NOTICE OF PRIVACY PRACTICES

THIS FORM IS TO DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY.

VANCOUVER GUIDANCE CLINIC MAY NOT REQUIRE INDIVIDUALS TO SURRENDER ANY OF THEIR RIGHTS UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPPA) AS A CONDITION OF TREATMENT, PAYMENT AND OR ENROLLMENT IN A HEALTH PLAN OR ELIGIBILITY BENEFITS.

OUR DUTY IS TO SAFEGUARD YOUR PERSONAL HEALTH INFORMATION. YOUR HEALTH INFORMATION AND PRIVATE INDIVIDUALLY IDENTIFIABLE INFORMATION ABOUT YOUR PAST, PRESENT OR FUTURE HEALTH OR CONDITION, THE PROVISION OF HEALTH CARE TO YOU, OR PAYMENT FOR HEALTH CARE IS CONSIDERED, “PROTECTED HEALTH INFORMATION (PHI)” WE ARE REQUIRED TO EXTEND CERTAIN PROTECTIONS TO YOUR PHI, AND GIVE YOU THIS NOTICE ABOUT OUR PRIVACY PRACTICES THAT EXPLAINS HOW, WHEN AND WHY WE MAT USE OR DISCLOSE YOU PHI. EXCEPT SPECIFIED CIRCUMSTANCES WE MUST USE OR DISCLOSE ONLY THE MINIMUM NECESSARY PHI TO ACCOMPLISH THE INTENDED PURPOSE OF THE USE OR DISCLOSURE. WE ARE REQUIRED TO FOLLOW THE PRIVACY PRACTICES DESCRIBED IN THIS NOTICE THOUGH WE RESERVE THE RIGHT TO CHANGE OUR PRIVACY PRACTICES AND THE TERMS OF THIS NOTICE AT ANY TIME. IF WE DO MAKE CHANGES, YOU MAY REQUEST A COPY OF THE NEW NOTICE FROM VANCOUVER GUIDANCE CLINIC.

HOW WE MAY OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

WE USE AND DISCLOSE PERSONAL PHI FOR A VARITY OF REASONS, WE HAVE A LIMITED RIGHT TO USE AND OR DISCLOSE YOU PHI FOR THE PURPOSE OF TREATMENT, PAYMENT AND FOR OUR HEALTH CARE OPERATIONS. FOR USES BEYOND THAT, WE MUST HAVE YOUR WRITTEN AUTHORIZATION UNLESS THE LAW PERMITS OR REQUIRES US TO MAKE THE USE OR DISCLOSURE WITHOUT YOUR AUTHORIZATION. IF WE DISCLOSE YOUR PHI TO AN OUTSIDE ENTITY TO PERFORM A FUNCTION ON OUR BEHALF, WE MUST HAVE IN PLACE AN AGREEMENT FROM THE OUTSIDE ENTITY THAT IT WILL EXTEND THE SAME DEGREE OF PRIVACY PROTECTION TO YOUR PHI, HOWEVER, THE LAW PROVIDES THAT WE ARE PERMITTED TO MAKE SOME USES/DISCLOSURES WITHOUT YOUR CONSENT OR AUTHORIZATION. THE FOLLOWING DESCRIBES AND OFFERS EXAMPLES OF OUR POTENTIAL USES/DISCLOSURES OF PHI.

USES AND DISCLOSURES OF PHI REQUIRING AUTHORIZATION:

FOR USES AND DISCLOSURES BEYOND TREATMENT, PAYMENTS AND OPERATION PURPOSES WE ARE REQUIRED TO HAVE YOUR WRITTEN AUTHORIZATION, UNLESS THE USE OR DISCLOSURE FALLS WITHIN ONE OF THE EXCEPTIONS DESCRIBED BELOW, AUTHORIZATION CAN BE REVOKED AT ANY TIME BY YOU TO STOP FUTURE USES/DISCLOSURES EXCEPT TO THE EXTENT THAT WE HAVE ALREADY UNDERTAKEN AN ACTION IN RELIANCE UPON YOUR AUTHORIZATION.

USES AND DISCLOSURES OF PHI NOT REQUIRING CONSENT OR AUTHORIZATION:

THE LAW PROVIDES THAT WE MAY USE/DISCLOSE YOUR PHI WITHOUT CONSENT OR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

WHEN REQUIRED BY LAW: WE MAY DISCLOSE PHI WHEN A LAW REQUIRES THAT WE REPORT INFORMATION ABOUT SUSPECTED ABUSE, NEGLECT OR DOMESTIC VIOLENCE OR RELATED TO SUSPECTED CRIMINAL ACTIVITY, OR DISCLOSE PHI TO AUTHORITIES THAT MONITOR COMPLIANCE WITH THESE PRIVACY PRACTICES.

FOR PUBLIC HEALTH ACTIVITIES: WE MAY DISCLOSE PHI WHEN WE ARE REQUIRED TO COLLECT INFORMATION ABOUT DISEASE OR INJURY, OR TO REPORT VITAL STATISTICS TO THE PUBLIC HEALTH AUTHORITY.

FOR HEALTH OVERSIGHT ACTIVITIES: WE MAY DISCLOSE PHI TO THE PROTECTION AND ADVOCACY AGENCY, OR ANOTHER AGENCY RESPONSIBLE FOR MONITORING AS REPORTING OR INVESTIGATION OF UNUSUAL INCIDENTS, AND MONITORING OF THE MEDICAL PROGRAM.

RELATING TO DECEDENTS: WE MAY DISCLOSE PHI RELATED TO A DEATH TO CORONERS, MEDICAL EXAMINERS, OR FUNERAL DIRECTORS AND TO ORGAN PROCUREMENT ORGANIZATIONS RELATING TO ORGAN, EYE, OR TISSUE DONATIONS OR TRANSPLANTS.

RESEARCH PURPOSES: IN CERTAIN CIRCUMSTANCES, AND UNDER SUPERVISION OF A PRIVACY BOARD, WE MAY DISCLOSE PHI TO STAFF AND THEIR DESIGNEES IN ORDER TO ASSIST RESEARCH. TO AVERT TO HEALTH OR SAFETY: IN ORDER TO AVOID SERIES THREAT TO HEALTH OR SAFETY, WE MAY DISCLOSE PHI AS NECESSARY TO LAW ENFORCEMENT OR OTHER PERSONS WHOM CAN REASONABLY PREVENT OR LESSEN THE THREAT OF HARM.

SPECIFIC GOVERNMENT FUNCTIONS: WE MAY DISCLOSE PHI OF MILITARY PERSONNEL AND VETERANS IN CERTAIN SITUATIONS, TO CORRECTIONAL FACILITIES IN CERTAIN SITUATIONS, TO GOVERNMENT BENEFIT PROGRAMS RELATING TO ELIGIBILITY AND ENROLLMENT, AND FOR NATIONAL SECURITY REASONS, SUCH AS PROTECTION OF THE PRESIDENT.

USES/DISCLOSURE OF PHI FROM ALCOHOL AND OTHER DRUG RECORDS, NOT REQUIRING CONSENT OR AUTHORIZATION:

THE LAW PROVIDES THAT WE USE/DISCLOSE YOUR PHI FROM ALCOHOL AND ALL OTHER DRUG RECORDS WITHOUT CONSENT OR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

WHEN REQUIRED BY LAW, WE MUST DISCLOSE PHI WHEN A LAW REQUEST THAT WE REPORT INFORMATION ABOUT SUSPECTED CHILD ABUSE AND NEGLECT, OR WHEN A CRIME HAS BEEN COMMITTED IN RESPONSE TO A COURT ORDER.

RELATING TO DECEDENTS: WE MAY DISCLOSE PHI RELATING TO AN INDIVIDUAL’S DEATH, IF STATE OR FEDERAL LAW REQUIRES THE INFORMATION FOR COLLECTION OF VITAL STATISTICS, AUDIT OR INQUIRY INTO CAUSE OF DEATH.

RESEARCH, AUDIT, OR EVALUATION PURPOSES: IN CERTAIN CIRCUMSTANCES WE MAY DISCLOSE PHI FOR RESEARCH, AUDIT OR EVALUATION PURPOSES.

TO AVERT THREAT TO HEALTH OR SAFETY: IN ORDER TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY, WE MAY DISCLOSE PHI TO LAW ENFORCEMENT WHEN A THREAT IS MADE TO COMMIT A CRIME.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT: IN THE FOLLOWING SITUATIONS, WE MAY DISCLOSE A LIMITED AMOUNT OF YOUR PHI IF WE INFORM ABOUT YOU DISCLOSURE IN ADVANCE, AND YOU DO NOT OBJECT OR YOU ARE GIVEN THE OPPORTUNITY TO OP-OUT OF FUTURE DISCLOSURES, AS LONG AS THE DISCLOSURE IS NOT OTHERWISE PROHIBITED BY LAW.

FAMILY, FRIENDS OR OTHERS INVOLVED IN YOUR CARE: WE MAY SHARE WITH THESE PEOPLE INFORMATION DIRECTLY RELATED TO THEIR INVOLVEMENT IN YOUR CARE, OR PAYMENT FOR YOUR CARE WITH SIGNED CONSENT. WE MAY ALSO SHARE PHI WITH THESE PEOPLE TO NOTIFY THEM ABOUT YOUR LOCATION, GENERAL CONDITION, OR DEATH.

IF YOU THINK WE MAY HAVE VIOLATED YOUR RIGHTS OR YOU DISAGREE WITH A DECISION WE MADE ABOUT ACCESS TO YOUR PHI, YOU MAY FILE A COMPLAINT WITH THE APPROPRIATE COUNTY AGENCY DIRECTOR.

YOU MAY ALSO FILE A WRITTEN COMPLAINT WITH THE SECRETARY OF THE U,S, DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE FOR CIVIL RIGHTS AT: 50 UNITED NATIONS PLAZA, ROOM 322, SAN FRANCISCO, CA. 94102 OR CALL 800-368-1019.

CLIENT ACKNOWLEDGEMENT:

SIGN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_