



## NOTICES 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.**

***You are receiving this Notice from Ryther and certain affiliated health professionals and providers (collectively “Ryther providers”). A federal regulation, known as the “HIPAA Privacy Rule,” requires that certain health care providers deliver detailed notice in writing of their privacy practices. The terms “We” and “Our” refer to Ryther and Ryther Providers collectively, and the term “you” and “your” refer to you as a specific Ryther client.***

The services Ryther provides include certain aspects of basic health care, mental health counseling services; therapeutic residential care and treatment for chemical dependency care services. Ryther submits claims for these services electronically, making it a health plan covered by the HIPAA Privacy Rule. In addition to the licensed health professionals whom it employs, Ryther contracts with psychiatrists and social workers who provide individual and group services on the Ryther campus or at their private offices. Ryther also maintains affiliations with pharmacies to provide access to prescription drugs and supplies. These relationships are an integral part of the services Ryther provides and are considered an Organized Health Care Arrangement as defined by the HIPAA Privacy Rule.

### **1. CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, **unless**:

- The patient consents in writing
- The disclosure is allowed by a court order or
- The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient, either at the program or against any person who works for the program. Threats to commit a crime also are not protected.

### **2. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a participant, or where there is a reasonable basis to believe the information can be used to identify a participant. This information is called “protected health information” or “PHI.” This Notice describes your rights as a health plan participant and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

In some situations, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose that specially protected PHI. Examples of PHI that is specially protected include PHI

involving mental health, HIV/AIDS, reproductive health, or treatment for substance abuse. We may refuse to disclose the specially protected PHI or we may contact you for the necessary authorization.

We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when a significant change is made to this Notice, we will make the revised Notice available upon request as of the effective date of the revision. We also will promptly make the revised Notice available at our service delivery sites and by posting prominently in such sites following the effective date of any revision. The revised Notice will also be available and you with the new notice by mail within 60 days of the change.

### **3. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

Treatment: We may use and disclose PHI about you to coordinate or manage your health care and related services. For example, we may use or disclose PHI about you when you need a prescription or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provider for treatment. For example, we may send a report about you to a physician that we refer you to so that the physician may treat you. We also may share protected health information with each other, as necessary to carry out the integrated delivery of treatment under the Organized Health Care Arrangement.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

We may share protected health information with each other, as necessary to receive payment for the services provided in an integrated manner under the Organized Health Care Arrangement. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a third party payer to review PHI for the insurance company's activities to determine the insurance benefits to be paid for your care.

Health Care Operations: We may use and disclose PHI in performing business activities which are called "health care operations." For example, we may use and disclose PHI about you in reviewing and improving the quality, efficiency and cost of our operations. We may disclose PHI to other entities in an organized health care arrangement with Ryther. For example, if a health care provider, company, or other health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. To facilitate and improve, we also may share protected health information with each other, as necessary to carry out the health care operations associated with the integrated delivery of treatment services through the Organized Health Care Arrangement.

Individuals Involved in Your Care or Payment for Your Care: If you do not object after an opportunity to do so, or if you are incapacitated or it is an emergency situation, we may disclose to your family member, close friend, or any other person identified by you, PHI about you that is directly relevant to that person's involvement in your care or payment for your care. We may also use and disclose PHI necessary to notify these persons of your location, general condition, or death. Under Washington State Law a teenage minor nearly always must consent to use or disclosure of PHI related to their mental health, chemical dependency, HIV/AIDS, or sexual health. Therefore, Ryther may require the child's authorization before releasing PHI to anyone, including their parents.

Disaster Relief: We also may share PHI about you with disaster relief agencies (for example, the Red Cross) to assist in disaster relief efforts.

Communications from Ryther: We may use your PHI to contact you to provide reminders or information about treatment alternatives or other health-related benefits and services that may be of use to you. We also may use your PHI to contact you to request your participation in our fundraising efforts.

Required By Law: We may use and disclose PHI to the extent required by law.

Incidental Disclosures: Disclosures that are incidental to permitted or required uses or disclosures under HIPAA are permissible so long as we implement safeguards to avoid such disclosures and limit the PHI exposed through these incidental disclosures.

Public Health or Oversight Activities: We may use and disclose PHI to authorized persons to carry out certain activities related to public health. We may disclose PHI to a health oversight agency to monitor the health care system, government health care programs, and compliance with certain laws. For example, we may disclose PHI about you to report child abuse or neglect or to report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA)

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a client has been a victim of domestic violence, abuse, or neglect. Disclosures for these purposes are not prohibited by Federal laws and regulations.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court order, administrative agency order, subpoenas, discovery requests, or other lawful process, when efforts have been made to advise you of the disclosure or to obtain an order protecting the information requested.

To Law Enforcement or to Avert a Serious Threat to Health or Safety: Under certain conditions, we may disclose PHI to law enforcement officials. We may use and disclose your PHI under limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death or to funeral directors, as authorized by law, so that they may carry out their jobs.

Research: We may use and disclose PHI about you for approved research purposes under certain limited circumstances.

Specialized Government Functions: Under certain conditions, we may disclose PHI for military activities, for national security, or for other specialized government functions.

Workers' Compensation: We may disclose PHI to the extent necessary to comply with laws that provide benefits for work-related injuries or illness.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

Other Uses and Disclosures: All other uses and disclosures of your PHI will be made only with your written permission (an "authorization"). If you have given us written permission to use or disclose your PHI, you may later take back ("revoke") your written permission at any time. If you revoke your permission, it will apply only after we receive your written revocation and will not apply to any situation in which we have already acted based on your permission.

#### **4. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under federal law, you have rights regarding PHI about you. You can exercise any of the specific rights identified below for PHI about you that we hold by using the appropriate form available from our Privacy Official, whose contact information is listed below.

Right to Request Restrictions: You have the right to request additional restrictions on use of your PHI for treatment, payment and health care operations or disclosure of your PHI to individuals involved in your care. **We are not required to agree to your request.**

Right to Receive Confidential Communications: If you tell us that disclosure of your PHI could endanger you, you have the right to request in writing that we communicate your PHI to you in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. We are required to meet only **reasonable** requests.

Right to Inspect and Copy: You can request the opportunity to inspect and receive a copy of your PHI in certain records that we maintain. We may charge you reasonable fees for the cost of providing a copy.

Right to Amend: You have the right to request that we amend your health plan PHI if you give us an appropriate reason for the request.

Right to Receive an Accounting of Disclosures: You have the right to request an “accounting” of certain disclosures that we have made of your PHI. This is a list of disclosures made by us after April 13, 2003, during a specified period of up to six years, *other than* disclosures made for treatment, payment, and health care operations; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, and law enforcement purposes); of a “limited data set” in compliance with our policies and procedures for this kind of data; or incidental to otherwise permitted or required uses and disclosures. The first list you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time. You may also view this notice on our web page at [www.ryther.org](http://www.ryther.org).

## **5. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us. To file a complaint with our office, please contact our Privacy Official. We will not retaliate or take action against you for filing a complaint. You may also file a complaint directly with the Secretary of the United States Department of Health and Human Services.

## **6. PRIVACY OPERATIONS OFFICIAL AND PRIVACY OFFICIAL CONTACT INFORMATION**

If you have questions, you may contact our Privacy Officer at the following addresses and phone numbers:

**Privacy Officer**

**Ryther**

**2400 NE 95<sup>th</sup> Street**

**Seattle, WA 98115-2499**

**Phone: (206) 525-5050**

This notice was published and first became effective on April 14, 2003.