

PATIENTS COPY

**MENTAL HEALTH GROUP
Notice of Privacy of Practices**

**THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.
PLEASE REVIEW CAREFULLY.**

Northwest Behavioral, INC respects your privacy. We understand that your mental health information is very sensitive. We will not disclose your information to other unless you tell us to do so, or unless the law requires us to do so.

The law protects the privacy of the health information we create and obtain in providing services to you. For example, your protected mental health information includes your information created and received by this office, including but not limited to, diagnosis, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose our protected health information for purposes of treatment and mental health care operations to others. State law requires us to get your authorization to disclose this information for payment purposes.

HOW NWB INC. MAY USE AND DISCLOSE INFORMATION ABOUT YOU

Northwest Behavioral, INC may use and disclose health information for the following purposes:

For treatment: Information about you to provide you with clinical treatment or services. Northwest Behavioral, INC may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. Different personnel at Northwest Behavioral, INC may share information about you and disclose information to people who do not work at Northwest Behavioral, INC to coordinate your care. Family members and other health care providers may be part of your clinical care outside this office and may require information about you that Northwest Behavioral, INC has.

For substance abuse: Federal and State laws require your written authorization each time Northwest Behavioral, INC releases health information. The authorization will specify who is to receive this information, the purpose of the release of information and a time period after which the consent will terminate. You may modify or revoke authorization at any time.

For Payment: When we request payment from your health insurance plan. Health plans need information from us about your health care and the information we may provide to your health plans may include your diagnosis, treatment plan and interventions.

For Health Care Operations:

- to use your mental health records to assess quality and improve services.
- to use and disclose mental health records to review the qualifications and performance of our therapists and to train our staff
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health related benefits and services
- We may use and disclose your information to conduct or arrange for services, including: quality review by your health plan: accounting, legal, risk management, and insurance services; audit functions, including fraud and abuse detection and compliance programs.

Your rights regarding health information about you:

I. Right to inspect and copy: You have the right to inspect and copy your health information. You must submit a written request to Northwest Behavioral, INC in order to inspect and/or copy records of your health information. If you request a copy of the information, you may be charged fee for the costs of copying, mailing, or other associated supplies. Northwest Behavioral, INC may deny your request to inspect and/or copy in certain limited circumstance. If you are denied copies of/ or access to health information that Northwest Behavioral, INC keeps about you, you may ask that the denial be reviewed. If the law gives you the right to have the denial reviewed, Northwest Behavioral, INC will select a licensed health care professional to review your request and the denial. The person conducting the review will not be the persona who denied your request, and Northwest Behavioral, INC will comply with the outcome of the review.

II. Right to Amend: If you believe the health information that Northwest Behavioral, INC has about you is incorrect or incomplete, you may ask Northwest Behavioral, INC to amend the information. You have the right to request an amendment as long as the information is kept by Northwest Behavioral, INC. To request an amendment, complete and submit a written request. Northwest Behavioral, INC may deny your request for an amendment if your request is not in writing, does not include a reason to support the request, if Northwest Behavioral, INC did not create the information, is not a part of the health information that Northwest Behavioral, INC keeps.

III. Right to list of disclosures: You have the right to request a list of disclosures of your health information. The list will not include disclosures to third-party payers. We will notify you if there will be a cost involved. TO obtain this list, you must submit a written request stating the time period, which may be no longer than six years and may no include dates before April 14, 2003. Your request should indicate in what form you want the list (on paper, electronically, etc.)

IV. Right to Request Restrictions: You have the right to request a restriction or limitation on the health information used o disclosed about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information disclosed about you to someone (such as a family member or friend) who is involved in your care or the payment for it. You must submit this request in writing. Northwest Behavioral, INC is not required to agree to your request. If Northwest Behavioral, INC does agree, we will comply with your request unless the information is needed to provide you in emergency treatment.

V. Right to request confidential communications: You have the right to request that Northwest Behavioral, INC communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that Northwest Behavioral, INC only contact you at home or by mail. Submit this request in writing. To request confidential communications or terminate a communication, you may complete and submit the *Authorization for the release of specially Protected Confidential Information/ Revocation of Authorization for the Release of Specially Protected Confidential Information* to Northwest Behavioral, INC. We will not ask you the reason for your request and will accommodate all reasonable requests.

Our Responsibilities. We are required to: - Keep your protected health information private;

- Give you this notice;

- Follow the terms of this notice.

- We have the right to change our practices regarding the

protected health information we maintain. If we make changes we will update this notice. You may receive the most recent copy of this notice by calling (360) 392-2838 and asking for it.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our Northwest Behavioral, INC co-directors at (360)392-2838. You may deliver a written complaint with the Secretary of the Department of Health and Human Services. If you complain, you will not be penalized.