

Notice of Privacy Practices

North Sound Behavioral Health Ombuds
330 Pacific Place
Mount Vernon, WA 98273
(360) 416- 7004 or toll free (888) 336-6164

Uses and disclosures of your Personal Health Information (referred to hereafter as PHI)

Effective Date: January 1, 2020

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The North Sound Behavioral Health Ombuds (NS-BHO) Program provides self-directed advocacy for individuals receiving crisis services and/or State and Medicaid funded behavioral health services in Island, San Juan, Skagit, Snohomish and Whatcom Counties. NS-BHO is a program contracted through Community Action of Skagit County (CASC) but funded through the North Sound Behavioral Health Administrative Service Organization (NSBH-ASO).

[North Sound Behavioral Health Ombuds' responsibilities](#)

Ombuds are required by law to protect the privacy of your protected health information (PHI). We are required to provide you with a copy of Ombuds' Notice of Privacy Practice.

Your PHI is any information in a medical record that can be used to identify you, and that was created, used, or disclosed in the course of providing a health care service. Your PHI may include personal information such as your name, address, phone number and health treatment.

This notice explains how, when and why Ombuds may use or disclose your PHI. In specific circumstances, we may use or disclose minimum necessary PHI to accomplish the intended purpose. Ombuds require employees to maintain the privacy and confidentiality of your PHI.

How Ombuds may use and disclose health information about you?

Ombuds use and disclose PHI in a number of ways in advocating or investigating your case. Examples are listed below. The ways we are permitted to use and disclose your PHI fall within one or more of these categories.

Uses and Disclosures of PHI that do NOT Require Your Authorization

We may use or disclose your PHI without your authorization as follows in your healthcare and treatment:

- To the individual who has medical responsibility for your care in an emergency situation.
- To crisis a professional when, within professional judgment, staff believes you may be a danger to yourself, others or gravely disabled.
- To communicate with an upstream covered entity for the purposes of care coordination

We may use or disclose your PHI without your authorization as follows in relation to health care operations:

- To administer and support our activities or those of other health care organizations (as allowed by law) including health providers and state, regional and county health care programs. For example, we may collect and combine statistical health information about many individuals to decide on what additional services could be recommend to the North Sound BH-ASO, CASC or MCO, what services are not needed, whether certain treatments are effective, to compare how we are doing, or where our partnering organizations can make improvements or adapt to budgetary constraints. We will remove information that identifies you so others may use it to study the information without learning specific individual identities.

We may use or disclose your PHI without your authorization for legal and/or governmental purposes in the following circumstances:

- When required to do so by state or federal law.
- To an authorized public health authority such as the Food and Drug Administration, to protect public health and safety, prevent/control disease, injury, disability, to investigate or track problems with prescription drugs.
- To government entities authorized to receive reports of abuse, neglect or domestic violence.
- To health oversight agencies for activities such as audits, examinations, investigations or inspections.
- In legal proceedings in response to an order of a court or administrative agency, and in certain cases, in response to a subpoena, discovery request or other lawful process.
- To law enforcement officials in limited circumstances for law enforcement purposes. For example disclosures may be made to identify/locate a suspect, witness, missing person, to report a crime, or provide information concerning victims of crimes.

- For national security; to the military or authorized federal officials for national security and intelligence or in connection with providing protective services to nation or the US President.

We may also use or disclose your PHI without your authorization in the following miscellaneous special circumstances:

- For North Sound BH-ASO or other organization's research purposes, provided steps are taken to protect your privacy. Generally a review board will assess the project to ensure adequate privacy protections before requesting your PHI.
- To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
- To avoid a serious threat to the health or safety of yourself and others.
- If you are an inmate of a correctional facility we may disclose your PHI to the correctional facility for purposes such as providing health care to you or protecting your health, safety, or that of others.

Uses and Disclosures of PHI that DO Require Your Authorization

Except in the categories listed above, we will use and disclose your PHI only with a signed authorization called a Release of Confidential Information (ROI) form. In some situations, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose it. In these situations we will contact you for necessary authorization. If you have questions about these laws, contact us at 360.416.7004 or 1.888.336.6164.

If you sign an ROI, you may revoke it at any time, verbally or in writing. Although this will not affect information that we disclosed before you revoked the authorization.

Your rights regarding your PHI

You have the right to:

1. Request restrictions by asking that we limit the way we use or disclose your PHI for treatment or health care operations. You may also ask that we limit the information we give to people involved in your care.
2. Request to review your PHI.
3. Ask us to amend PHI about you in your Ombuds records. Your request for an amendment must be in writing with the reason for your request. We will honor all reasonable requests. If we deny your request, we will do so in writing and you may respond by

filing a written statement of disagreement with us. We will include the request and the statement of disagreement in any future disclosure of that PHI.

4. Request an accounting of any disclosures of your PHI we have made, except for uses and disclosures for treatment and health care operations as previously described. To request this list of disclosures you must submit your request in writing. Your request must state a time period, which may not include dates that are 10 years or older. We will mail you a list of disclosures in writing or notify you if we are unable to supply the list.

Changes to Privacy Practices

We reserve the right to change our privacy practices and the terms of this Notice at any time and to make new notice provisions effective for your PHI that we maintain as well as any information we receive in the future. Copies of the current notice are in our facility located at 115 North 1st Street Suite 49, Mount Vernon, WA 98273.

We will promptly revise and distribute our Notice whenever there is a material change to the uses or disclosures, the individual's rights, our legal duties, or other privacy practices stated in the Notice. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the Notice in which such material change is reflected.

Questions and Complaints

If you have any questions about this Notice or would like an additional copy, please contact us at 360.416.7004 or 1.888.336.6164

If you think we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer at Community Action of Skagit County, 330 Pacific Place, Mount Vernon, WA 98273. All complaints must be submitted in writing. For more information on how to file a written complaint, call us at 360.416.7004 or 1.888.336.6164. You will not be retaliated against for filing a complaint.