

# Columbia Community Mental Health (CCMH) Notice of Privacy Practices (Notice)

## A. Compliance with HIPAA

As part of the Health Insurance Portability and Accountability Act (HIPAA), CCMH provides notice about your privacy rights and CCMH's privacy practices. The notice describes how protected health information may be used and disclosed, and how you can get access to this information.

At your first service, or in an emergency, as soon as feasible, we ask that you sign this notice to confirm your receipt.

## Privacy Requirements

We are required by law to maintain the privacy and security of your protected health information. We will use and disclose the information you provide us as stated in this Notice.

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.

## Revisions to the Notice

We may change the terms of this Notice at any time. The change will affect all Protected Health Information that we maintain, including any information created or received prior to publishing the new notice.

If we make material changes to this Notice, we will post the revised Notice on our website. We include a version number on this Notice consisting of the (year, month and day) it was last revised.

## Your Health Information

CCMH collects health information about you and stores it in an electronic health record and in a paper chart. Collected health information may be generated by CCMH or received by CCMH from another provider. This is your health record. The health record is the property of this health practice, but the information in the health record belongs to you.

## B. Uses and Disclosures of Health Information For Treatment, Payment and Health Care Operations

Use and disclosure of health information includes using the information to provide treatment to you, to receive payments for such treatment, and to conduct ongoing quality improvement activities. Our use and disclosure of your personal information (including health information) is limited as required by state and federal law.

### 1. Treatment

We may use your health information to provide you with treatment. We may disclose your information to staff prescribers, nurse practitioners, nurses, providers and other personnel involved with your care. We may also disclose your information to interns, who are supervised by staff, and who are involved in your care. Treatment includes (a) activities performed by staff providing care to you or coordinating or managing your care with third parties, (b) consultations with and between CCMH providers and other health care providers, and (c) activities of CCMH providers or other providers covering a CCMH practice by telephone or serving as the on-call provider.

For example, a provider might request records to see a complete health history in order to treat a behavioral symptom that is expressing as a physical symptom. They may also tell another

provider about your information in order to plan a course of treatment.

### 2. Payment

We may use and disclose your health information so that we may bill and collect payment from you, an insurance company, or someone else for health care services you receive from CCMH. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will pay for the treatment.

For example, we may submit a claim to an insurer in order to receive remuneration for the service.

### 3. Health Care Operations

We may use and disclose your health information in order to run the necessary administrative, educational, quality assurance and business functions at CCMH.

For example, we may use your diagnosis information to analyze how often the diagnosis is used in a defined population and whether it is the appropriate diagnosis based on a normalized sample. Or, we may use your diagnosis to identify if a defined population would benefit from care coordination, and then use this information to refer you to another type of recommended treatment.

If CCMH engages a Business Associate to perform services on CCMH's behalf in order to fulfill CCMH's obligations, the business associate is required to sign a written contract whereby they agree to protect and secure your protected health information.

## C. Appointments

We may use and disclose health information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

## D. Check In/ Sign In Sheet

We may use and disclose health information about you by having you check in/sign in when you arrive at a location and check out/sign out when you leave that location. We may also call out your name when we are ready to see you.

## E. Other Permitted Uses and Disclosures of Health Care Information

We may disclose your health information to any person performing audit, legal, operational, or other services for us. We will use information which does not identify you for these activities whenever feasible. Information disclosed to a contractor for operational purposes may not be re-disclosed to others by such a contractor, except as required for their business operations or by law.

We may disclose your health information when required to do so by a subpoena, court order, or search warrant. We may disclose your health information as we deem it appropriate to protect the safety of an individual or for an investigation related to public safety or to report an activity that appears to be in violation of law.

## F. Research

We may disclose your health information to researchers conducting research with respect to which your written authorization is not

required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

### **G. Marketing**

We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may also encourage you to maintain a healthy lifestyle, get recommended tests and tell you about government sponsored health programs. We will not be compensated for providing this information to you.

### **H. Fundraising**

CCMH will not use your demographic information in order to contact you for our fundraising activities.

### **I. Uses and Disclosures You Can Limit**

#### **1. Family and Friends**

Unless you notify us that you object, we may provide your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We may do this if you tell us we can do so, or if you know we are sharing your health information with these people and you don't stop us from doing so. There may also be circumstances when we can assume, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your information to your spouse if your spouse comes with you into the provider's office during treatment.

Also, if you are not able to approve or object to disclosures, we may make disclosures to a particular individual (such as a family member or friend), that we feel are in your best interest and that relate to that person's involvement with your care. For example, we may tell someone who comes with you to the office, that you are being put on a hold, and provide an update on when we think the hold will be removed. We may also make similar professional judgments about your best interests that allow another person to remind you to take your medications and include what medications you are taking.

#### **2. Health Care Facilities Directory**

CCMH does not keep a directory of clients at its health care facilities.

### **J. Your Rights Regarding Your Health Information**

#### **1. Data integrity and correction**

You may request to view, copy and correct your health record. The Privacy Officer will ask you to submit in writing what information you would like to view and whether you would like your information made available to you electronically.

If there is an inaccuracy in your record that we created, and you would like us to update your record, contact the Privacy Officer. We may refuse your request and will inform you of the appeal process. Data that was not created by us will need to be corrected with the originator of the information.

#### **2. Accounting of Disclosures**

You may obtain an accounting of certain disclosures of Protected Health Information. If you would like an accounting, contact the Privacy Officer.

#### **3. Other requests to limit use and disclosure of your health information**

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State and federal laws may allow you to request that we limit our uses and disclosures of your health information for treatment, payment and health care operations purposes; however, by law, we do not have to agree to your request.

### **4. Confidential Communications**

You may request, and we will accommodate any reasonable request for you to receive Protected Health Information by alternative means of communication or at alternative locations. If you would like to change your preferences, contact the Privacy Officer.

### **5. Copy of Notice**

You may receive a paper copy of this Notice, even if you agreed to receive such notice electronically.

### **6. Breach**

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

### **K. Types of Health Information that Require Written Authorization**

1. Special circumstances that require an authorization include most uses and disclosures of your psychotherapy notes, HIV/AIDS identification/testing, genetic testing/results, and alcohol and drug information. CCMH will ask you to authorize the release of your alcohol and drug records as is necessary to treat you, receive payment for your treatment and perform health care operations. Alcohol and drug records are protected by 42 CFR Part 2.

### **L. Sale of Health Information**

CCMH will not sell your health information.

### **M. Contact Us**

If you have any questions about this Notice, our policies and practices concerning this Notice and your rights under this Notice you may call 503.397.5211 and ask to speak with the Privacy Officer.

### **N. File a Complaint**

If you think we are not following our Notice, you may call 503.397.5211 and ask to speak with the Privacy Officer. If you are not satisfied with the manner in which the complaint is handled, you may submit a complaint to The Office of Civil Rights. Ask the Privacy Officer how. If you file a complaint CCMH will not retaliate against you.

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**Client or Authorized Signee Signature**

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**Client or Authorized Signee Name (please print)**

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**Relationship of Authorized Signee (please print)**

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**Date**