

Effective Date: April 24, 2003, Motion #03-013; April 14, 2003  
Revised Date: 5/31/13  
Review Date: 6/13/13

## North Sound Mental Health Administration

### Section 2500 – Privacy: Notice of Privacy Practices

Authorizing Source: RCW 70.02; 45 CFR 165 (HIPAA)

Cancels:

See Also:

Providers must have own “HIPAA & WAC compliant policy”

Responsible Staff: Privacy Officer

Approved by: Executive Director

Signature:

Date: 7/17/2013

## **POLICY #2510.00**

### **SUBJECT: NOTICE OF PRIVACY PRACTICES**

#### **PURPOSE**

The North Sound Mental Health Administration (NSMHA) in compliance with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification provisions sets out, in this policy, the conditions for providing notice to consumers of our privacy practices.

#### **POLICY**

NSMHA will post a copy of our Privacy Notice in a prominent position in our reception area at all NSMHA locations. In addition, copies of the Notice will be available at the reception area for those who wish to have them. Any individual who is unable to read can request that the Notice be read to him or her.

The Privacy Notice that is in effect will be the Notice that is attached to this Policy. This version of the Notice reflects the privacy practices in place at this time at NSMHA.

It is NSMHA’s policy to conform our Privacy Notice to the content specified in the Privacy Rule. At the present time, this content is as follows and any version of our Privacy Notice must contain all of these items:

1. Header:

“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.”

2. A description, including sufficient detail to place the individual on notice, and at least one example of the types of uses and disclosures for each of the following purposes – treatment, payment, and health care operations.
3. A description, including sufficient detail to place the individual on notice, of each of the other purposes a Covered Entity is either required or permitted to use or disclose Protected Health Information (PHI) without the individual’s written consent or authorization.
4. A description of any prohibitions or material limitations required by more stringent law.
5. A statement that other uses and disclosures will be made only with the individual’s written authorization and that such authorization may be revoked.
6. If we intend to engage in any of the following activities, we must include a separate statement, as applicable, that:
  - a. We may contact the individual to provide information about treatment alternatives, or other health-related benefits and services that may be of interest;
  - b. We may contact the individual to raise funds on our behalf; and
  - c. We may disclose PHI to the sponsor of the plan.

7. A statement of the individual's rights with respect to uses and disclosures of PHI and a description of how they may be exercised including:
  - a. The right to request restrictions – including a statement that the Covered Entity is not required to agree to such a restriction;
  - b. The right to receive confidential communications of PHI;
  - c. The right to inspect and copy PHI;
  - d. The right to amend PHI;
  - e. The right to receive an accounting of disclosures of PHI; and
  - f. The right to obtain a paper copy of the Notice upon request.
8. A statement about the Covered Entity's duties to:
  - a. Maintain the privacy of PHI and to provide individuals with notice of the Covered Entity's legal duties and privacy practices relative to PHI;
  - b. Abide by the terms of the Privacy Notice currently in effect; and
  - c. When retroactively applying a change in the Notice, to provide a statement that it reserves the right to change the terms of its notice and to make the new Notice effective for all PHI it maintains; and how it intends to provide individuals with a revised Notice.
9. A statement that individuals may complain (to NSMHA or Department of Health and Human Services (DHHS)) if they believe their rights have been violated; a brief description of how to file a complaint with the Covered Entity; and a statement that there will be no retaliation against the individual if a complaint is made.
10. The title and telephone number of the person or office designated as responsible for receiving complaints and providing additional information.
11. The date on which the Notice is first in effect, may not be earlier than the date on which the Privacy Notice is printed or otherwise published.

We require that revision of our privacy practices may only occur after deliberation by the designated senior management group and the Privacy Officer. Any changes arising from the revision process will be incorporated into the Privacy Notice and distributed to consumers before those practices are effective.

Documentation retention requirements include:

1. Policies and procedures for the Privacy Notice
2. Each version of the Privacy Notice appropriately dated
3. Acknowledgements of receipt of the Privacy Notice

Other policies and procedures to review that are related to this policy:

1. Individual rights to access, amendment, and accounting
2. Treatment, Payment, and Health Care Operations
3. Authorizations
4. Opportunity to Agree/Object
5. Restrictions
6. Confidential Communications
7. Administrative requirements: documentation

## **ATTACHMENTS**

2510.01 – Procedure 2510-A