



NOTICE OF PRIVACY PRACTICES

Effective Date: June 29th, 2016

If you have any questions about this notice, please contact our Privacy Officer at (800) 457-9303

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.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Compass Health must take steps to protect the privacy of your "protected health information" (PHI.) PHI includes information that we have created or received regarding your physical, behavioral or mental health or payment for these services. It includes both your medical information and personal information such as your name, social security number, address, and phone number.

We understand that medical information about you and your health is personal. By medical information we mean, all information gathered about your physical, behavioral or mental health. We are committed to protecting the privacy of your PHI. We create a record of the care and services you receive during your enrollment. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Compass Health. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Under federal law, we are required to:

- Make sure that medical information that identifies you is protected;
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

Uses and disclosures of your protected health information by Compass Health that do NOT require your authorization

Compass Health 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 without your authorization are listed below.

We may use or disclose your protected health information without your authorization as follows in relation to your treatment:

1. To Compass Health staff, including consulting psychiatrist/psychologists, treatment team members, clinicians, clinical supervisors, case managers, psychiatric staff, crisis response staff, including CDMHP's or others who are involved in your care. For example, you have a severe depressive disorder and are being seen by a clinician on an outpatient basis. Staff within our organization may share medical information about you in order to coordinate the different services you may need such as psychiatric services, employment services, case management, crisis intervention or in-home stabilization services.
2. To pharmacies to refill your medications or to labs to obtain samples for monitoring medication level and organ functioning.
3. To help you avert a crisis, we may share information with the Care Crisis Line.
4. For example, you are participating in Outpatient Substance use Treatment. Staff within our organization may share information about you in order to coordinate additional services you may need,

such as transportation. We also may disclose required information to the court system.

5. To verify appointments or billing information for Medicaid transportation or other contracted agency transportation service.
6. When required by law.

We may disclose your protected information to other participants in an Organized Health Care Arrangement (OHCA).

We may participate in an OHCA that includes other health care entities. We do this so that we can work with other organizations to provide integrated care for mutual patients and/or work together on quality improvement and other activities. Participation in an OHCA enables us to exchange PHI with other OHCA members for health care operations activities, such as quality improvement.

We may use or disclose your protected health information without your authorization as follows in relation to payment:

1. To bill you, your insurance company, NSBHO (North Sound Behavioral Health Organization) or a third party for services provided to you. For example, we may need to give your health plan information about psychiatric care and services you received at our facility so your health plan will pay.
2. At times, we may also need to tell your health plan about the services you are in need of, obtain prior approval, request an extension on the original authorization for services, and/or determine whether your plan will cover the treatment.
3. We may disclose protected health care information to other providers or entities, as allowed by HIPAA, so that they can carry out payment activities, such as billing for services they provide.

We may use or disclose your protected health information without your authorization as follows in relation to health care operations:

1. We may use medical information to review our treatment and services, and to evaluate the performance of our staff in caring for you.
2. We, or our designee, may send you a consumer satisfaction survey.
3. We may also combine medical information about many agency clients to decide what additional services the agency should offer, what services are not needed and whether certain new treatments are needed or are effective.
4. We may also disclose information to clinicians, psychiatrists, case managers, or other personnel for review and learning purposes.
5. We may also combine the medical information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer.
6. We may also remove information that identifies you from this set of medical information so others may use it to study treatment and services delivered without learning who the specific clients are.
7. We may share information with the Division of Behavioral Health and Recovery when they inspect the quality of our operation for licensure purposes.

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

Appointment Reminders. To contact you as a reminder that you have an appointment for treatment at the agency.

Health Information or Resources. To tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. To tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Facility Client/Family Phone Line. At some of our 24-hour facilities we have phone lines for clients to contact family and family to contact clients while they are at our facility. Clients and/or staff may answer this phone line and direct calls to the appropriate client or disclose that they are no longer at the facility.

Individuals Involved in Disaster Relief. To an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a specific approval process. We will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the agency.

As Required by Law. When required to do so by federal, state or local law.

Food and Drug Administration (FDA). Regulated products; to enable production recalls, repairs, replacement or look backs; or to conduct post-marketing surveillance.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation or transplant.

Military. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers Compensation. To workers compensation or similar programs.

These programs provide benefits for work-related injuries or illness.

Public Health Risks (Health and Safety to you and/or others). To agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births or deaths;
- to report abuse or neglect;
- to report reactions to medications or problem with production;
- to notify people of recalls to products they may be using;
- 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 there has been a 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 and safety of a person or the public.

Health Oversight Activities. To a health oversight agency for activities authorized by law. These oversight activities include, for example, NSBHO, state, inter-agency reviews, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute with a written authorization.

Law Enforcement. We may disclose medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- 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, Medical Examiners and Funeral Directors. To a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. To authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special.

Inmates. If you are an inmate of a correctional institute or under the custody of law enforcement official, we may release medical information about you to the correctional institute or law enforcement official. This release may be necessary (1) for the institute to provide you with health care; (2) to protect your health and safety of others; or (3) for the safety and security of the correctional institute.

HIV Information. All health information regarding HIV is kept strictly confidential and released only in conformance with the requirements of state law. Disclosure of any medical information referencing a client's HIV status may only be made with the specific written authorization of the client. A general authorization for the release of medical or other information is not sufficient for this purpose.

Substance Use Disorder. The confidentiality of alcohol and drug abuse records related to the diagnosis, treatment, referral for treatment or prevention, is protected by federal law and regulations (42 U.S.C 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 C.F.R. part 2). Generally, a chemical dependency program may not disclose to anyone outside the program that a client attends the program or disclose any information identifying a client as an alcohol or drug abuser, unless:

- The client consents in writing, or
- The disclosure is allowed by a court order, or
- The disclosure is made to medical personnel in a medical emergency or to a qualified personnel for research, audit or program evaluation, or
- The client commits or threatens to commit a crime either at the program or against any person who works for the program.

Department of Corrections. To authorized department of corrections personnel as required by state law for the purpose of pre-sentence investigation, emergent situation requests and notification of treatment.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care.

To request a viewing of your record and/or to receive copies of your medical information, you must make your request in writing by contacting the office where you are receiving services, if you are a current client. If you are no longer receiving services you can contact the office where you were seen or

Medical Records at (800)457-9303. If you request a copy of the information, we will charge you a fee for the costs of copying, mailing or other supplies associated with your request. If your request is granted, we will comply with the request within 15 calendar days of receiving the request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the agency will review your request and the denial. The person conducting your review will not be the person who denied your request. We will comply with the outcome of the review.

Rights 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. You have the right to request an amendment for as long as the information is kept by or for the agency.

To request an amendment, your request must be made in writing by contacting the officer where you are or were being seen or send your request to the Quality Improvement Office. In addition, you must provide a reason that supports your request. We have 60 calendar days to respond to your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosure. You may have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you to others except for those under an authorization or for purpose of treatment, payment and health care operations identified above.

To request this list or accounting of disclosures, your request must be made in writing by contacting the office where you are or were being seen or send your request to the Quality Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want this list (for example, on paper, or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list and give you an opportunity to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction on the medical information we use or disclose about you for treatment, payment or health care operations, including disclosures within any OHCA in which we participate. 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. In addition, you can request a restriction if you want to pay 100% of the service fee and not have your services billed to your health plan.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we terminate our agreement to comply with your request

To request restrictions, you must make your request in writing to the office where you are currently being seen. 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. When you want to terminate a restriction you have requested, you must make your termination of restriction request in writing where you are currently receiving services. In your termination of restriction request, you must tell us (1) whom the restriction applied, and (2) the termination of restriction date.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, if it's okay to leave or message or not. All mailings that we send will be in plain envelopes with our PO Box address only and will not identify Compass Health as the sender.

You will be asked to request your preference when you call to access services. You can also specify your request when you complete and/or verify your client information at your initial visit. To change your request at any time, please contact the office where you are being seen.

Right to a Paper Copy of This Notice. You may have the right to an additional paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any member of our staff.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each facility and on our website. The notice will contain on the first page the effective date. In addition, each time you are admitted for voluntary inpatient or outpatient treatment, we will offer you a copy of the current notice in effect.

QUESTIONS OR COMPLAINTS

If you have general questions about this notice or would like an additional copy, please call the Quality Department at (800) 457-9303. If you believe your privacy rights have been violated or you disagree with a decision we made about access to your PHI, you may contact or submit your complaint in writing to the Privacy Officer at Compass Health, PO Box 3810, Everett, WA 98213-8810. You can also contact the Ombuds Service at 1-888-336-6164. If we cannot resolve your concern, you may also have the right to file a written complaint with the Secretary of the Department of Health and Social Services.

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.