

FRONTIER BEHAVIORAL HEALTH
NOTICE OF PRIVACY PRACTICES
107 South Division, Spokane, WA 99202

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, IN COMPLIANCE WITH HIPAA AND OTHER FEDERAL AND STATE REGULATIONS THAT APPLY TO HEALTHCARE INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this Privacy Notice, please contact our Privacy Officer at 509-838-4651, ext. 2197.

I. Introduction

Frontier Behavioral Health (FBH) is committed to protecting the confidentiality of your medical information and is required by law to do so. This Notice of Privacy Practices describes how we may use and disclose your “protected health information”, including alcohol or drug use or treatment, to carry out treatment, payment, and health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. We are required by law to provide you with this notice of our legal duties and privacy practices with respect to your protected health information.

“Protected health information” means medical information (including identifying information about you) we have collected from you or received from your health care providers, health plans your employer or a health care clearinghouse. In this document, we use the acronym “PHI” to refer to your “protected health information”.

As a Client at Frontier Behavioral Health, we ask for your consent to use and disclose your PHI, as outlined in this Notice of Privacy Practices, by asking you to sign the Consent for Treatment form regarding your care and continued treatment. If you are a beneficiary of a health plan under which there is an integrated health plan network and of which FBH is an identified provider, we will share healthcare information with other network providers, as allowed by current state and federal regulations. For healthcare data related to drug and alcohol identified problems or treatment, protected under the federal 42 CFR Part 2 regulations, we will only release such information if you have signed a specific authorization or consent to share that information within the health plan network providers or directly with FBH.

II. How We Will Use and Disclose Your PHI

We will use and disclose your PHI as described in each category listed below. For each category, we will explain what we mean in general, and provide examples, but not describe all specific uses or disclosures of PHI. Generally, unless specifically allowed by state or federal regulations without an authorization, FBH will seek a signed authorization from a client before disclosing PHI to a third party.

A. Uses and Disclosures for Treatment and Healthcare Operations without an Authorization

1. **For Treatment** We may use and disclose your PHI to provide and coordinate your health care and any related services. For example, we may need to disclose information to a case manager or other FBH staff who are responsible for coordinating your care.

In addition, we may disclose your PHI to another health care provider (e.g., your primary care physician, pharmacy or a laboratory) working outside of Frontier Behavioral Health for purposes of your treatment, or to facilitate continuity of care with subsequent providers upon your discharge from services with FBH.

Family Members and Others Involved In Your Care: We may release medical information about you to a member of your family, a relative, a close friend, or any other person you identify who is directly involved in your healthcare, or to someone who helps pay for your care, unless you tell us not to release that information to them. For example, we may disclose medical information about you to a friend who brings you to the emergency department. In addition, we may disclose medical information about you to disaster relief organizations so your family can be notified about your condition and location in the hospital.

2. **For Other Health Care Operations** We may use and disclose PHI about you for our health care operations. These uses and disclosures are necessary to run our organization and make sure that our clients receive quality care. These activities may include, for example, quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, business planning and development, and general administrative activities.

We may also provide your PHI to other health care providers or to your health plan to assist them in performing certain of their own health care operations. We will do so only if you have or have had a relationship with the other provider or health plan. For example, we may provide information about you to your health plan to assist them in their quality assurance activities.

Finally, we may use and disclose your PHI to inform you about possible treatment options or alternatives that may be of interest to you.

3. **Research**. We may disclose your PHI to researchers when the research has been approved and a waiver for authorization has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to protect the privacy of your PHI.

4. **To Public Health Authorities**. We will disclose PHI about you when required to do so by federal, state or local law when needed to determine compliance with federal licensure, certification or registration rules, or when needed to protect the public health. This includes public health and safety situations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or others.

5. **Appointment Reminders**: We may disclose your medical information when contacting you to remind you of upcoming appointments. These reminders may be made by phone and messages left on voicemail unless you specifically ask us to communicate with you through a different method.

6. **Health Oversight Activities**. We may disclose PHI about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care and civil rights laws.

7. **Disclosures in Legal Proceedings**. We may disclose PHI about you in response to a court order, special administrative subpoena, or search warrant. You will receive advanced notice about this disclosure in most situations so you will have the chance to object to sharing your medical information.

8. **Law Enforcement Activities**. We may disclose PHI to a law enforcement official for law enforcement purposes when the disclosure is required by law – for example, to respond to a threat of an imminently dangerous activity by you against yourself or another person.

9. **Coroners or Medical Examiners**. We may provide PHI about you to a coroner or medical examiner.

10. **Military, National Security and Intelligence Activities**. If you are a member of the armed forces, we may disclose your PHI: (a) as required by appropriate military command authorities; (b) for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. We may disclose your PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law, including protective services to the President or others.

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

12. **Workers' Compensation**. We may disclose PHI about you to comply with the Washington State Workers' Compensation Law. For example, we may release information to an employer regarding a workplace injury or illness, or to the Department of Labor and Industries regarding a workers' compensation claim.

B. Uses and Disclosures of Your PHI with Your Permission and Authorization.

1. **Authorizations** Uses and disclosures of your PHI will generally only be made with your written permission, called an “authorization.” You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your PHI under that authorization. Understand that we are unable to take back any disclosures we have already made with your permission.

Confidentiality of Substance Abuse Records In accordance with the federal 42 CFR Part 2 rules and requirements, for individuals for which we have information regarding their alcohol or drug use, or who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations. As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol or drug user, unless: (A) you authorize the disclosure in writing; (B) the disclosure is permitted by a court order; (C) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; (D) the disclosure is made pursuant to an agreement with a qualified service organization/business associate, as appropriate; or (E) you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.

Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities.

2. **Confidentiality of HIV/STD Information** If we receive information that you have been tested for HIV/STD, we will not disclose such PHI without your specific authorization (or that of your personal representative), except where required by state or federal law.

3. **For Payment** We may use and disclose PHI about you for the purpose of determining coverage, billing, claims management, medical data processing, and reimbursement. For example, the information may be released to an insurance company, another third party payer, or its agent. You will be asked to sign a separate financial contract with FBH, which authorizes us to disclose PHI for payment purposes.

We may also disclose your PHI to another health care provider so that provider can bill you for services they provided to you - for example an ambulance service that transported you to the hospital

4. **Other Categories** If FBH is doing marketing or other activities that involve the sale of your PHI, then we will seek your authorization. You also have the option to “opt out” if you later decide you do not want to give your permission.

In addition, if we are asked to provide genetic information for insurance underwriters, then we will seek your authorization.

If there is a category or activity we have not addressed above in terms of whether or not we need your authorization, then FBH will need your authorization.

III. Your Rights Regarding Your PHI.

You have the rights outlined below regarding your PHI. For any of the rights described below, if you want to take any action related to one of the rights, you must submit your request in writing to our Privacy Officer at 107 South Division, Spokane, WA 99202.

A. Right to Inspect and Copy.

You have the right to request an opportunity to inspect or copy PHI used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical

and billing records. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or copy your PHI in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

B. Right to Amend

For as long as we keep records about you, you have the right to request us to amend any PHI used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records. To request an amendment, you must tell us why you believe the information is incorrect or inaccurate.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend PHI that: (1) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (2) is not part of the PHI we maintain to make decisions about your care; (3) is not part of the PHI that you would be permitted to inspect or copy; or (4) is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the PHI that is the subject of your request. If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the PHI that is the subject of your request.

C. Right to an Accounting of Disclosures

You have the right to request that we provide you with an accounting of disclosures we have made of your PHI. An accounting is a list of disclosures. This list will include all disclosures of your PHI, except the following:

1. disclosures to carry out treatment, payment, and health care operations (this includes disclosures made by business associates for these purposes as well);
2. disclosures made to yourself;
3. disclosures made incident to a use or disclosure that is otherwise permitted or required;
4. disclosures made pursuant to an authorization;
5. disclosures made to the Secretary of HHS for compliance purposes and for any other disclosures allowed to be made without the individual’s permission;
6. disclosures for national security or intelligence purposes; and
7. disclosures to correctional institutions or law enforcement officials when individual is an inmate;
8. disclosures made as part of a limited data set., where no individual identifiable information is disclosed.
9. those disclosures that occurred prior to April 14, 2003.
10. disclosures for facility directories or to persons involved in the individual’s care or other permitted notification purposes.

For your convenience, you may submit your request on a form called a “Request For Accounting,” which you may obtain from our 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 and not include dates before April 14, 2003. The first accounting you request within a twelve-month period will be free. For additional requests during the same 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

D. Right to Request Restrictions

You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment or health care operations. If you request a restriction, the Privacy Officer will ask you to sign a Request for Restriction form, which you should complete and return to the Privacy Officer.

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 PHI is needed to provide you with emergency treatment.

E. Right to Request Confidential Communications.

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

F. Right to a Paper Copy of this Notice.

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy.

G. Right to Approve PHI Information Shared with other providers in an Integrated Health Plan

If you are a beneficiary of a health plan under which there is an integrated health plan network and of which FBH is an identified provider, we will share healthcare information with other network providers, as allowed by current state and federal regulations. For healthcare data related to drug and alcohol identified problems or treatment, protected under the federal 42 CFR Part 2 regulations, we will only release such information if you have signed a specific authorization or consent to share that information within the health plan network providers or directly with FBH.

H. Right to Restrict Disclosures

If you pay in full or out of pocket for a service or item provided by FBH, then you have the right to restrict PHI disclosures concerning that service or item from being made to a health plan or other payor.

I. Right to PHI Breach Notification

If FBH is responsible for a breach of your PHI in accordance the associated federal or state rules, and FBH has deemed that there is more than a low probability of a resulting problem related to protecting confidentiality then you have a right to be notified by FBH of such a breach within 60 days of the incident.

IV. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Quality Improvement Department responsible for receiving complaints at 107 South Division, Spokane, WA 99202. All complaints must be submitted in writing. Our Privacy Officer, who can be contacted at 107 South Division, Spokane, WA 99202, will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint.

V. Changes to this Notice

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all PHI we already have about you, as well as any PHI we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by calling us at 509-838-4651 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.

VI. Who will follow this Notice

All of the program and service areas in Frontier Behavioral Health will follow this Notice of Privacy Practices. In addition, these program and service areas may share PHI with each other for treatment, payment or health care operation purposes.