



Your Information. Your Rights. Our Responsibilities.

NOTICE OF PRIVACY PRACTICES

King County Behavioral Health and Recovery Division - Crisis and Commitment Services

Effective Date: April 1, 2016

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.**

Section 1 describes your rights; Section 2 describes our uses & disclosures for health information; Section 3 describes our responsibilities; and Section 4 is additional information.

Section 1: Your Rights

When it comes to your information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health information

- You can ask to see or get a copy of your health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health information

- You can ask us to correct your health information if you think it is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share your health information for treatment, payment, or our operations. We are not required to agree to your request and we may say “no” if it would affect your care.
- We cannot share your substance use disorder information for treatment or payment purposes without your written consent.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone health care power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 3.
- You can file a complaint with the King County Department of Community and Human Services Privacy Officer by sending a letter to 401 Fifth Avenue, Suite 400, Seattle, WA 98104 or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Section 2: Our Uses and Disclosures of Health Information

How do we typically use or share your health information?

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you, coordinating your care or assisting with housing placement (if you don't have housing).

Example: We may provide information to a hospital or healthcare provider to assist with your treatment.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information? We are allowed or required to share your information in other ways. Usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Other Uses and Disclosures

Disclosures for psychotherapy notes, disclosures for marketing purposes and disclosures that constitute a sale of protected health information require your authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization.

Section 3: Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 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. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site and we will mail a copy to you.

For more information see: www.kingcounty.gov/healthservices/MentalHealth.aspx.

Section 4: Additional Information

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

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