for CCS Northwest, call 888-504-2221; for Recovery Centers Northwest, call 844-358-5033; for CCS Long Term Care System, call 800-642-8019. You also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. We will not retaliate against individuals for filing a complaint.

CHANGES TO NOTICE OF PRIVACY PRACTICES

CCS reserves the right to change our privacy practices and the terms of this Notice at any time, effective for protected health information we already have about you as well as any information we receive in the future. If we do so, we will post a new Notice at the front desk at CCS service sites and on our website at www.ccsww.org.

The effective date of this Notice is January 4, 2021.