



Empowering People with Disabilities on the Palouse

1235 SE Professional Mall Blvd, Pullman, WA 99163 ♦ (509)332-6561

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Effective Date: October 1, 2017**

### **Why this is important:**

The Notice of Privacy Practices is designed to inform you about how your personal/health information may be used by the health plan and services of Boost Collaborative, including its programs “doing business as” other names. It also describes your rights regarding that information.

Examples of your personal/health information include your name, medical/health information, demographic, Social Security number, address, telephone number, claims information, etc. Such information may be used in writing, orally or electronically (only if by secure networks).

Each health plan and program is required to maintain the privacy of your personal/health information set forth in 45 C.F.R. Titled the Health Insurance Portability & Accountability Act (HIPAA) Parts 160 and 164.

### **Our Agency’s Responsibilities:**

The privacy and security provisions of HIPAA require us to take measures to protect the privacy of your personal/health information.

We are required by law to:

- Maintain the privacy of your personal/health information.
- Provide you with notice of our legal duties and privacy practices with respect to that information.
- Abide by the terms of the “Notice of Privacy Practices” currently in effect.

We reserve the right to change the terms of this notice and to make the new notice effective for all protected personal/health information we maintain. If we revise a notice, you will receive the new notice in the mail.

### **How We May Use & Disclose Your Personal/Health information:**

We may use or disclose your personal/health information without your permission for the purposes described below:

- **Treatment:** We may use and share your personal/health information for treatment purposes. For example, on a need to know basis, we will share information with staff and “Business Associates” who have signed confidentiality agreements, as well as, other “covered entities” who are involved in your treatment services.
- **Payment:** We may need to give your personal/health information to a state agency to receive payment. For example, personal/health information is shared to verify eligibility and necessity of services to public funding sources such as the state, or county, so that we may be reimbursed for providing services to you.
- **Health Care Operations:** We may use your personal/health information to evaluate the quality of our services. For example, internal and external evaluators will review the thoroughness of patient files to ensure compliance to state and federal compliance audits, including to the Secretary of the Department of Health and Human Services.
- **Individuals involved in your care or Payment for Your Care:** We may disclose personal/health information about you to an immediate family member, or other individual(s) who are directly involved in your care or payment for your care, if you are unable to make health care or payment decisions.
- **Abuse or Neglect:** We may disclose your personal/health information to local or state agencies that are authorized by law to receive reports of child, (or protected adults), abuse or neglect.
- **As required by law:** We will disclose personal/health information about you when required to do so by federal, state, or local law. Including disclosing information for workers’ compensation claims.
- **Public health & safety:** We may disclose personal/health information about you to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others.
- **Legal Proceedings:** We may disclose your personal/health information in response to a court order, administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose your personal/health information to law enforcement officials if we receive a court order, warrant, grand jury subpoena or an inquiry for purposes of identifying or locating a suspect, fugitive, material witness or missing person. If you are an inmate, we may disclose your personal/health information to correctional institutions as allowed by law.
- **Military and National Security:** Under certain circumstances, we may disclose to military authorities the personal personal/health information of armed forces personnel. We may also disclose to authorized federal officials personal/health information required for lawful intelligence, counterintelligence and other national security activities.

**Separate statements for certain uses and disclosures:**

Under the privacy rules, we may use protected personal/health information for a number of other purposes. We are required to provide you with information if we intend to engage in certain activities. These include:

- Contacting you to provide appointment reminders or information about treatment alternatives or services that may be of interest to you; or

**Other Uses and Disclosures of Protected Personal/Health Information:**

Other uses and disclosures of your protected personal/health information will be made only with your written permission, unless otherwise permitted or required by law as described above.

**Your Rights Regarding Personal/Health Information:**

You have the following rights regarding personal/health information that we maintain about you:

- **Inspect and request a copy:** You have the right to request inspection and to request a copy of your personal/health information. Fees will apply for the costs of copying, mailing and any supply costs associated with your inspection. In certain circumstances a request may be denied.
- **Amendment:** If you believe the personal/health information that we maintain about you is incorrect or incomplete, you have the right to request that we amend your personal/health information.
- **Restriction Request:** You have the right to request a restriction or limitation on the personal/health information we use or disclose about you for treatment, payment and health care operations activities or to individuals involved in your care.
- **Cancel a prior authorization:** If you have granted your approval to disclose personal/health information, you have the right to cancel or revoke that prior authorization. Your cancellation does not affect information that has already been released.
- **Confidential Communications:** If you believe that disclosures of all or part of your personal/health information may endanger you, you have the right to request that we communicate with you about health matters in a reasonable confidential manner of your choice and at an alternative location, or by an alternative means such as fax, or by phone.
- **Accounting of Disclosures:** You have the right to receive an accounting of disclosures we have made for purposes other than for treatment, payment, health care operations, or that you specifically authorized. Your requests may be for disclosures made up to 6 years before the date of your request, but not for disclosures made before April 14, 2004. Fees will apply for the costs of copying, mailing, and any supplies associated with the request.
- **Copy of the Notice:** You have the right to request and obtain a paper copy of the most current “Notice of Privacy Practices”.

All of these requests must be made in writing. Please contact us at the phone number below for the applicable request form. Except for accounting of disclosures, we will evaluate each request and communicate to you in writing whether or not we can honor the request. There are instances when we cannot honor your request.

**To Ask for Help or to file a Complaint:**

If you believe your privacy rights have been violated, or if you disagree with a decision we made about a request, you may file a written complaint with us or to the Secretary of Health and Human Services (DHHS). To file a complaint with us, contact our designated “Privacy Officer”. You will not be penalized or retaliated against for filing a complaint.

**Contact information:**

For further information on your privacy rights and this notice, contact the Executive Director of Boost Collaborative for the name of the designated “Privacy Official” at (509) 332-6561.