



## PEND OREILLE COUNTY COUNSELING SERVICES

105 South Garden Avenue or PO Box 5055 Newport, WA 99156  
1-800-404-5151 or 509-447-5651 TTY: 7-1-1 or 1-800-833-6388  
FAX: 509-447-2671 [www.pendoreilleco.org](http://www.pendoreilleco.org)

### NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL, BEHAVIORAL HEALTH, MENTAL HEALTH AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

#### General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. §1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Pend Oreille County Counseling Services (POCCS) may not say to a person outside POCCS that you attend the program, nor may POCCS disclose any information identifying you as an alcohol or drug treatment patient, or disclose any other protected information except as permitted by federal law.

POCCS must obtain your written consent before it can disclose information about you for payment purposes. For example, POCCS must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. POCCS is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes, and POCCS must obtain your written consent before disclosing any of your psychotherapy records. Generally, you must also sign a written consent before POCCS can share information for treatment purposes or for health care operations. However, federal law permits POCCS to disclose information *without* your written permission under relevant statutes Chapter 10.77, RCW 71.05, and RCW 26.44.030:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit, or evaluations;
3. To report a crime committed on POCCS's premises or against POCCS personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by court order.

Before POCCS can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

#### Your Rights

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. POCCS is only required to agree to your request if you request a restriction on disclosures to your health plan for payment or health care operations purposes, and you pay for the services you receive from POCCS yourself (out-of-pocket), unless the disclosure is otherwise required by law. In any other situation, POCCS is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. POCCS will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by POCCS. You have the right to a copy of your records, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in POCCS's records, and to request and receive an accounting of disclosures of your health-related information made by POCCS during the six years prior to your request. You also have the right to receive a paper copy of this notice.

#### POCCS's Duties

POCCS is required by law to maintain the privacy of your health information, provide you with notice of its legal duties and privacy practices with respect to your health information, and to notify you if you are affected by any breach of your unsecured health information. POCCS is required by law to abide by the terms of this notice. POCCS reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. POCCS will provide all active patients with a new copy of any revised notifications and will also post the updated notice on its website: <http://pendoreilleco.org/your-government/counseling-services/>.

#### Complaints and Reporting Violations

You may complain to POCCS and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. To file a complaint with POCCS, please contact the Compliance Coordinator at (509) 447-5651 or (800) 404-5151.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

#### Contact

For further information, contact the Compliance Coordinator at (509) 447-5651 or (800) 404-5151 or by mail at P.O. Box 5055, Newport, WA 99156