



HIPAA Notice of Privacy Practices

This notice describes how the Center for Family Development (CFFD) uses or discloses medical information about you and how you can get access to this information. Please review it carefully and sign that you have received the form.

Why am I getting this notice?

CFFD keeps a record of the healthcare services we provide you. The law requires us to provide this notice to all clients so you know how we protect and may use or disclose your information. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.

HIPAA Summary

Your health record contains personal information about you and your health. State and Federal law protects the confidentiality of this information. Protected Health Information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical and mental health, or condition, and related health care services. If you suspect a violation of these legal protections, you may file a report to the appropriate authorities in accordance with Federal and State regulations.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. This Notice of Privacy Practices describes your rights, your choices, our use and disclosures, and our responsibilities.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you would like to exercise your rights or have other questions regarding your health information that CFFD holds, please contact us at: 509-744-1117 or cffdspokane@gmail.com. **You have the right to:**

Get a copy of your medical record

- You can ask to see a copy of your medical record and other 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 in writing. We may charge a reasonable, cost-based fee. In most situations, we will provide the copies in electronic format.
- The information you may review and copy does not include:
 - Psychotherapy notes.

- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- Information that CFFD cannot legally disclose to you.
- Information received from someone other than a healthcare provider under a promise of confidentiality if the access requested would be reasonably likely to reveal the source of the information.
- Information that a licensed healthcare professional or CFFD determines should not be disclosed to you because it might harm you or someone else.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. You must make the request in writing, identify which information you want changed, and explain why it should be changed.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. For example, CFFD is not required to change information that it did not create or information that is correct.

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 say “yes” to all reasonable requests.

Ask us to limit what we use or share (requesting restrictions or limited disclosures)

- You can ask us not to use or share certain 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.

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

- You may ask for a list of entities to whom CFFD has disclosed your information.
- The list will not include all disclosures. For example, the list will not include:
 - Disclosures for treatment, payment, and health care operations.
 - Disclosures to you or with your authorization.
 - Disclosures made more than six years before your request.
- CFFD will respond to you within 60 days of your request. If you ask for more than one accounting in any 12-month period, CFFD may charge you a reasonable fee.

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 medical 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 at: 509-744-1117 or cffdspokane@gmail.com.
- You can file a complaint 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.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

1. Help treat you and manage the healthcare treatment you receive

We can use your health information and share it with other professionals who are treating you. Example: we might disclose information to alert your healthcare provider to possible problems in your care.

2. Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. We will never use your information for marketing or fundraising purposes. *Example: We use health information about you to develop better services for you.*

3. **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

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.

1. **Help with public health and safety issues.** We can share health information about you for certain situations such as:

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

2. **Do research**

- We can use or share your information for health research. Note that most research requires your consent before your information is accessed or used.

3. **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.

4. **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.

5. **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.

Are there specially protected types of information? Yes, some types of information have greater protection under Washington State or federal laws. The above disclosure practices do not necessarily apply to specially protected types of information, which include:

- Confidential HIV-related information protected by Washington State laws.
- Alcohol and substance use disorder treatment information is protected under both Washington State and federal laws.
- Mental health treatment information is protected under both Washington State and federal laws.

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. We will give you the new notice, or tell you about it and how to get a copy. The new notice will be available upon request, in our office, and on our website.

For more information see this federal government website:
<https://www.hhs.gov/hipaa/for-individuals/notice-privacypractices/index.html>

For any questions or to report a violation, please contact:
 Aaron Denham
 Center for Family Development
cfdspokane@gmail.com
 509-744-1117

By signing below, I acknowledge that I have received this HIPAA (notice of privacy practices) notice. Signing does not mean I have agreed to any special uses or disclosures of my health records or information.

Signature: _____ Date: _____

Relationship to Client: _____