



## COMMUNITY SERVICES DEPARTMENT

Justin Johnson, Interim Director

### Spokane County Counseling and Recovery Services (CAREs)

211 W. Augusta Avenue, Spokane, WA 99201  
Telephone: 509-477-4388 | Secure Fax: 509-477-3615

## 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: 1. 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 2. the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Spokane County Counseling Services and Recovery Services (CAREs) may not disclose to a person outside CAREs that you attend the program, nor may CAREs disclose any information identifying you as a recipient of substance use disorder treatment services or disclose any other protected health information except as permitted by federal law.

CAREs is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes, and CAREs must obtain your written consent before disclosing any of your psychotherapy records. Generally, you must also sign a written consent before CAREs can share information for treatment purposes or for health care operations. However, federal law permits CAREs to disclose information *without* your written permission in the following circumstances:

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 CAREs' premises or against CAREs 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.

For example, CAREs can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

[www.spokanecounty.org/CSD](http://www.spokanecounty.org/CSD)

1116 W. Broadway Avenue, Spokane, Washington 99260  
509.477.5722 T | 800.273.5864 | 800.833.6384 Relay | 509.477.6827 F

Before CARES 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. CARES 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 CARES yourself (outof0pocket), unless the disclosure is otherwise required by law. In any other situation, CARES 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. CARES 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 request a copy of your health information maintained by CARES. 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 have the right to review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections. You have the right to request and receive an accounting of disclosures of your health-related information made by CARES during the six years prior to your request. You also have the right to receive a paper copy of this notice.

### CAREs' Duties

CAREs 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 a breach involving your protected health information. CAREs is required by law to abide by the terms of this notice. CAREs reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. CAREs will provide all active clients with a new copy of any revised notifications and will also post the updated notice on it website:

<https://www.spokanecounty.org/4247/CAREs>.

### Complaints and Reporting Violations

You may complain to CAREs 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 CAREs, please contact the Compliance Officer by calling (509) 477-4388 or emailing [CAREsReport@spokanecounty.org](mailto:CAREsReport@spokanecounty.org).

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 Officer at (509) 477-4388, via email at [CAREReport@spokanecounty.org](mailto:CAREReport@spokanecounty.org) or by mail at 1116 W. Broadway Avenue, Spokane, WA 99260.

My signature indicates that I have read the Privacy Practices form.

<b>Individual's Printed Name:</b>	<b>Individual's Signature:</b>
<b>Today's Date:</b>	
<b>Printed Name of Parent/Guardian/Health Care Agent (proxy)/other representative if the individual is not competent to give consent:</b>	<b>Signature of Parent/Guardian/Health Care Agent (proxy)/other representative if the individual is not competent to give consent:</b>
<b>Relationship to the Individual:</b>	<b>Today's Date:</b>

The Individual or Guardian was provided a copy of the Privacy Practices.