

# Quinault Wellness Center and Quinault Community Health

## ADMINISTRATION POLICIES AND PROCEDURES

Title: Notice of Privacy Practices  
Policy Number: A301  
Effective Date: 08/08/2024  
Revise Date: 12/30/24  
Review Date: N/A  
Reference: 45 CFR §164, 42 CFR Part 2 §2.22

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### **POLICY**

It is the policy of Quinault Community Health and Wellness Centers to ensure that patients are provided a Notice of Privacy Practices (NPP).

The NPP shall be HIPAA compliant for Quinault Community Health (Appendix A) and compliant with 42 CFR Part 2 for Quinault Wellness Center (Appendix B)

The NPP shall address the use and disclosure of protected health information (PHI) that may be made by Quinault Community Health and Wellness Centers, outlines patient rights regarding PHI, and Quinault Community Health and Wellness Center's legal duties pertaining to PHI.

The NPP (Appendix A and B) shall inform individuals on the following information:

- Description of patient rights and Quinault Community Health and Wellness Center's privacy practices regarding this information.
- All uses and disclosures of PHI that Quinault Community Health and Wellness Centers may make without written authorization.
- Types of uses and disclosures that require written authorization.
- A statement that any uses and disclosures not described in the NPP will also require written authorization.
- Contact information for Quinault Wellness Center's Privacy Officer, or the primary office.
- The effective date of the NPP.

Telemedicine practices must follow the same HIPAA regulations for the notice of privacy practices (NPP).

The NPP shall comply with all applicable state and federal laws and regulations, including HITECH, as may be amended from time to time.

### **PROCEDURE**

#### **Delivery & Acknowledgement of NPP §164.520(c)(2)(ii) / 42CFR Part 2 §2.22**

Patients or their legally authorized representative must be provided a copy of the NPP on the date of the first service delivery.

Individuals will be asked to sign the Acknowledgement of Receipt of Notice form attached to the NPP. Signed Acknowledgements shall be filed in the patient's medical record.

If the patient refuses to accept the NPP or sign the Acknowledgement, document the refusal on the Acknowledgement form, sign and date the notation, and file it in the medical record.

**Emergency Medical Treatment §164.520(c)(2)(i)(B)**

In such cases where the first service delivery involves emergency medical treatment, the NPP shall be provided as soon as it is practical to do so.

- Documentation in the medical record should corroborate that the patient required and received emergency medical treatment.
- Written acknowledgement is not required in cases of emergency medical treatment. However, it is highly recommended the Quinault Wellness Center and Quinault Community Health makes a reasonable attempt to collect written acknowledgement. File this in the medical record.

**Access to the NPP §164.520(a)(1)**

The current NPP will be posted in a prominent on-site location where it is reasonable to expect that patients will see and have an opportunity to read it. In addition, the current NPP must be prominently posted on Quinault Wellness Center’s website. At any time, a patient or the patient’s legally authorized representative may request and receive a copy of the current NPP.

Any member of the general public (who is not a patient or patient’s legally authorized representative) requesting the NPP shall be provided the current NPP as promptly as circumstances permit. In these instances, no documentation that the NPP has been provided will be required.

Any related information notices required by state law will also be posted in a prominent location and/or provided to the patient as another notice. This may be contained in the NPP Acknowledgement of Receipt of Notice.

**Revisions §164.520(b)(3)**

The NPP shall be revised and distributed promptly to reflect material changes to the uses or disclosures of PHI, patient rights, Quinault Wellness Center’s legal duties, or the privacy practices stated in the notice. Material changes to the NPP may be implemented only after the effective date of the revised notice. A copy of the former NPP shall be retained for six (6) years from the date it was last effective.

Promptly make copies available at the service delivery site for individuals to request and take with them, post the revised NPP in a prominent location, and obtain acknowledgements from new patients, that they were provided a copy as described above.

**Understanding the NPP §164.520(b)(1)**

Patients receiving the NPP who have questions or desire further information should be directed to Quinault Wellness Center’s Privacy Officer, as necessary. Every effort should be made to help interested patients understand the information contained within the NPP.

**Handling Complaints of Privacy Practices §164.520(b)(1)(vi)**

Patients have the right to file a complaint about:

- A potential violation of their privacy rights, the Organization’s HIPAA-related policies and procedures, or a decision the Organization made regarding access to or amendment of a patient’s medical records.

When notified by a patient of a potential complaint, providers should direct the patient to the Clinical Director or Privacy Officer. Patients may also be advised that they have the option to submit their complaint in writing and provide the complaint to the Privacy Officer.

It is also the patient's right to file a complaint directly with the Department of Health and Human Services.

## Notice of Privacy Practices

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**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.**

During your treatment at Quinault Community Health, our employees may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Quinault Community Health and is effective as of 08/01/2024

Quinault Community Health is committed to protecting patient privacy. We are required by the Health Insurance Portability and Accountability Act (HIPAA) to provide you with this Notice of Privacy Practices and to make sure that: your identifiable medical information is kept private; you understand our legal duties and privacy practices with respect to medical information about you; the terms of the notice that are currently in effect are followed; and you are notified in the event of a breach of any unsecured protected health information about you.

### Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Support research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
  - Your reproductive health care information will not be shared without your written consent, except as required by federal law. You have the right to request restrictions on such disclosures, including to your health plan if you pay for services out-of-pocket.
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Notice Regarding the Use of Technology

We may use electronic software, services, and equipment, including without limitation to email, video conferencing technology, cloud storage and servers, internet communication, cellular network, voicemail, facsimile, electronic health record, and related technology ("Technology") to share Protected Health Information (PHI) with you or third-parties subject to the rights and restrictions contained herein. In any event, certain unencrypted storage, forwarding, communications and transfers may not be confidential. We will take measures to safeguard the data transmitted, as well as ensure its integrity against intentional or unintentional breach or corruption. However, in very rare circumstances security protocols could fail, causing a breach of privacy or PHI.

## Changes to the Terms of this Notice

**We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.**

## Complaints or Questions

If you believe your privacy rights have been violated, you may file a complaint with us by notifying our Privacy Officer Jason Halstead or the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

This Notice of Privacy Practices applies to the following organizations:

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. These rights are more fully described in Quinault Community Health's Notice of Privacy Practices. Quinault Community Health is permitted to revise its Notice of Privacy Practices at any time. We will provide you with a copy of the revised Notice of Privacy Practices upon your request.

By signing below, you are acknowledging that you have received a copy of Quinault Community Health's Notice of Privacy Practices.

Patient name: \_\_\_\_\_

Patient representative: \_\_\_\_\_

Representative's relationship to patient (i.e., attorney, spouse, etc.):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**APPENDIX B**  
QUINault WELLNESS CENTER  
NOTICE OF PRIVACY PRACTICES & CONFIDENTIALITY  
OF ALCOHOL AND DRUG ABUSE PATIENT RECORD

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Health information which we receive and/or create about you, personally, in this program, relating to your past, present, or future health, treatment, or payment for health care services, is “protected health information” under the Federal law known as the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164. The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by another Federal law as well, commonly referred to as the Alcohol and Other Drug (AOD) Confidentiality Law, 42 C.F.R. Part 2. Generally, the program may not say to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abuser, or use or disclose any other protected health information except in limited circumstances as permitted by Federal law. Your health information is further protected by any pertinent state law that is more protective or stringent than either of these two Federal laws.

This Notice describes how we protect personal health information (otherwise referred to as “protected health information”) we have about you, and how we may use and disclose this information. This Notice also describes your rights with respect to protected health information and how you can exercise those rights.

**Uses and disclosures that may be made of your health information:**

- **Internal Communications:** Your protected health information will be used within our program that is between and among program staff who have a need for the information, and between our program and in connection with our duty to diagnose, treat, or refer you for substance abuse treatment. This means that your protected health information may be shared between or among personnel for treatment, payment or health care operation purposes. For example: Two or more providers within the program may consult with each other regarding your best course of treatment. may share your protected health information in a billing effort to receive payment for health care services rendered to you. And/or, your protected health information may be discussed within the program about your treatment in connection with others in the program, in an effort to improve the overall quality of care provided by our program.
- **Qualified Service Organizations and/or Business Associates:** Some or all of your protected health information may be subject to disclosure through contracts for services with qualified service organizations and/or business associates, outside of this program, that assist our program in providing health care. Examples of qualified service organizations and/or business associates include billing companies, data processing companies, or companies that provide administrative or specialty services. To protect your health information, we require these qualified service organizations and/or business associates to follow the same standards held by this program through terms detailed in a written agreement.
- **Medical Emergencies:** Your health information may be disclosed to medical personnel in a medical emergency, when there is immediate threat to the health of an individual, and when immediate medical intervention is required. This includes declared medical emergencies resulting from natural disasters.

- **To Researchers:** Under certain circumstances, this office may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one test or treatment to those who received another, for the same condition. All research projects, however, must be approved by an Institutional Review Board, or other privacy review board as permitted within the regulations, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

- **To Auditors and Evaluators:** This program may disclose protected health information to regulatory agencies, funders, third-party payers, and peer review organizations that monitor alcohol and drug programs to ensure that the program is complying with regulatory mandates and is properly accounting for and disbursing funds received.

- **Authorizing Court Order:** This program may disclose your protected health information pursuant to an authorizing court order. This is a unique kind of court order in which certain application procedures have been taken to protect your identity, and in which the court makes certain specific determinations as outlined in the Federal regulations and limits the scope of the disclosure.

- **Crime on Program Premises or Against Program Personnel:** This program may disclose a limited amount of protected health information to law enforcement when a patient commits or threatens to commit a crime on the program premises or against program personnel.

- **Reporting Suspected Child Abuse and Neglect:** This program may report suspected child abuse or neglect as mandated by state law.

- **As Required by Law:** This program will disclose protected health information as required by state law in a manner otherwise permitted by federal privacy and confidentiality regulations. Your reproductive health care information will not be shared without your written consent, except as required by federal law. You have the right to request restrictions on such disclosures, including to your health plan if you pay for services out-of-pocket.

- **Appointment Reminders:** This program reserves the right to contact you, in a manner permitted by law, with appointment reminders or information about treatment alternatives and other health related benefits that may be appropriate to you.

- **Other Uses and Disclosure of Protected Health Information:** Other uses and disclosures of protected health information not covered by this notice, will be made only with your written authorization or that of your legal representative. If you or your legal representative authorize us to use or disclose protected health information about you, you or your legal representative may revoke that authorization, at any time, except to the extent that we have already acted relying on the authorization.

#### **Your rights regarding protected health information we maintain about you:**

- **Right to Inspect and Copy:** In most cases, you have the right to inspect and obtain a copy of the protected health information that we maintain about you. To inspect and copy your protected health information, you must submit your request in writing to this office. In order to receive a copy of your protected health information, you may be charged a fee for the photocopying, mailing, or other costs associated with your request. In some very limited circumstances we may, as authorized by law, deny your request to inspect and obtain a copy of your protected health information. You will be notified of a denial to any part or parts of your request. Some denials, by law, are reviewable, and you will be notified regarding the procedures for invoking a right to have a denial reviewed. Other denials,

however, as set forth in the law, are not reviewable. Each request will be reviewed individually, and a response will be provided to you in accordance with the law.

• **Right to Amend Your Protected Health Information:** If you believe that your protected health information is incorrect or that an important part of it is missing, you have the right to ask us to amend your protected health information while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to this office. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend protected health information that we believe:

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

If your right to amend is denied, we will notify you of the denial and provide you with instructions on how you may exercise your right to submit a written statement disagreeing with the denial and/or how you may request that your request to amend and a copy of the denial be kept together with the protected health information at issue, and disclosed together with any further disclosures of the protected health information at issue.

• **Right to an Accounting of Disclosures:** You have the right to request an accounting or list of the disclosures that we have made of protected health information about you. This list will not include certain disclosures as set forth in the HIPAA regulations, including those made for treatment, payment, or health care operations within our program and/or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to this office. Your request must state the time period from which you want to receive a list of disclosures. The time period 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 the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

• **Right to Request Restrictions:** You have the right to request a restriction or limitation on protected health information we are permitted to use or disclose about you for treatment, payment or health care operations within our program. While we will consider your request, **we are not required to agree to it.** If we do agree to it, we will comply with your request, except in emergency situations where your protected health information is needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required, or those which are legally permitted and which we reasonably believe to be in the best interest of your health.

• **Right to Request Confidential Communications:** You have the right to request that we communicate with you about protected health information in a certain manner or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to this office, and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

• **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the Health Care Authority (HCA's) privacy officer by calling 1-844-284-2149 or writing,

Health Care Authority, P.O. Box 42704, Olympia, WA 98504-2704. You will not be penalized or otherwise retaliated against for filing a complaint.

**Our responsibilities:**

This agency is required to:

- Maintain the privacy of your protected health information;
- Provide you with this notice of our legal duties and privacy practices with respect to your protected health information; and,
- Abide by the terms of this notice while it is in effect.

This office reserves the right to change the terms of this Notice at any time and to make a new Notice with provisions effective for all protected health information that we maintain. In the event that changes are made, this office will notify you of a revised Notice by mail [or state other means of intended notification] at the current address provided on your medical file.

**Availability of Notice of Privacy Practices:**

This notice will be posted where registration occurs [or whatever prominent location your office decides to post the notice]. You have a right to receive a copy of this notice, and all individuals receiving care will be given a hard copy.

**Acknowledgement:**

I hereby acknowledge that I received a copy of this Notice of Privacy Practices.

Authored By:

Approved By:

\_\_\_\_\_  
Chief Operating Officer

\_\_\_\_\_  
Date