

## **Notice of Privacy Practices**

Effective April 14, 2003, this notice covers the privacy practices of Volunteers of America Care Crisis Response Services. Please review it carefully as it describes how medical information about you may be used and disclosed, and how you may access this information.

### **Volunteers of America's responsibilities**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Volunteers of America is required to protect the privacy of your "protected healthcare information" (PHI). PHI includes information we have created or received regarding your health care or payment for your health care. It includes both your medical records and personal information such as your name, Social Security number, address, and phone number.

Under federal law, we are required to protect the privacy of your health information. The following steps are taken to do this:

- Protect the privacy of your PHI. All of our employees receive appropriate training to maintain the confidentiality of PHI.
- Provide you with this notice of Privacy Practices explaining our duties and practices regarding your PHI.
- Follow the practices and procedures set forth in the Notice.

### **Uses and disclosures of your protected health information by Volunteers of America that do NOT require your authorization:**

Volunteers of America uses and discloses PHI in a number of ways connected to your treatment, payment for care, and our healthcare 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 health care and treatment:**

- To our clinicians involved in your mental health care.
- To other health care providers treating you who are not on our staff. This may include Emergency Department staff, and mental health emergency services providers to facilitate coordination of your emergency mental health care. For example, if you are sent to the hospital Emergency Department for a mental health emergency by our staff, we may share your PHI among your primary mental health clinician, the emergency mental health clinician who treats you, and the Emergency Department at the hospital.

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

- To other organizations and providers for payment activities unless disclosure is prohibited by law.

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

- To administer and support our business activities or those of other health care organizations (as allowed by law) including providers and plans. For example, we may use your PHI to review and improve the care you receive, to provide training, and to help decide what rates to charge.
- 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:**

- When required by state and federal law.
- To authorized public health authorities or individuals to protect public health and safety.
- To government entities authorized to receive reports regarding abuse, neglect or domestic violence.
- To health oversight agencies for activities such as audits, examinations, investigations, and licensures.
- In the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request or other lawful purpose.
- To law enforcement officials in limited circumstances for law enforcement purposes. For example, disclosure may be made to report a crime, or provide information concerning victims of crimes.
- 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 circumstances:**

- Family and friends-to a member of your family, a relative, a close friend - when you are not able to make a health care decision for yourself and we determine that disclosure is in your best interest due to an emergency. For example, we may disclose PHI to a friend who brings you to an emergency room.
- To communicate with you about our services, or to describe our services to you.
- To contact you for fundraising purposes. You may instruct us not to contact you for this purpose.
- To avoid a serious threat to the health and safety of yourself and others.

- To de-identify information by removing information from your PHI that could be used to identify you.

### **Uses and disclosures of your protected health information that require us to obtain your authorization:**

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

If you sign an authorization, you may revoke it any time in writing, although this will not affect information that we disclosed before you revoked the authorization. In all cases authorization for release of information expires in 90 days from the date of your signature.

If you would like us to disclose your PHI, please contact us at 425-259-3191 for an authorization form.

### **Your rights regarding your protected health information**

You have the right to:

- 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. Please note that we are not required to agree to your request. If we do agree we will honor your request unless it is an emergency situation.
- Ask that we communicate with you by a different means, such as using a different address or phone number. We may agree to this request, unless an emergency exists.
- Request a copy of your PHI. You must make this request in writing and we may charge a reasonable fee for processing this request. In certain cases, we may deny your request, but we will tell you why we are denying it.
- Ask us to amend your PHI about you that we use to make our decisions about you. Your request for amendment must be in writing and provide the reason for your request. In certain cases, we may deny your request, in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your PHI.
- Seek an accounting of certain disclosures by asking for a list of the times we have disclosed your PHI. Your request must be in writing and give us the specific information we need in order to respond to your request. You may request disclosures made up to six years before your request. 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.
- Request a paper copy of this notice.

Volunteers of America may change the terms of this Notice at any time. The revised Notice would apply to all PHI we maintain.

## **Questions and Complaints**

If you have general questions about this notice or would like an additional copy, please call (425) 609-2210. If you think we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a written complaint with us at PO Box 839, Everett WA 98206-0839. You also may file a complaint with the Secretary of the US Department of Health and Human Services. You will not be penalized if you file a complaint about our privacy practices with us or with Health and Human Services.