



FRONTIER BEHAVIORAL HEALTH

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. If you have any questions about this Privacy Notice, please contact our Privacy Officer at 509-838-4651, ext. 122197.

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 ("Notice") 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, or other sources in the community. In this document, we use the acronym "PHI" to refer to your "protected health information."

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.

Please note that 42 C.F.R. Part 2 protects your health information regarding your alcohol or drug use or information related to diagnosis, treatment, referral for treatment or prevention. Generally, we may not disclose that information to anyone outside of FBH, except under certain circumstances that are listed in this Notice. Please refer to the section entitled Confidentiality of Substance Abuse Health Information for those rules.

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 try to give some 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 or his/her personal representative before disclosing PHI to a third party.

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 FBH for purposes of your treatment, or to facilitate continuity of care with subsequent providers upon your discharge from services with FBH, but generally only with your informed written authorization. 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.

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, Spokane County Regional Behavioral Health Organization (SCRBHO) or its successor, 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

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, or our designee, may send you a consumer satisfaction survey or a consumer outcome survey.

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. We may remove information that identifies you from this set of behavioral healthcare information so others may use it to study behavioral healthcare and behavioral healthcare delivery without learning who the specific patients are.

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

Confidentiality of Substance Use Disorder Health Information. 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 information related to diagnosis, treatment, referral for treatment or prevention, or who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of substance use disorder 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:

- you authorize the disclosure in writing;
- the disclosure is permitted by a court order;
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes;
- the disclosure is made pursuant to an agreement with a qualified service organization/business associate, as appropriate; or
- you commit or threaten to commit a crime either at our program or against any person who works for our substance use disorder 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.

Confidentiality of HIV/STD Information. All health information regarding HIV is kept strictly confidential and released only in conformance with the requirements of state and federal law. If we receive information that you have been tested for HIV/STD or any other information regarding your HIV status, we will not disclose such PHI without your specific authorization (or that of your personal representative), except where required by state or federal law. A general authorization for the release of your medical information is not sufficient for this purpose.

III. Special Circumstances

Federal and state laws allow or require us to disclose health information about you in certain circumstances that include, but are not limited to situations described below:

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.

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. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births or deaths;
- To report child, adult, or older adult abuse or neglect;
- To report reactions to medications or problem with prescriptions;
- To notify a person who may have been exposed to a disease or at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a person has been the victim of abuse or domestic violence. We will only make this disclosure when required or authorized by law; and
- To avert a serious threat to the health or safety of a person or the public.

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, SCRBHO or its successor, other government programs regulating health care and civil rights laws.

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.

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. In addition, we may disclose PHI:

- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity description or location of the person who committed the crime.

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

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.

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.

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.

Disaster Relief. We may disclose medical information about you to disaster relief organizations so your family can be notified about your condition, status and location.

Research. We may disclose your PHI to researchers when the research has been approved and either you have signed an authorization or 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.

III. Other Uses and Disclosures

Your Authorization and Revocation. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described above (or as otherwise permitted or required by law). If you give us an authorization, you may revoke it by submitting a written notice to our Privacy Official at the address listed below or orally depending on the nature of the PHI. Your revocation will become effective upon our receipt of your oral or written notice. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by the oral or written authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Marketing Health-Related Services. We will not use or disclose your protected health information for marketing communications without your written authorization, and only as permitted by law.

Sale of PHI. We will not sell your protected health information without your written authorization, and only as permitted by law.

IV. Your Rights Regarding Your PHI.

You have the rights outlined below regarding your medical information that we maintain about you:

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. To inspect or copy such information, you must submit a written request to the Medical Records Department. Staff can assist you with submitting the request, if necessary. If you request a copy of the information, we will not 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 chosen by FBH 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.

Right to Amend. If you feel that the medical information we have about you is incorrect or incomplete you may ask us to amend the information. 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, your request must be made in writing and submitted to the Medical Records Manager and 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:

- was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- is not part of the PHI we maintain to make decisions about your care;
- is not part of the PHI that you would be permitted to inspect or copy; or
- 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.

Right to an Accounting of Disclosures. You have the right to request an accounting of your PHI disclosures for purposes other than treatment, payment or healthcare operations. Your request must state a time period. The time period for the accounting of disclosures request should not be longer than six years from the date of the request. We will provide an accounting for your first request within a 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

For your convenience, you may submit your request on a form called a "Request For Accounting," which you may obtain from our Medical Records Manager.

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. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a medication you were taking.

To request restrictions, you must make your request in writing to the Medical Records Manager or you can request a Request for Restrictions form. 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, for example, disclosure to your spouse. Generally, disclosure restrictions may be specified on the authorization form you sign.

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.

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.

To request confidential communications, you must make your request in writing to the Medical Records Manager. 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.

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. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any staff member.

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.

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.

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.

V. 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 Privacy Officer responsible for receiving such complaints at 107 South Division, Spokane, WA 99202, or at 509-838-4651, ext. 2197. All complaints must be submitted in writing. to our Privacy Officer, who can be who will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint.

VI. 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.

VII. 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.