

Evergreen Treatment Services

NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

Effective Date: April 14, 2003

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.

Evergreen Treatment Services is committed to protecting the privacy of your personal health information. We are required by applicable federal and state laws to maintain the privacy of your personal and health information. This notice explains our privacy practices, our legal duties, and your rights concerning your personal health information. Personal health information (PHI) means any information that is identifiable to you as your personal information, including information regarding your health care and treatment; identifiable factors including your name, age, address, income or other financial information. We will not disclose your PHI to others unless you allow us to do so, or the law authorized or requires us to do so.

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser.

There are (7) important situations in which the agency must and will release information about you without your written authorization:

1. **MEDICAL EMERGENCY** If a physician or hospital calls the clinic and states a need to know information about a patient in order to provide that person emergency medical services, we will release information about that patient, limiting our release to only the information necessary for care. This usually means methadone dose level and date of last dose given.
2. **COURT ORDER** If the agency is presented with a properly drawn court order, we must obey that order and give all information required by that order.
3. **CHILD ABUSE or NEGLECT** In a situation where any staff member has reason to believe that a patient is currently abusing or neglecting a child, the agency is **required** by state law to report the situation to Children's Protective Services (CPS). Our report may have to include information about the patient's treatment at this agency.
4. **THREATS of SUICIDAL INTENT** In a situation where a patient is expressing an intent to kill her/himself, agency staff will call the appropriate authorities (police and/or local mental health professionals) to request an intervention so as to protect the life of the patient. In the course of such a response agency staff may need to disclose patient identifying information to facilitate the emergency response. Such disclosures will be limited to the information necessary to the emergency response.

5. **RESEARCH & AUDIT** In a situation where the disclosure is made to qualified personnel for research, audit, or program evaluation.
6. **CRIME ON PROGRAM PREMISES OR AGAINST PROGRAM PERSONNEL** ETS is permitted to disclose information to law enforcement when a patient commits or threatens to commit a crime on the program premises or against program personnel.
7. **QUALIFIED SERVICE ORGANIZATION AGREEMENT (QSOA)** Disclosures are permitted between ETS and other Service Organizations and/or business associates. For example, ETS can disclose information without your consent to obtain legal or financial services, as long as there is a QSOA in place.

WHAT RIGHTS DO YOU HAVE AS AN INDIVIDUAL REGARDING OUR USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION?

You have the right to request all of the following with respect to personal health information (PHI):

- **Access to Your Personal Information:** You have the right to review and receive a copy of your PHI. You must make this request to your counselor or medical provider. To receive a copy of your PHI, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. If your request is denied, you may appeal this denial. The appeal must be in writing.
- **Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must identify the information that you think is incorrect and explain why the information should be amended. You must provide your request and your reason for the request in writing, and submit it to your counselor or medical provider. 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 PHI that:
 - is accurate or complete;
 - was not created by ETS, unless the person or entity that created the PHI is no longer available to make the amendment;
 - is not part of the PHI kept by or for us; or
 - is not part of the PHI which you would be permitted to inspect and copy.
- **Accounting of Disclosures:** You have the right to receive a report of instances in which we or our business associates disclosed your PHI. Your request must be in writing and should state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003.
- **Restrictions:** You have the right to request that we place additional restrictions on our use and disclosure of your PHI. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing to Privacy Officer, ETS, 1700 Airport Way South, Seattle, WA 98134. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to

apply. We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

- **Confidential Communication:** You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative location. If you advise us that disclosure of all or any part of your personal information could endanger you, we will comply with any reasonable request provided you specify how or where you wish to be contacted. To request such a confidential communication, you must give us your request in writing, and sign and date it.
- **Electronic Notice:** If you receive this notice on our Web site or by electronic mail, you're also entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Agency Duties

ETS is required by law:

- to maintain the privacy of your personal health information (PHI)
- provide you with this Notice of Privacy Practices
- to abide by the terms of the Notice currently in effect.

ETS reserves the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. If we make changes, ETS will update the Notice. You may receive the most recent copy of this Notice by calling and asking for it or by picking one up at your next visit. You may also find a copy of this Notice on our web page at <http://www.evergreentreatment.org>

Complaints?

If you believe any of your rights listed in this notice have been violated, you may file a written complaint with our Executive Director and/or the Secretary of the U.S. Department of Health and Human Services, stating the reason(s) for the alleged violation. *Your privacy is one of our greatest concerns and there's never any penalty to you if you choose to file a complaint with us or the U.S. Department of Health and Human Services.*

For more information regarding our Privacy Practices please contact Privacy Officer, 1700 Airport Way South, Seattle, WA 98134 (206) 223-3644. For your benefit, this Notice is on the website at www.evergreentreatment.org.