

**COMPREHENSIVE LIFE RESOURCES OF TACOMA-PIERCE COUNTY**  
**NOTICE OF PRIVACY PRACTICES**

**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.**

**This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and our obligations to protect this information. This notice also describes your rights to access and amend your protected health information. "Protected Health Information" (PHI) includes information that we have created or received regarding your health care or payment for your health services. It includes both your medical records and personal information such as your name, social security number, address and phone number. We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.**

**THIS NOTICE COVERS THE PRIVACY PRACTICES FOR ALL FACILITIES THAT ARE OWNED OR OPERATED BY COMPREHENSIVE LIFE RESOURCES AND AT ANY SITE AT WHICH WE PROVIDE SERVICES.**

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**RIGHT TO INSPECT AND COPY**

**You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. You must submit your request in writing. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request. We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access.**

**RIGHT TO AMEND**

**For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Requests for an amendment must be submitted in writing telling us why you believe the information is incorrect or inaccurate. While we accept requests for amendments, we are not required to amend the record.**

**RIGHT TO AN ACCOUNTING OF DISCLOSURE**

**You may request that we provide you with an accounting of disclosures we have made of your health information. This right applies to disclosures made for purposes other than treatment, payment, and health care operations as described in this Notice of Privacy Practices. You must submit your request in writing. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003. The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.**

**RIGHT TO REQUEST RESTRICTIONS**

**You may ask us not to use or disclose any part of your protected health information for treatment payment or health care operations. Your request must be made in writing. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) and expiration date. We are not required to agree to a restriction**

that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

#### **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS**

You may request that we contact you using alternative means or at an alternative location. We will accommodate reasonable requests, when possible. For example, you may request that we contact you only at a specific phone number other than your home phone. We will accommodate all reasonable requests, when possible.

#### **RIGHT TO A PAPER COPY OF THIS NOTICE**

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time.

#### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT REQUIRE YOUR AUTHORIZATION**

Except in the situations listed below, we will use and disclose your PHI only with your written authorization. In some situations, federal and state laws provide special protections for substance abuse and HIV information and require authorization from you before disclosure. In these situations we will contact you for the necessary authorization. If you sign an authorization you may revoke it at any time in writing, although this may not affect information that we disclosed before you revoked the authorization. This PHI is strictly confidential and released only in conformance with the requirements of state and federal law.

#### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION**

##### **TREATMENT**

We may disclose your PHI to counselors who provide you with services or are involved in your care through Comprehensive Life Resources such as medication prescribers, or personal health care physicians. For example, we need to disclose information to a case manager who is responsible for coordinating your care.

##### **PAYMENT**

We may disclose your PHI in order to collect payment or bill for the services provided to you. For example, we may provide portions of your PHI to the BHO to receive funding for services provided to you.

##### **HEALTHCARE OPERATIONS**

We may use and disclose your PHI to support daily activities related to our facility operations. These uses and disclosures are necessary to run the facility and make sure that our consumers receive quality care. For example, we may use your PHI to review and improve the care you receive and provide training to our staff.

##### **EMERGENCIES**

We may use and disclose your PHI in an emergency treatment situation. For example, we may provide your health information to a crisis outreach worker who may be working with you when your case manager is not available.

##### **AS REQUIRED BY LAW**

We may disclose your PHI when required to do so by federal, state or local law. We also may disclose your PHI in response to a subpoena, discovery request, or other lawful process. For example, if you are involuntarily committed, the hospital may request your PHI.

##### **PUBLIC HEALTH ACTIVITIES**

We may disclose your PHI to an authorized public health authority to protect public health and safety and to prevent or control disease, injury or disability.

##### **HEALTH OVERSIGHT ACTIVITIES**

We may disclose your PHI to Health Oversight Agencies for certain activities such as audits, examinations, investigations, inspections and licensure.

#### **LAW ENFORCEMENT**

We may make disclosure of your PHI when the law requires that we report information about victims of abuse, neglect or domestic violence, or when ordered in a judicial or administrative proceeding.

#### **MILITARY AND VETERANS**

If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

#### **CORRECTIONAL FACILITIES**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

#### **WORKERS' COMPENSATION**

We may disclose health information about you to comply with the Workers' Compensation Law.

#### **NEXT OF KIN, ATTORNEY, GUARDIAN OR CONSERVATOR**

We may use or disclose your health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care; of your location, general condition or death. For example, if you are in an emergency situation, we may disclose your health information to your next of kin, guardian or conservator.

#### **APPOINTMENT REMINDERS**

We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or services at our facility.

#### **TREATMENT ALTERNATIVES AND SERVICES**

We may use and disclose your PHI to tell you about or recommend possible treatment options or services that may be of interest to you. For example, we would send you a letter identifying other treatment options.

#### **RESEARCH**

We may disclose your PHI to researchers when their research has been approved by an Institutional Review Board, or a similar review process that has reviewed the research proposal and established protocols to protect the privacy of your health information.

#### **CORONERS AND FUNERAL DIRECTORS**

We may disclose your PHI to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may disclose PHI to funeral directors, as authorized by law.

#### **QUESTIONS AND COMPLAINTS**

If you believe your privacy rights have been violated, you are encouraged to express these concerns with your case manager or other CLR staff. You may also file a written complaint with us if you feel your complaint has not been resolved. The CLR complaint process is posted at each of our facilities. You also have the right to file a complaint with the Secretary of Health and Human Services. No retaliation will occur against you for filing a complaint.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of our Notice and Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by calling us and requesting that a copy be sent to you in the mail or by asking for one anytime you are at our offices.

**This notice is effective in its entirety as of January 1, 2008**

This policy and information has been reviewed with me and I have received a copy for my own records.