



Evergreen Treatment Services

Transforming the lives of individuals and their communities through innovative and effective addiction and social services

COLLABORATION COMPASSION DIVERSITY EMPOWERMENT HOLISTIC INNOVATION INTEGRITY

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND SUBSTANCE USE RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Privacy and Confidentiality Obligations

How ETS May Use and Disclose Your Protected Health Information

The following categories describe the different ways that Evergreen Treatment Services (ETS) may use and disclose your Protected Health Information (PHI). These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made by ETS. However, we may never have a reason to make some of these disclosures.

Protected Health Information in connection substance use disorder:

42 CFR Part 2 protects your health information if you are applying for or receiving services (including diagnosis or treatment, or referral) for a substance use disorder. Generally, if you are applying for or receiving services for substance use, we may not acknowledge to a person outside of ETS that you attend the program or disclose any information identifying you as a patient in the program except under certain circumstances that are listed in this notice.

All Protected Health Information, including substance use services:

The Health Insurance Portability and Accountability Act ("HIPAA") Privacy Regulations (45 CFR Parts 160 and 164), also protect your health information whether or not you are applying for or receiving services for substance use. Generally, if you are not applying for or receiving services for substance use, the way we may use and disclose information differs slightly.

Uses and Disclosures WITH Your Authorization

Generally, ETS may use or disclose your protected health information unless you give your authorization to do so in writing on a Release of Information (ROI) that specifically meets the requirements of laws and regulations that apply 42 CFR Part 2.

You may revoke your authorization except to the extent that we have already taken action upon the authorization. If you are currently receiving care and wish to revoke your authorization, contact your counselor. After you are discharged, you will need to contact the Privacy Officer.

Communication with Family

With your written consent, ETS doctors, nurses, clinicians, and counselors, *using their best clinical judgment*, may disclose to a family member, other relative, close personal friend or other significant person that you identify, your personal health information is relevant to the involvement in substance use recovery or treatment care.



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Fundraising

ETS may use, or disclose to a business associate or to an institutionally related foundation, the following protected health information for the purpose of raising funds for its own benefit, without an authorization meeting the requirements of §164.508:

- Name
- Address and other contact information
- Age
- Dates of patient's health care services
- Health insurance status
- General Department of service
- Email address
- Treating physician information
- Gender
- Outcome information (to screen out only)

Signing the fundraising release is entirely voluntary. If you don't sign, this will not affect ETS's clinical treatment of you, or your eligibility for benefits. If you change your mind at any time, you can revoke (cancel) the release of authorization by providing a written notice of revocation to Evergreen Treatment Services, Executive Director, 1700 Airport Way S., Seattle, WA 98134.

Uses and Disclosures WITHOUT Your Authorization

Treatment at ETS

ETS may use or disclose information between or among clinical and counseling staff having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of substance use disorder, provided such communication is within ETS. For example, our staff, including doctors, nurses, clinicians, and counselors will use your PHI to provide your care. Your PHI may be used in connection with billing statements we send you and in connection with tracking charges and credits to your account. Your PHI will be used to check for eligibility for insurance coverage and prepare claims for your insurance company where appropriate. We may use and disclose your PHI in order to conduct our healthcare business and to perform functions associated with our business activities, including accreditation and licensing.

Health Care Operation

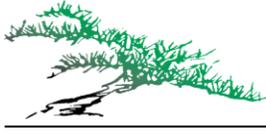
We may disclose your protected health information to qualified service organizations or our business associates that perform functions on our behalf or provide ETS with services if the information is necessary for such functions or services. To protect your health information, however, we require qualified service organizations and business associates to appropriately safeguard your information.

Medical Emergencies/Product Defects

We may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency as defined by 42 CFR Part 2. This information might include HIV status, if applicable. Patient identifying information may be disclosed to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

Court Order

We may disclose your protected health information in the course of a judicial proceeding in response to an order of a court in conformity with federal regulations.



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Incompetent and Deceased Patients

In such cases, authorization of a personal representative, guardian or other person authorized by applicable state law may be given in accordance with 42 CFR Part 2.

Decedents

We may disclose protected health information to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death.

Judicial and Administrative Proceedings

We may disclose your protected health information in response to a court order that meets the requirements of federal regulations, 42 CFR Part 2 concerning Confidentiality of Substance Use Disorder Patient Records.

Crime on Premises or against Personnel

We may disclose your protected health information to the police or other law enforcement officials if you commit a crime on the premises or against ETS personnel or threaten to commit such a crime. Law enforcement agencies can be notified if an immediate threat to the health or safety of an individual exists due to a crime on ETS premises or against ETS personnel. Part 2 program is permitted to report the crime or attempted crime to a law enforcement agency or to seek its assistance under 42 CFR §2.12(c)(5). Part 2 permits a program to disclose information regarding the circumstances of such incident, including the suspect's name, address, last known whereabouts, and status as a patient in the program.

Child Abuse

We may disclose your protected health information for the purpose of reporting child abuse and neglect. Part 2 permits ETS to comply with State laws that require the reporting of child abuse and neglect under 42 CFR §2.12(c)(6). The Privacy Rule also permits such reporting under 45 CFR §164.512(b)(1)(ii). However, Part 2 limits programs to making only an initial report; it does not allow programs to respond to follow-up requests for information or to subpoenas, unless the patient has signed a consent form, or a court has issued an order that complies with the rule.

Duty to Warn

Where ETS staff learns that a patient has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, *ETS will carefully consider appropriate options that would permit disclosure.*

Audit and Evaluation Activities

We may disclose protected health information to those who perform audit or evaluation activities for certain health oversight agencies, e.g., state licensure or certification agencies, or Behavioral Health Organizations, which oversees the health care system and ensures compliance with regulations and standards, or those providing financial assistance to ETS.

Your Rights Regarding Your Protected Health Information



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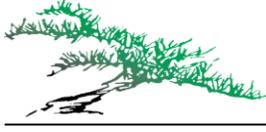
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The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **Breach Notification:** You have the right to be notified upon a breach of any of your unsecured protected health information.
- **Right to Inspect and Copy:** Under 42 CFR Part 2, ETS has the discretion to decide whether to permit patients to inspect or obtain copies of their medical record. To inspect and copy your medical information, you must submit a written request to your counselor. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request. **Under federal law, you may not inspect or copy the following records:**
 - psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.
 - Depending on the circumstances, we may deny your request to inspect and/or copy your protected health information. A decision to deny access may be reviewable. Please contact your counselor if you have questions about access to your medical record.
- **Right to Request Restrictions:** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care.

ETS is not required to agree to a restriction that you may request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service *for which you have paid us "out-of-pocket" in full*. If we believe it is in your best interest to permit the use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

- **Right to Request Amendment:** You may request an amendment of your protected health information contained in your medical and billing records that ETS uses for making decisions about you, for as long as we maintain the protected health information. You may request an amendment by submitting, to your counselor, a written request which includes the reason(s) that support your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you or to family members or friends involved in your care. The right to receive this information is subject to certain exceptions, restrictions and limitations. You may request an accounting of disclosures by submitting to the Clinical Supervisor a written request which includes the reason(s) that support your request.
- **Right to Obtain a Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this Notice,



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you can contact your Counselor or Privacy Officer.

Complaints and Reporting Violations

You may complain to Evergreen Treatment Services 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. You will not be retaliated against for filing such a complaint.

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.