

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Downtown Emergency Service Center

This notice describes how health care and financial information about you may be used and protected by Downtown Emergency Service Center (DESC). This may include mental health and/or substance abuse treatment information, depending on the services you receive. This written notice is given to you to follow a new Federal law called Health Insurance Portability and Accountability Act (HIPAA). DESC is committed to protecting your privacy. We understand that your personal health information is sensitive. We will not disclose your health information to others unless you allow us to do so, or the law authorizes or requires us to do so.

Our Responsibility to Protect Your Personal Information

Under HIPAA, we must take measures to protect the privacy of your personal information. Examples of your personal information include your name, Social Security number, address, telephone number, account number, employment, health history, health records, etc. We protect your personal information in a variety of ways. For example, we authorize access to your personal information by our employees and business associates only to the extent necessary to conduct our business of serving you. We take steps to secure our buildings and electronic systems from unauthorized access. We train our employees on our written confidentiality policy and procedures and employees are subject to discipline if they violate them. Protection of your personal information will be assured even after you no longer receive services from DESC.

Your Health Information Rights

DESC will have a health record about you. You have the following rights regarding personal information that we maintain about you:

- Amendment of Your Health Record: If you believe the personal information that we maintain about you is incorrect or incomplete, you have the right to request an amendment be made to your personal information. To do so, you must submit a written request to our Privacy Officer at: Downtown Emergency Service Center, 216 James Street, Seattle, WA 98104 and tell us why you believe the information is incorrect. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that: (1) Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment; (2) is not part of the health information we maintain to make decisions about your care; (3) is not part of the health information that you would be permitted to inspect or copy; or (4) is accurate and complete.

- Accounting of Disclosures: You have the right to an accounting of disclosures we have made for purposes other than for treatment, payment, health care operations, or that you specifically authorized. Your request may be for disclosures made since April 14, 2003. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at 216 James St. office.
- Restriction Request: You have a right to request a restriction or limitation on the personal information we use or disclose about you for treatment, payment and health care operations or disclosures to individuals involved in your care. You must deliver this request in writing to the Privacy Officer at our office. The Privacy Officer will ask you to sign a request for restriction form, which you should complete and return to the Privacy Officer. We are not required to agree to a restriction that you request.
- Cancellation of Prior Authorizations: You may cancel prior authorizations to use or disclose health information by giving us a written notice. A form is available for this purpose. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have received the written revocation. Regulations allowing us to communicate with health care providers without your permission will still apply.
- Confidential Communications: If you believe that disclosure of all or part of your personal information may endanger you, you have the right to request that we communicate with you about health matters at an alternative location.
- Notification of Privacy Practices: You have the right to receive a paper copy of this Notice of Privacy Practices for Protected Health Information from us.
- Inspection: You have the right to request inspection and to purchase a copy of a record of your personal information. You must make this request in writing. We have a form available for this type of request. If our request is denied you may appeal this denial. This appeal must be in writing.
- Communication About Health Care: You may ask that we communicate with you about your health care only in a certain location or through a certain method. To request such a confidential communication, you must give us your request in writing, and sign and date it. You may submit your request in a letter containing all the information on that form. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

DESC's Duties

We are required by law to:

- Keep your health information private except as indicated below;
- Give you this Notice upon your request;
- Follow the terms of the Notice of Privacy Practices currently in effect.

How We May Use or Disclose Medical Information About You

We may use or disclose your personal information without your specific authorization for the purposes described below. Examples of use and disclosures for treatment, payment, health care operations and other allowed disclosures are described below:

- For treatment: Information obtained by your health care giver will be recorded in your medical record and used to decide what care is right for you. We may also provide information to other physicians or health care professions involved in your care.
- For payment: We request payment from King County Mental Health, Chemical Abuse and Dependency Services (KCMHCADSD). Prior to making these payments, KCMHCADSD requires information such as your diagnosis, current circumstances, services performed and proposed plan of care.
- For health care operations: Select DESC staff review records as part of our quality assurance and quality improvement effort.
- Business Associates: We may disclose your personal information to our Business Associates, which are entities or individuals that are not employed by us that perform health care operations on our behalf which requires the collection, use or disclosure of your personal information. We must have contracts with our business associates that require them to maintain the confidentiality of your personal information. For example, we may contract with a pharmacy to fill and deliver prescribed drugs.
- Health Oversight Activities: We may use or disclose your personal information when required by federal, state or local law. We may also be required to allow access to your record as part of a quality assurance activity mandated in our contracts to provide services. For example, we may disclose personal information to health oversight agencies such as KCMHCADSD, State Department of Social and Health Services or the Social Security Administration.
- For Public Health and safety purposes as allowed or required by law in order to avert a serious and imminent threat to your health or safety or the health or safety of others.
- To report suspected abuse or neglect.
- In the course of judicial/administrative proceedings as required by law.
- For legal proceedings, we may disclose your personal information when legal mandates such as court of administrative order, subpoena, discovery request are presented to DESC within the scope of relevant laws and mandatory practices.

- For law enforcement purposes, we may release your personal information if we receive a court order, warrant, grand jury subpoena or an inquiry for purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For approved research activities.
- To a coroner, medical examiner, or funeral director.
- We may disclose information about you to assist in disaster relief efforts.
- Other uses and disclosures not described in this Notice will be made only as allowed by law or with your written authorization.

Changes To Notice

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 any changes to our privacy practices, we will update this Notice. You may receive the most recent copy of this notice by calling and asking for it or by visiting our office to pick one up.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your information, you may contact DESC's Privacy Officer at 206-464-6454. You may also mail your concern or come to the following address to report it directly: DESC, Privacy Officer, 216 James St., Seattle 98104.

We respect your right to file a complaint with us, King County, or the Secretary of Health and Human Services. If you choose to take this action, we will not retaliate against you.