



## Notice of Privacy Practices

*This notice describes how health information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW CAREFULLY.*

### SECTION 1: WHO WILL FOLLOW THIS NOTICE

This Notice of Privacy Practices (this “Notice”) describes the privacy practices of Pioneer Human Services (“Pioneer,” “we,” “us,” and “our”) including:

- Patient care settings affiliated with Pioneer including mental health facilities, alcohol and substance use disorder facilities, corrections facilities, and all applicable housing facilities.
- Inpatient and outpatient facilities that provide services related to the diagnosis, treatment, and referral for treatment of alcohol and substance use disorders (our “Alcohol and Substance Use Disorder Program”).
- All health care providers who are providing services at or through Pioneer and who are authorized to enter information into your Pioneer health record.
- All Pioneer employees, professional staff, students, trainees and other personnel.
- All volunteers of Pioneer.

### SECTION 2: ABOUT THIS NOTICE

This Notice will tell you about the ways that we may use and disclose health information about you in accordance with federal and state laws and regulations, including HIPAA 45 CFR Parts 160 and 164 and Confidentiality of Substance Use Disorder Patient Records 42 CFR Part 2. This Notice also describes your rights and certain duties we have about health information.

We try to protect information about our clients. This Notice covers only the health information collected, created, and kept by, through, or at Pioneer. This Notice does not cover the care that you may receive from independent providers outside Pioneer or actions by health plans.

### SECTION 3: OUR ALCOHOL AND SUBSTANCE USE DISORDER PROGRAM.

The following categories describe different ways that we may use and disclose information related to our Alcohol and Substance Use Disorder Program.

- **For Alcohol and Substance Use Disorder Program Purposes.** We may use, and may disclose to Alcohol and Substance Use Disorder Program personnel who need the information, information about you to provide you with care and to perform our Alcohol and Substance Use Disorder Program duties that arise out of providing diagnosis, treatment, or referral for treatment of alcohol and substance use disorders through our Alcohol and Substance Use Disorder Program.
- **For Medical Emergencies.** We may use and disclose information about you in medical emergencies. For example, we may disclose information to medical personnel who have a need for such information, to treat a condition that poses an immediate threat to any person’s health and requires immediate medical attention. We may also disclose information for certain federal Food and Drug Administration purposes.
- **For Research Activities.** We may use and disclose information about you to conduct scientific research, if certain conditions are met and disclosure is permitted under the contract, or applicable accreditation standards.
- **For Audit and Evaluation Activities.** We may use and disclose information about you during a review of records on our premises, if certain conditions are met. An audit or evaluation may be conducted by governmental agencies, private persons who provide financial assistance to our Alcohol and Substance Use Disorder Program, third party payors, quality improvement

organizations, or other parties. Records with information about you may be copied or removed from our premises only if certain conditions are met.

- **Crimes on the Premises.** We may use, and may make limited disclosures to law enforcement officers of, information relating to crimes (or threats to commit crimes) on our premises or against Substance Use Disorder Program personnel.
- **Reports of Child Abuse or Neglect.** We may use and disclose limited information associated with reports of suspected child abuse or neglect.
- **Subpoenas and Court Orders.** We may use and disclose Alcohol and Substance Use Disorder Program information in response to a valid court order or a subpoena accompanied by an authorizing court order or by consent.
- **Veterans and Armed Forces.** There are special confidentiality rules if you receive care through the Veterans' Administration or if you are in the Armed Forces.
- **Qualified Service Organizations.** We may disclose information to certain third parties that are "qualified service organizations," that need the information to provide certain services to us, and that have agreed to protect Alcohol and Substance Use Disorder Program information.
- **With Your Authorization.** To the extent that any use and disclosure of Substance Use Disorder Program information is not allowed by law without your written permission, we will obtain your authorization as described in Section 6 of this Notice.

#### **SECTION 4: OTHER SPECIALLY PROTECTED INFORMATION**

Certain other information, such as certain information about mental health, AIDS/HIV, sexually transmitted diseases, alcoholism, drug addiction, and/or genetic information, may have special privacy protections under federal and state law. We will follow those laws. Unless otherwise required or permitted by law, we may need your authorization to disclose such information.

#### **SECTION 5: HOW WE MAY USE AND DISCLOSE OTHER HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we generally use and disclose health information, outside of our Alcohol and Substance Use Disorder Program, subject to any special privacy protections. Not every use or disclosure in a category will be listed. But, the ways we are permitted to use and disclose information will fall within one of the categories.

##### **Uses and Disclosures of Information for Treatment, Payment, and Health Care Operations**

- **For Treatment.** We may use health information about you in order to provide you with health care treatment or services. We may disclose health information about you to doctors, nurses, technicians, or other Pioneer personnel who are taking care of you at Pioneer. For example, we may use and disclose health information when referring you to medical professionals. Different departments of Pioneer also may need to share health information about you to coordinate the different services you need.
- **For Payment.** We may use and disclose health information about you so that the treatment and services we provided you may be billed and that we may collect payment from you, an insurance company, or third party. For example, we may need to tell your health plan about care you received at Pioneer so your health plan will pay us or reimburse you for treatment given. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or find out whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run Pioneer, make sure that all our clients receive quality care, and for review and learning purposes. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine health information about many clients to decide what additional services Pioneer should offer, what services are not needed, and whether certain new treatments are effective. This may include, quality assessment activities, investigations of adverse events or complaints, oversight of staff performance, and conducting or arranging for other care related activities. We may disclose your health information to other health care providers and health plans

for their operations as long as they have or had a relationship with you and they use the information only for certain reasons.

- **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits.** We may use and disclose health information to: remind you of an appointment for treatment or care at Pioneer; tell you about or recommend possible treatment options or alternatives; and/or tell you about health-related benefits or services that may be of interest to you.

### **Uses and Disclosures of Information with Your Consent and Authorization**

- **Directory.** If you sign Pioneer's Consent for Release of Information (authorization), we may include and share certain limited information about you in our client directory while you are staying at one of our facilities. This is so your family, friends, and clergy can visit you at Pioneer and generally know how you are doing. If you do not sign Pioneer's Consent for Release of Information (authorization), you will not be included in the Pioneer directory. Additionally, we will not tell callers or visitors that you are a Pioneer client, we will return letters addressed to you at Pioneer, and we will refuse deliveries (such as flowers) sent to you.
- **Individuals Involved in Your Care or Payment for Your Care.** If you sign Pioneer's Consent for Release of Information (authorization), we may share limited health information about you to a friend, family member, or anyone who is involved in your care or who helps pay for your care. We may also share your condition with your family or friends and verify that you are at Pioneer. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

### **Uses and Disclosures of Information We May Make Without Your Authorization.**

- **As Required by Law.** We will use and disclose health information about you when required to do so by federal, state, or local law.
- **To Avoid a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be only to someone who may be able to help prevent the threat.
- **Public Health Activities.** We may use and disclose health information about you for public health activities, as permitted or required by law.
- **Victims of Abuse, Neglect, or Domestic Violence.** As permitted or required by law, we may use and disclose health information about an individual we reasonably believe to be the victim of abuse, neglect, or domestic violence to a person authorized by law to receive such reports.
- **Health Oversight Activities.** As permitted or required by law, we may use and disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Lawsuits and Proceedings.** We may use and disclose health information about you in response to a court or administrative order. We also may use and disclose health information in response to a subpoena, discovery request, or other lawful process if efforts have been made to tell you about the request and/or to obtain an order protecting the information requested.
- **Law Enforcement.** We may use and disclose information if asked to do so by a law enforcement official as permitted or required by law.
- **Organ and Tissue Donation.** We may use and disclose health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** We may use health information and may disclose health information to a coroner, medical examiner, and/or funeral directors as necessary for them to carry out their duties.
- **Military and Veterans.** If you are or were a member of the Armed Forces, then we may use and disclose health information about you as required by military command authorities or as otherwise required or permitted by law.

- **Workers' Compensation.** We may use and disclose health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **National Security, Intelligence Activities, and Protective Services.** We may use and disclose health information about you to authorized federal officials for intelligence, and other national security activities authorized by law and for the protection of the President, other authorized persons, or foreign heads of state.
- **Research.** Under very limited circumstances, we may use and disclose health information about you for research purposes.
- **Custody of Law Enforcement.** If you are an inmate of a correctional institution or under the custody of law enforcement, then we may use, and disclose to the correctional institution or law enforcement official, health information about you. Such disclosure generally would be necessary: for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- **Fundraising Activities.** We may use health information about you to contact you to raise money for Pioneer and its operations. This may include telling you about projects funded by Pioneer and sending you fundraising materials. We may disclose health information to a business associate so that it may contact you in raising money for Pioneer. We would disclose only limited contact information, such as your name, address, and phone number and the dates you received or services at Pioneer. If you do not want Pioneer to contact you for fundraising efforts, then you must notify the Pioneer Privacy Officer in writing.
- **Business Associates.** We may disclose health information to business associates with whom we contract so they may provide services on behalf of Pioneer. We require all business associates to agree to protect health information.
- **Incidental Uses and Disclosures.** There may be times when information will be used or disclosed as a by-product of another use or disclosure described in this Notice. Such uses and disclosures will be limited in nature and cannot be reasonably prevented even with reasonable safeguards.
- **De-identified Information and Limited Data Sets.** We may create, use, and disclose health information that has been "de-identified" by removing certain identifiers (such as name and address) making it unlikely that you could be identified. We also may create, use, and disclose limited health information contained in a "limited data set," as allowed by law.
- **Personal Representatives – Parental Access.** Minors and incapacitated adults may have "personal representatives." These personal representatives may act on the individual's behalf and exercise the individual's privacy rights.

## SECTION 6: OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice will be made only with your written permission through an "authorization." If you provide us permission to use or disclose health information about you, then you may revoke that permission, in writing, at any time. If you revoke your permission, then we no longer will use or disclose health information about you for the reasons covered by your written authorization. We are not able to take back any disclosures we already have made with your permission. We are required to retain our records of the care that we provided to you.

## SECTION 7: YOUR RIGHTS REGARDING HEALTH INFORMATION

Although our health records are our property, you have the following rights regarding health information about you:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information about you that we disclose to someone who is involved in your care or the payment for your care, like a family member or friend. *In most circumstances, we are not required to agree to your request.* If we do agree, then we will comply with your request unless information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Facility Administrator.

- **Right to Request Confidential Communications.** You may request that we communicate with you using alternative means or at an alternative location to further protect your privacy. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible. For example, you can ask that we contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Facility Administrator or Privacy Officer. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, and (4) an expiration date.
- **Right to Inspect and Copy.** You have the right to ask to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records. This does not include psychotherapy notes; information put together for use in a law suit or legal proceeding; or certain information kept by laboratories. To inspect and copy health information that may be used to make decisions about you, you must make your request in writing to the Facility Administrator or Privacy Officer. We may charge a fee related to our costs. We may deny your request in limited circumstances, as permitted by law. In most cases, if you are denied access to your health information, then you may request that the denial be reviewed. We will tell you if you may request a review.
- **Right to Amend.** If you feel that the health information we have about you is not right or is not complete, then you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Pioneer. To ask for an amendment, you must make your request in writing to the Facility Administrator. When you make the request, you must provide a reason for your request. We may deny your request in certain circumstances. If we deny your request, then you may give us a statement of disagreement. We may add a rebuttal statement. These will become part of your health information.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of health information about you. To request this accounting of disclosures, you must make your request in writing to the Facility Administrator. Your request must state a time period, which may not be longer than six years. The first list you request within a 12-month period will be free. We may charge you for the costs of providing additional lists. We will tell you what the cost will be, and you may choose to stop or change your request.
- **Right to a Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. We will ask you to sign a form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish. You may obtain a copy of this Notice by contacting the Facility Administrator or the Privacy Officer or by going to our website at [www.pioneerhumanservices.org](http://www.pioneerhumanservices.org).
- **Additional Rights Related to Alcohol and Substance Use Disorder Program Information.** If you are a client of our Alcohol and Substance Use Disorder Program, you will be given a written summary of federal law and regulations about the confidentiality of alcohol and substance use disorder patient records.

## SECTION 8: PIONEER’S DUTIES

We are required by law to:

- Make sure that health information that identifies you is kept private; we will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by notifying us in writing.
- Pioneer will document all disclosures except those disclosures that are exempt under 45 CFR 164.528 in support of the Right to an Accounting Disclosure as noted in Section 7 of this notice.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the Notice that is currently in effect.

- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information

**SECTION 9: CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at Pioneer. The Notice will contain the effective date.

**SECTION 10: COMPLAINTS/MORE INFORMATION**

If you have any questions about this Notice or our privacy practices, please contact our Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with the Facility Administrator, the Privacy Officer, or the Secretary of the Department of Health and Human Services via mail to: US Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington D.C. 20201 or via phone at 1-877-696-6775, or by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

***You will not be penalized for filing a complaint.***

**SECTION 11: CONTACT, REVIEW AND APPROVAL INFORMATION**

The Privacy Officer may be reached by phone at 206-766-7003, or by mail at:

Privacy & Compliance Officer  
7440 W Marginal Way S  
Seattle WA 98108

**SECTION 12: ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

This notice is accompanied with the “**Acknowledgement of Receipt of Privacy Practices**” form, which acknowledges that you have received this notice. You may elect not to sign the acknowledgement form, and in this event our staff will document that the notice was offered to you.

Owner:	Reviewer:	Title:	Approved on:	Review Date:
Ivana Lichtscheidl Director of Compliance	Compliance Committee/ Senior Leadership Team	All active Memebers	11/08/2017 11/14/2017	