



HIPAA PRIVACY NOTICE

Greater Lakes Mental Healthcare
9330 59th Ave S.W. Lakewood, WA 98499
HIPAA 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. This notice is effective April 1, 2017. We are obligated to comply with the terms of our current Notice of Privacy Practices.

This notice applies to Greater Lakes Mental Healthcare Foundation doing business as Greater Lakes Mental Healthcare and Greater Lakes Substance Use Disorder Services. If you have any questions about this Privacy Notice, please contact our Privacy Officer at 253-620-5148.

Greater Lakes is an agency that provides mental health and substance use disorder treatment. Greater Lakes is committed to protecting your health information and privacy. In this Notice of Privacy Practices we describe:

- Our obligations to protect your health information;
- How your protected health information may be used or disclosed to others for treatment, payment or health care operations;
- Other purposes that are permitted or required by law;
- Your rights regarding health information we maintain about you, and;
- A brief description of how you may exercise these rights.

“Protected health information,” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, and your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health condition, the provision of your health care, and payment for your health care services.

What laws protect my health information?

The Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA - 45 CFR Part 160 and subparts A and E of Part 164) sets the minimum standards. Washington State laws for mental health and substance use care are, in many instances, stricter than HIPAA (42 CFR Part 2, RCW 70.02, , 18.19, , 71.12, 13.50, and 26.44).

Who will see my health information?

We will use and disclose your health information as described in each category listed below. When we disclose the information it will only be the minimum necessary to serve your healthcare needs. For each category, we will explain what we mean in an example.

For Treatment. We will use and disclose your health information to provide, coordinate and manage your health care and any related services within Greater Lakes. For example, we may need to disclose/exchange information to another Greater Lakes substance use disorder clinician or a Greater Lakes mental healthcare provider who is responsible for providing and/or coordinating your care.

For Payment. We may use or disclose your health information so that the treatment and services you receive are approved, billed to, and payment is collected from your health plan or other third party payer. For example, your health plan may ask for your health information to determine if the plan will approve additional visits to your clinician.

For Health Care Operations. We may use and disclose health information about you for our health care operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include:

- Evaluation of the performance of our staff;
- Assessment of the quality of care and outcomes in your case and similar cases;
- Efforts to improve our facilities and services; and
- Efforts to improvement of the quality and effectiveness of the healthcare we provide.

When will Greater Lakes ask permission to share my information?

In general, your personal health information may not be disclosed without your signed authorization. Additionally, if you receive substance use disorder services, your information is protected by additional confidentiality laws (42 CFR Part 2) that are stricter than mental health confidentiality provisions.

We will request your permission to disclose your health information to community resources, such as housing and transportation organizations; to community substance use disorder programs that are not part of Greater Lakes; to legal counsel that you have indicated that you would like your information disclosed to; to adult family homes and long term care facilities in an effort to obtain housing for you; to family members and friends that you would like to participate in your treatment; and in other instances where non-medical treatment coordination is needed.

You may revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization.

When will Greater Lakes disclose my health information without my permission?

Limited Circumstances. In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. However, if you are physically present and capable of making health care decisions, your health information may only be disclosed with your agreement to persons you designate. In the event of a client death, we may notify a family member or other individual who was involved in their care.

Business Associates. We may disclose your health information to Business Associates that we have entered into Business Associate Agreements with. If we share your information, they must agree to protect your privacy. Business Associates would include auditors, attorneys and organizations that help with our business activities.

Coordination of Care. If you receive mental health services from Greater Lakes, we may disclose your health information in an effort to coordinate medical care for you. Under RCW 70.02.230, we may disclose your health information to health care professionals that have provided you care, or to whom you have been referred for evaluation or treatment. An example of this would be disclosing information to your primary care provider.

Emergencies. We may use and disclose your health information in an emergency treatment situation. For example, we may provide your health information to a paramedic who is transporting you in an ambulance. If a clinician is required by law to treat you and your treating clinician has been unable to obtain your authorization, the treating clinician may nevertheless use or disclose your health information to treat you.

Additionally, in an emergency, we may disclose your health information to a spouse, family member, or friend so that person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.

If you are unable to make health care decisions, we will disclose your health information to: a person designated to participate in your care by a valid advance directive; your guardian or other person appointed by a court; or if applicable, a state agency responsible for consenting to your care.

As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you to prevent a serious and imminent threat to your health or safety; to the health or safety of the public; or to another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.

Public Health Activities. We may disclose health information about you without your consent for public health activities including, for example, disclosures to:

- Report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- Conduct public health surveillance or investigations;
- Report child or elder abuse or neglect;
- Report certain events to the Food and Drug Administration (FDA) including information about defective products or problems with medications;
- Notify a person who may have been exposed or is at risk of contracting or spreading a communicable disease or condition;

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law. These include government agencies that oversee the health care system such as Medicare or Medicaid, Department of Health, or other government programs regulating health care and civil rights laws.

Disclosures in Legal Proceedings. We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when we receive a court order for your health information. An attorney seeking health information must give at least 14 days advance notice to you and to us, giving an opportunity to seek a protective order.

Law Enforcement Activities. We may disclose health information to a law enforcement official for law enforcement purposes when:

- A Court Order, Federal Search Warrant, summons or similar process requires us to do so; or
- The information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
- We report a death that we believe may be the result of criminal conduct; or
- We report criminal conduct occurring on the premises of our facility; or
- We determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or the disclosure is otherwise required by law.

Crime Victims. We may also disclose health information about a client who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure or, in the case of the victim's incapacity, the following occurs:

The law enforcement official represents to us that (i) the victim is not the subject of the investigation and (ii) an immediate law enforcement activity to prevent serious danger to the victim or others depends upon the disclosure; and we determine that the disclosure is in the victim's best interest.

Medical Examiners. We may provide health information about our consumers to a medical examiner.

Military and Veterans. If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

National Security and Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials for national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

Workers' Compensation. We may disclose health information about you to comply with the state's Workers' Compensation Law.

May I put limits on sharing my information?

You may request a restriction on the health information we use or disclose. You must request the restriction in writing and submit it to the HIPAA Privacy Officer at the address listed at the top of this notice.

We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

May I see and have a copy of my information?

You have the right to receive a copy of your health information used to make decisions about your care. Usually, this would include clinical and billing records. We will provide you with a copy of the information via US Postal Service or you may pick them up in person. You may request that your copies be provided in paper form or in electronic format (i.e. DVD or CD).

To request copies of your personal health information, please complete the Client Authorization to Release Personal Health Information and submit it to Greater Lakes medical records department.

In very limited circumstances, we may deny your request to inspect or copy your health information. If this does occur, the denial will be reviewed by a licensed health care professional not directly involved in the original decision. We will honor the final decision made by the reviewing licensed health care professional.

Do you keep a record of who you give my information to?

You have the right to request an Accounting of Disclosures we have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information. For example: those disclosures that we have made for purposes of treatment, payment, and health care operations.

To request a record of disclosures, you must submit your request in writing to the Privacy Officer. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years.

May I change my records?

You have the right to request an amendment of any health information, generated by Greater Lakes, used to make decisions about your care - usually, this would include Greater Lakes clinical and billing records. While in most circumstances clinical documentation may not be changed, deleted, or removed from your record, you are able to provide a written statement (an amendment) indicating what specifically you feel is not accurate. This amendment would become part of your clinical record. Anytime information is disclosed, this statement would be included in the disclosed information.

To request an amendment, you must submit a written statement to our Privacy Officer describing why you believe the information is incorrect or inaccurate. The Privacy Officer will contact you to follow-up and finalize the amendment process with you.

May I have a copy of this notice?

We will post a copy of the current Notice at each site where we provide care, and make copies available. You may also obtain a downloadable copy at our website <http://www.glmhc.org/about/privacy-notice> or by calling our Privacy Officer at 253-620-5148 and request that one is mailed to you.

Can you change your Privacy Practices?

We may change the terms of our Notice of Privacy Practices to be effective for all health information we already have about you, and any health information we receive in the future.

Can you sell my personal health information for marketing or fundraising efforts?

Greater Lakes is prohibited from selling your personal health information and will not sell your PHI for any reason, including for marketing or fundraising purposes.

Does Greater Lakes provide appointment reminders?

Appointment reminders are provided if you agree to receive them. You may also “opt-in” for appointment reminders via text. At any time, you are able to stop (opt-out) from receiving reminder calls or texts. If you would like to stop receiving appointment reminders, please notify the front desk staff.

What if I believe my privacy rights have been violated?

You may contact our Privacy Officer, at Greater Lakes Mental Healthcare, to submit a grievance. Our Privacy Officer will accept your grievance and begin the grievance process.

You may also mail a written grievance to our Privacy Officer. The mailing address can be found on the top of this notice.

Please be assured that we will not retaliate against you for filing a grievance.