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Procedure 2510-A

**MODEL**

**Notice of Privacy Practices of**

**North Sound Mental Health Administration  
117 North 1<sup>st</sup> Street, Suite 8  
Mount Vernon, WA 98273  
360-416-7013  
www.nsmha.org**

**Uses and Disclosures of Your Personal Health Information (PHI)**

Effective Date: October 1, 2011

**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 notice, please contact the Privacy Officer at 360-416-7013.]

The North Sound Mental Health Administration (NSMHA), formerly known as the North Sound Regional Support Network, is the public mental health authority for Island, San Juan, Skagit, Snohomish and Whatcom counties. NSMHA is responsible for the contracting and oversight of RSN-required, publicly funded outpatient and inpatient community mental health services in these counties.

NSMHA contracts with Compass Health, Catholic Community Services, Interfaith Clinic, Lake Whatcom Residential Services, Sea Mar, Sunrise Services, and Whatcom Counseling and Psychiatric Services' for outpatient mental health services. We also contract with Island, San Juan, Skagit, Snohomish and Whatcom Counties, the Tulalip tribes, and Volunteers of America for certain specialized mental health services. Oversight of these services includes auditing to assure the quality of services, as well as, efficient and responsible use of public funds. NSMHA is governed by a Board, comprised of elected officials from each county or their designated alternates.

**NSMHA's Responsibilities**

NSMHA is required by law to maintain the privacy of PHI. We also are required to provide you with notice of our legal duties and privacy practices with respect to your PHI, and abide by the terms of the Notice currently in effect.

Your PHI is individually identifiable information about your past, present, or future health or condition, and the provision of health care to you. Your PHI also includes information that we create or receive regarding your health or payment for your health care. Your PHI contains both your medical records and personal information such as your name, social security number, address, and phone number. It also may include financial information.

This Notice explains how, when and why we may use or disclose your PHI. Except in specified circumstances, only the *minimum necessary* PHI must be used or disclosed to accomplish the intended purpose of the use or disclosure. We train and require all of our employees to maintain the privacy and confidentiality of your PHI.

## **How NSMHA May Use and Disclose Health Information about You**

NSMHA uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your PHI are listed below. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your PHI will fall within one or more of these categories.

## **Uses and Disclosures of Your PHI by NSMHA that DO Require Us to Obtain Your Authorization**

Except in the categories listed below, we will use and disclose your PHI only with your written authorization.

In some situations, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose that specially protected PHI. In these situations, we will contact you for the necessary authorization. If you have questions about these laws, please contact the Privacy Officer at (360) 416-7013.

If you sign an authorization, you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization.

If you would like to ask us to disclose your PHI, please contact the Privacy Officer, at (360) 416-7013 for an authorization form.

## **Authorized Uses and Disclosures of Your PHI That Do NOT Require Your Authorization**

**We may use or disclose your PHI without your authorization as follows, in relation to your health care and treatment:**

1. To the individual who has medical responsibility for your care;
2. Within our organization to coordinate your care; and
3. To County Designated Mental Health Professionals (DMHP).

**We may use or disclose your PHI without your authorization as follows, in relation to payment:**

1. To administer your health benefits policy or contract;
2. To bill you for healthcare we provide;
3. To pay others who provided care to you; and
4. To other organizations and providers for payment activities unless disclosure is prohibited by law.

**healthcare operations:**

1. To administer and support our business activities as a mental health regional support network or those of other health care organizations (as allowed by law) including health providers, health plans, as well as state, regional, county and local health care programs. For example:
  - a. We may use your PHI to evaluate the performance of our staff in serving you.
  - b. We also may combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain treatments are effective, or to compare how we are doing with others and to see where we can make improvements or adapt to budgetary constraints.
  - c. We may remove information that identifies you from this set of health information so others may use it to study this information without learning who our specific clients are.
  - d. Another example is that we may use your PHI for service oversight activities, and to determine your eligibility for publicly funded mental health services.
2. To other individuals (such as consultants and attorneys) and organizations that help us with our business activities. (Note: If we share your PHI with other organizations for this purpose, they must agree to protect your privacy.)

**We may use or disclose your protected health information without your authorization for legal and/or governmental purposes in the following circumstances:**

1. Required by law – When we are required to do so by state and federal law, including workers’ compensation laws. Public health and safety – To an authorized public health authority or individual to:
  - a. Protect public health and safety;
  - b. Prevent or control disease, injury, or disability;
  - c. Report vital statistics such as births or deaths;
  - d. Investigate or track problems with prescription drugs and medical devices (for example, to the Food and Drug Administration).
2. Abuse or neglect – To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.
3. Oversight agencies – To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
4. Legal proceedings - In the course of any legal proceeding in response to a court order or order from an administrative agency and, in certain cases, in response to a subpoena or other lawful process.
5. Law enforcement - To law enforcement officials in limited circumstances for law enforcement purposes. For example, disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.
6. Military activity and national security - To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the President of the United States.

**We may also use or disclose your protected health information without your authorization in the following miscellaneous special circumstances:**

1. Treatment alternatives and plan description – To communicate with you about appointment reminders, treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you, or to describe our health plan and providers to you.
2. Research – For NSMHA or another organization’s research purposes, provided that certain steps are taken to protect your privacy. Note: Generally, in these cases, a research review board will review the research project to ensure adequate privacy protections before NSMHA uses or discloses your PHI.
3. De-identify information – To “de-identify” information by removing information from your PHI that could be used to identify you.
4. Coroners, funeral directors, and organ donation – To coroners, funeral directors, and organ donation organizations as authorized by law.
5. Disaster relief – To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
6. Threat to health or safety – To avoid a serious threat to the health or safety of yourself and others.
7. Funding Support – We may use your PHI to contact you for purposes of enlisting support to maintain or obtain funding of our programs.
8. Correctional facilities – If you are an inmate in a correctional facility, we may disclose your PHI to the correctional facility for certain purposes, such as providing health care to you or protecting your health and safety or that of others. **Your Rights Regarding Your PHI**

Note: You may exercise any of the rights described below, or ask questions about these rights, by contacting the Privacy Office at (360) 416-7013.

You have the right to:

1. Request restrictions by asking that we limit the way we use or disclose your PHI for treatment, payment, or health care operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family member or friend. Please note that we are not *required* to agree to a requested restriction. If we do agree, we will honor your limits unless it is an emergency situation.
2. Receive confidential communications of PHI.
3. Ask that we communicate with you by another means. For example, if you want us to communicate with you at a different address, we can usually accommodate that request. Your request to us must be in writing. We will agree to reasonable requests.
4. Inspect and copy your PHI. This request must be in writing, and we may charge a reasonable fee for the cost of producing and mailing the copies, or the cost of other supplies and services associated with your request. In certain situations, we may deny your request to inspect and copy and will tell you why we are denying it in writing. If you are denied access to your PHI, you may request a review of our denial.
5. Ask us to amend PHI about you that we use to make decisions about you. Your request for an amendment must be in writing and provide the reason for your request. In certain cases, we may deny your request, and will do so in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your PHI.
6. Request a list accounting for any disclosures of your PHI we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

- a. To request this list of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period, which may be no longer than six years and may not include dates before October 1, 2005.
  - b. You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee.
  - c. We will notify you of the cost of providing the list and give you an opportunity to withdraw or modify your request at any time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list; but this date will not exceed a total of 60 days from the date we received your written request.
7. Receive a paper copy of this Notice, upon request to our Privacy Officer.

### **Changes to Privacy Practices**

**We reserve the right to change our privacy practices and the terms of this Notice at any time, and to make the new notice provisions effective for your entire PHI that we maintain, as well as any information we receive in the future. We will post a copy of the current Notice in our facility located at 117 North First Street, Suite 8, Mount Vernon, WA 98273, and on our website at [www.nsmha.org](http://www.nsmha.org). The Notice will be contained on the first page, in the top left-hand corner, and the effective date will not be earlier than the date on which the Notice is printed or otherwise published.**

We will promptly revise and distribute our Notice whenever there is a material change to the uses or disclosures, the individual's rights, our legal duties, or other privacy practices stated in the Notice. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which such material change is reflected.

### **Questions and Complaints**

If you have any questions about this Notice or would like an additional copy, please contact the Privacy Officer at (360) 416-7013.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer, NSMHA, 117 N. 1<sup>st</sup> Street, Suite 8, Mount Vernon, WA 98273. All complaints must be submitted in writing. For more information on how to file a written complaint, call the Privacy Officer at (360) 416-7013. You can also contact the Ombuds Service at 1-(888) 336-6164. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Individuals will not be retaliated against for filing a complaint.