

**Joint Notice of Privacy Practices of
UW Medicine and Certain Other Providers**

September 12, 2013

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

PLEASE REVIEW IT CAREFULLY.

Overview

This Notice provides information regarding use and disclosure of protected health information (PHI) by the Providers in the UW Center for the Science of Social Connection (CSSC).

This Notice applies when services are provided within UW CSSC facilities. This Notice also:

- Describes your rights and our obligations for using your health information.
- Informs you about laws that provide special protections.
- Explains how your PHI is used and how, under certain circumstances, it may be disclosed.
- Tells you how changes to this Notice will be made available to you.

The Providers

UW Center for the Science of Social Connection. The Providers include therapists, therapists-in-training, and supervisors working to provide mental health services through the UW Department of Psychology Center for the Science of Social Connection (CSSC). The Providers will share information, as necessary, to provide mental health care services, and to perform payment and health care operations.

Protected Health Information

This Notice applies to protected health information (PHI) created or received by the Providers in this Notice at UW CSSC—that identifies you; relates to your past, present or future physical or mental condition; relates to the care provided; or relates to the past, present or future payment for your healthcare. For example, PHI includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. This information often contained in your medical record, among other purposes, serves as:

- A means of communication among the many health professionals who contribute to your care.
- The legal record describing the care you received.
- A means by which you or a third-party payer can verify that services billed were provided.
- A tool to educate health professionals.

- A source of data for medical research.
- A source of information for public health officials.
- A source of information for facility planning.
- A tool we use to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used and disclosed helps you to:

- Ensure accuracy in the record.
- Better understand who, what, when, where, and why others may access your health information.
- Make a more informed decision when authorizing disclosures to others.

Use and Disclosure of Your Protected Health Information Without Your Authorization

We may use and disclose PHI without your written authorization for the following reasons:

To Provide Treatment. For example:

- Your treatment provider uses your PHI to determine whether specific diagnostic tests, therapies, and medicines should be ordered.
- Clinical supervisors, clinical graduate students, or other clinical personnel (e.g. the Director) may need to know and/or discuss your problems to carry out treatment and to understand how to evaluate your response to treatment.
- We may disclose your PHI to another one of your treatment providers in the community, unless the provider is not currently providing treatment to you and you direct us in writing not to make the disclosure. However, under most non-emergency situations, we will ask for your verbal or written authorization before doing so.

For Payment Purposes. For example:

- We may use PHI to prepare claims for payment of services you have received.
- If you have health insurance and we bill your insurance directly, we will include information that identifies you, as well as your diagnosis, the procedures performed, and supplies used so that we can be paid for the treatment provided. However, we will not disclose your PHI to a third-party payor without your authorization except when required by law.

For Healthcare Operations. We may use and disclose your PHI to support daily activities related to healthcare, for example, to monitor and improve our health services or for authorized staff to perform administrative activities.

To Train Staff and Students. For example, when our clinical supervisors review PHI with graduate student staff.

To Conduct Research An Institutional Review Board (IRB) will review each request to use or disclose your PHI to protect the rights, safety, and welfare of research subjects. In some cases, your PHI might be used or disclosed for research without your consent. For example, a researcher might include your information in a research database that removes most or all of

your PHI. In these cases, the IRB will determine if using your information without your authorization is justified, and makes sure that steps are taken to limit its use. In all other cases, we must obtain your authorization to use or disclose your information for a research project. We may share information about you used for research with researchers at other institutions.

To Contact You for Information. Your PHI may be used to call you or send you a letter to remind you about appointments, provide diagnostic results, inform you about treatment options, advise you about other health-related benefits and services, or about balances on your account.

Joint Activities. Your health information may be used and shared by the Providers with other individuals or organizations that engage in joint treatment, payment or healthcare operational activities with the Providers. Health information is shared when necessary to provide clinical care services, secure payment for clinical care services, and perform other joint healthcare operations such as peer review and quality improvement activities, accreditation related activities, and evaluation of trainees.

Business Associates. Your health information may be used by the Providers and disclosed to individuals or organizations that assist the Providers or to comply with their legal obligations as described in this Notice. For example, we may disclose information to consultants or attorneys who assist us in our business activities. These business associates are required to protect the confidentiality of your information with administrative, technical and physical safeguards.

Other Uses and Disclosures. We also use and disclose your information to enhance healthcare services, protect patient safety, safeguard public health, ensure that our facilities and staff comply with government and accreditation standards, and when otherwise allowed by law. However, we will not do this without talking with you. For example, we provide or disclose information:

- To government oversight agencies with data for health oversight activities such as auditing or licensure.
- To your employer, findings relating to the medical surveillance of the workplace or evaluation of work-related illnesses or injuries.
- To workers' compensation agencies and self-insured employers for work-related illness or injuries.
- To appropriate government agencies when we suspect abuse or neglect.
- To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
- To law enforcement when required or allowed by law.
- For court order or lawful subpoena.
- To government officials when required for specifically identified functions such as national security.
- When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligations to protect the privacy of your health information.
- If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Use and Disclosure When You Have the Opportunity to Object

Disclosure to and Notification of Family, Friends, or Others. Unless you object, your healthcare provider will use his or her professional judgment to provide relevant protected health information to your family member, friend, or another person. This person would be someone that you indicate has an active interest in your care or the payment for your healthcare or who may need to notify others about your location, general condition, or death.

Disclosure for Disaster Relief Purposes. We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by its charter or by law to assist in disaster relief efforts.

Use and Disclosure Requiring Your Authorization

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. UW CSSC requires your written authorization for most uses and disclosures of psychotherapy notes, for marketing (other than a face-to-face communication between you and a UW CSSC member or a promotional gift of nominal value); or before selling your protected health information. If you provide us with written authorization, you may revoke it at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation. Also, in some situations, federal and state laws may provide special protections for certain kinds of protected health information, such as drug or alcohol treatment records. When required by those laws, we may contact you to receive written authorization to use or disclose that information.

Additional Protection of Your Patient Health Information

Special state and federal laws apply to certain classes of patient health information. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

Your Individual Rights About Patient Health Information

You have rights related to the use and disclosure of your protected health information. To contact the Providers to exercise your rights, you may contact:

UW CSSC
Attention: Jonathan Kanter, Ph.D., Director
Box 351525
Seattle, WA 98105
(206) 221-2591

Your specific rights are listed below:

- **The right to request restricted use:** You may request that certain individuals or entities not be given access to your PHI. To make this request, contact the Director for a copy of the *Request to Consider Additional Privacy Protection for Protected Health Information*. You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. Make your request to UW CSSC; we will provide you with written notice of our decision about your request.
- **The right to request nondisclosure to health plans items or services that are self-paid:** You have the right to request in writing that healthcare items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.
- **The right to receive confidential communications:** You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address above. We will grant all reasonable requests. Your request must specify how or where you wish to be contacted.
- **The right to inspect and receive copies:** In most cases, you have the right to inspect and receive a copy of certain healthcare information including certain medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **The right to request an amendment to your record:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we make a correction or add information. In your request for the amendment, you must give a reason for the amendment. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record.
- **The right to know about disclosures:** You have the right to receive a list of instances when we have disclosed your health information. Certain instances will not appear on the list, such as disclosures for treatment, payment, or healthcare operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee.
- **The right to make complaints:** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with UW CSSC, the entity that provided services to you. Or, you may file a complaint with the following:
 - or the CUMG Privacy Office using the contact information above. The Providers will not retaliate against anyone for filing a complaint.

If you believe that your privacy rights have been violated, you may also contact the U.S. Department of Health and Human Services • Office for Civil Rights:

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue – Mail Stop RX-11
Seattle, WA 98121-1831
206-615-2290; 206-615-2296 (TTY)
206-615-2297 (fax)
Toll free: 1-800-362-1710; 1-800-537-7697 (TTY)

Our Legal Duties

We are required by law to; protect the privacy of your information, notify affected individuals following a compromise of unsecured protected health information, provide this Notice about our privacy practices, and follow the privacy practices that are described in this Notice.

Privacy Notice Changes

We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have as well as any information we may receive in the future. We will post a copy of the current Notice in a conspicuous place in our reception area. In addition, each time you check-in for an appointment you may request a copy of the current Notice from your care provider.