**YAKAMA NATION BEHAVIORAL HEALTH SERVICES**

**WASHINGTON NOTICE FORM**

**Notice of Yakama Nation Behavioral Health Services Policies and Practices to Protect the Privacy of Your Health Information**

THIS NOTICE DESCRIBES HOW BEHAVIORAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

1. **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

We may use or disclose your protected health information (PHI), for treatment and health care operations purposes without your authorization. To help clarify these terms, here are some definitions.

* “PHI” refers to information in your health record that could identify you.
* “Treatment and Health Care Operations”
	+ “Treatment” is when we provide or help another one of your health care professionals provide services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another behavioral health provider.
	+ “Health Care Operations” are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, peer review and case management and care coordination.
* “Use” applies only to activities within the YNBHS service programs, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
* “Disclosure” applies to activities outside the clinic, such as releasing, transferring, or providing access to information about you to other parties.
* “Authorization” means written permission for specific uses or disclosures.
1. **Uses and Disclosures requiring Authorizations**

We may use or disclose PHI for purposes outside of treatment or health care operations when your appropriate authorization is obtained. In those instances, when we are asked for information for purposes outside of treatment or healthcare operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes.

* “Psychotherapy notes” are notes that therapists have made about conversations during a private, group, joint, or family counseling session, which are kept separate from rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy. In some circumstances, you may be unable to revoke an authorzation if disclosure under the authorization is necessary to effectuate payment for sevices provided to you.

1. **Uses and Disclosures with Neither Consent nor Authorization**

We may use or disclose PHI without your consent or authorization in the following circumstances:

* **Child Abuse:** If we have reasonable cause to believe that a child has suffered abuse or neglect. We are required by law to report it to the proper law enforcement agency and/or to the Washington Department of Social and Health Services.
* **Adult and Domestic Abuse:** If we have reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, we must immediately report the abuse to the Washington Department of Social and Health Services. If we have reason to suspect that sexual or physical assault has occurred, we must immediately report to the appropriate law enforcement agency and to the Washington Department of Social and Health Services.
* **Health Oversight:** If a Washington State licensing board subpoena YNBHS as part of its investigations, hearings, or proceedings relating to the discipline, issuance, or denial of licensure, YNBHS must comply with its orders. This could include disclosing your relevent behavioral health information.
* **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that we have provided to you and the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legal representative, or a subpoena of which you have been properly notified and you have failed to inform us that you are opposing the subpoena, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
* **Serious Threat to Health or Safety:** We have a duty to warn or to take reasonable precautions to provide protection from violent behavior where you have communicated an actual threat of violence against a reasonably identifiable victim or victims. We will make reasonable efforts to communicate the threat to the victim or victims and to inform law enforcement personnel. We may disclose health care information about you to any person without your authorization if we reasonably believe that disclosures will avoid or minimize an imminent danger to your health or safety.
* **Worker’s Compensation:** If you file a worker’s compensation claim, with certain exceptions, we must make available, at any stage of the proceedings, all mental health information in our possession relevant to that particular injury in the opinion of the Washington Department of Labor and Industries, to your employer, your representative, and the Department of Labor and Industries upon request.

There may be additional disclosures of PHI that we are required or permitted by law to make without your consent or authorization; however, the disclosures listed above are the most common.

1. **Patient’s Rights and Therapist’s Duties**

**Patient’s Rights:**

* **Right to Request Restrictions –** You have the right to request restrictions on certain uses and disclosures of protected health information about you; however, we are not required to agree to a restriction you request.
* **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations –** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are being seen at YNBHS. Upon your request, we will send your bills to another address.)
* **Right to Inspect and Copy –** You have the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in your behavioral health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
* **Rights to Amend –** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
* **Right to an Accounting –** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this notice). On your request, we will discuss with you the details of the accounting process.
* **Right to a Paper Copy –** You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

**Provider’s Duties:**

* We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
* We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes; however, we are required to abide by the terms currently in effect.
* If we revise our policies and procedures, we will notify you at our next session.
1. **Questions and Complaints**

If you have questions about this notice, disagree with a decision your Provider makes about access to your records, or have other concerns about your privacy rights, you may contact our Program Director, Katherine Saluskin at (509) 865-5121 ext.: 7623.

If you believe that your privacy rights have been violated and wish to file a complaint, you may send your written complaint to Katherine Saluskin, Program Director, Yakama Nation Behavioral Health P.O. Box 151 Toppenish, WA 98948

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

1. **Effective Date, Restrictions and Changes to Privacy Policy**

This notice will go into effect on January 19, 2023.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. I will provide you with a revised notice at the session that follows any change.