

Northwest Center
Community Rehabilitation Services
Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to that information.

Please review it carefully.

Why we are sending this notice:

A federal law (the Health Insurance Portability and Accountability Act of 1996 or HIPAA) and related regulations require us to maintain the privacy of your Protected Health Information and to notify you about our legal duties and our privacy practices. The Notice of Privacy Practices you are now reading explains how we safeguard your Protected Health Information-including both identity information (such as your name, address, social security number) and health information (such as medical diagnosis or treatments). For the remainder of this Notice, we will refer to your Protected Health Information as your personal information or your health information.

Northwest Center's commitment to you.

We respect our ethical and legal obligation to keep your personal information private. We will ask your **authorization** for any use or disclosure not described in this Notice. Northwest Center collects health information about you in various ways. For example, we may collect health information from you or your representative, your health care providers, or from state agencies such as the Division of Developmental Disabilities (DDD) or the Department of Vocational Rehabilitation (DVR). We will limit the use and disclosure of your health information to that which is described in this Notice unless we ask you for authorization.

How we may use or disclose your protected health information:

For treatment: The most common reasons we might use or disclose your health information are in regard to providing vocational services to you. For example, we may use or disclose your health information in setting up an evaluation for you, planning for Positive Behavior Support, or arranging a job placement in the community. We may disclose personal information about you to your family members, residential staff, transportation provider, nursing or other professional students, doctors or nurses, or other personnel who are involved in providing services or care to you. They may work at our facilities or at another agency or business with whom we contract. We will make sure any such agency or business with whom we contract agrees to meet these same confidentiality standards.

For payment: We also use or disclose your health information as necessary to bill for services and collect payment. For example, we may share information about your services at NWC with a funding source such as DVR or DDD to confirm eligibility for services or to document level of services for payment.

For health care operations: We may use and disclose your health information for operations of our programs and services. These uses and disclosures are necessary to run our business and make sure that all of our clients receive quality services. For example, we may use your health information to review our treatment and services, or to evaluate the performance of our staff in providing services. We may also combine health information about many clients to decide what additional services we should offer, what services are not needed, whether certain new approaches are effective, and to see where we can make improvements.

Other purposes for which we may use or disclose you personal information without your authorization:

As required by law. We disclose your health information when required to do so by federal, state or local law.

To avert a serious threat to health or safety. We may use and disclose your health information if we believe the disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Public health risks. We may use and disclose your health information if required for public health activities such as to prevent or control disease, injury or disability, to report abuse or neglect, to report reactions to medications or problems with products, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health oversight activities. We may use and disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and disputes. If you are involved in a lawsuit or dispute, we may use and disclose personal information about you in response to a court or administrative order. We may also disclose personal information about you in response to a subpoena, discover request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law enforcement. We may release personal information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process.
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our facility.

Your rights regarding your personal health information

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy personal information that may be used to make decisions about your program and services here at NWC. Usually, this includes service and billing records. We may charge you a reasonable fee for copying.

Right to request restriction: You have the right to request a restriction or limitation on the personal information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the personal information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or we believe it will negatively impact the care we may provide. If we do agree, we will comply with your request. To request a restriction, you must make your request in writing to the person listed at the end of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to receive confidential communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office box. To request confidential communications, you must make your request in writing to the person listed at the end of this notice, saying how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to amend: If you feel that personal information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. Your request must be made in writing, submitted to the person listed at the end of this document, and must be contained on one page of paper legibly handwritten or typed in at least 10-point font size. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us
- is not part of the health information kept by or for our agency.
- is not part of the information which you would be permitted to inspect and copy.
- is accurate and complete.

Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously specified.

Right to receive an accounting of disclosures of protected health information: You have the right to request a list accounting for any disclosures of your personal information we have made, except for uses and disclosures for treatment, payment and health care operation, as previously described.

To request this list of disclosures, you must submit your request in writing to the person listed at the end of this notice. Your request must state a time period which may not be longer than six years and may not include dates before September 5, 2002. The first list you request within a 12-month period will be free. For additional lists, we may charge you in advance for the costs of providing the request. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list, but this date will not exceed a total of 60 days from the date you made the request.

Other uses of personal health information

Membership. Northwest Center has been a membership organization since its inception in 1965. This gives participants and their representatives the opportunity to vote in the annual election of the Board of Directors of Northwest Center. To facilitate this process, we will send out mailings about the annual membership meeting and election each year. If you do not wish to receive these notices, you may **opt out** using the form enclosed with this Privacy Notice.

Mailings. We may from time to time send out mailings to all our participants such as a newsletter, information about fundraising activities of our Northwest Center Foundation, and notices of other events. We may send selected individuals information about opportunities to participate in research, if that research has been approved by an appropriate Institutional Review Board and our own Northwest Center Ethics Committee. If you do not wish to receive mailings described in this paragraph, you may **opt out** by using the form at the end of this notice. If you opt out, we must make every effort to make sure you receive no more of these mailings.

Directory. Northwest Center maintains a directory of all CRS participants which includes their name, program, program location and contact information in case of emergency. This information is used by the receptionist to direct callers and visitors who ask for the participant by name. It is also used by program managers to account for participants for safety purposes. The directory is kept confidential and only used by authorized personnel. If you do not wish to be included on this list, you may **opt out** by using the form at the end of this document.

Other uses. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your **written authorization**. If you provide us permission to use or disclose personal health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. The revocation will not apply to disclosures or uses we made while the permission was still in effect.

Changes to this notice

NWC is required to abide by the terms of the most recent Notice of Privacy. Should any of our privacy practices change, we reserve the right to change the terms of this Notice. The revised Notice would apply to all the personal information about you that we

maintain. If we make changes to our privacy practices, we will inform you and provide you with a copy of the revised Notice. We will also post the revised Notice on our web site (<http://nwcenter.org>).

Electronic notice

If you receive this Notice on our web site or by email, you are also entitled to receive this Notice in paper form. To obtain a paper copy of this Notice, contact us as described below.

Filing a complaint

If you believe your privacy rights have been violated, or if you disagree with a decision we made about a request, you may file a written complaint with us or the Secretary of the Department of Health and Human Services (DHHS). You will not be penalized if you file a complaint about our privacy practices with us or with DHHS.

Contact Information:

You may exercise any of your rights described in the Notice, or ask any questions about this Notice, by contacting:

NAME of Contact person
1600 West Armory Way
Seattle, WA 98119
Phone 206 285 9140

The effective date of this notice is April 14, 2003. It will remain in effect until we replace it.

Northwest Center Community Rehabilitation Services
Acknowledgement of Receipt of Privacy Notice
and Opt Out Selections

Please sign the first section of this acknowledgement and return it to us for our records. This indicates only that you have received the notice. If you wish to opt out of any of the mailings described in the Privacy Notice, please sign on the appropriate lines below so that we may record your preferences.

Acknowledgement of Receipt of Privacy Notice

By signing this section, I acknowledge that I have received a copy of the Northwest Center Community Rehabilitation Services Notice of Privacy Practices.

Signature _____ Date _____

Relationship if signed by someone other than participant _____

Opt Out for Membership-Related Mailings

I understand that Northwest Center is a membership organization and sends out announcements of general membership meetings, the annual election of Board Members and other membership-related mailings. By signing this section, I ask to be removed from this mailing list.

Signature _____ Date _____

Relationship if signed by someone other than participant _____

Opt Out for General Mailings

I understand that Northwest Center sends out mailings such as newsletters, information about fundraising activities of Northwest Center Foundation, and opportunities to participate in approved research studies. By signing this section, I ask to be removed from this general mailing list.

Signature _____ Date _____

Relationship if signed by someone other than participant _____

Opt Out for Directory

I understand that Northwest Center maintains a directory of participants for use of the receptionist and for emergency purposes. By signing this section, I ask to be removed from this directory.

Signature _____ Date _____

Relationship if signed by someone other than participant _____

