



NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION Notice of Privacy Practices

Latest Effective July 1, 2019

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

If you have any questions about this Notice of Privacy Practice (this Notice), then please contact the Privacy Officer at the contact information provided below.

About Us

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) is the regional behavioral health-administrative services organization for Island, San Juan, Skagit, Snohomish, and Whatcom counties. Its mission is empowering individuals and families to improve their health and well-being. On July 1, 2019, North Sound BH-ASO transitioned from a behavioral health organization to a behavioral health-administrative services organization. North Sound BH-ASO is no longer a “covered entity” under the Health Insurance Portability and Accountability Act (HIPAA); however, this Notice will continue to apply to health information held by North Sound BHO prior to July 1, 2019 that we may use and disclose going forward. We have been known as North Sound Regional Support Network (NSRSN), North Sound Mental Health Administration (NSMHA), and as North Sound Behavioral Health Organization (North Sound BHO).

How We May Use, Share, and Disclose Health Information about You

Information about you that we have usually includes “data points” and limited information about health care services you receive, authorizations for those health care services, payment for your health care, your name, Social Security number, address, phone number, identification numbers, and date of birth. We do not usually have your medical record.

This Notice explains how, when, and why we may use, share, and disclose information about you. Usually only the **minimum necessary** information will be used, shared, or disclosed. Our employees know it is important to maintain the privacy and confidentiality of information about you.

We use, share and disclose information in a number of ways connected to your treatment, payment for your care, and our health care operations. We also use, share, and disclose information as permitted or required by law, as listed below. Not every use or disclosure in a

category will be listed in this Notice, but all of the ways we may use and disclose information will fall within one or more of these categories.

Uses and Disclosures of Information That DO NOT Require Your Authorization

We may use, share, and disclose health information:

- **For Treatment** – To assist your health care providers who are treating you or to coordinate and manage your health care and related services. For example, a doctor treating you may send us information so we can see what other services may help you.
- **For Payment** – To pay for health care services you receive. For example, we use information so we can pay others who provided care to you.
- **For Health Care Operations** – So we can run our organization and contact you when necessary. For example, we use health information to administer and support our business activities as an administrative services organization.
- **To Comply with the Law** – When we are required to do so by federal and state law, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **For Public Health and Safety** – To an authorized public health authority or person to protect public health and safety or to prevent or control disease, injury, or disability.
- **To Prevent Abuse or Neglect** – To government entities authorized to receive reports regarding abuse, neglect, or domestic violence, including child abuse.
- **For Health Oversight Agencies** – To health oversight agencies for audits, examinations, investigations, inspections, and licensures.
- **In Response to Legal Action** – To respond to a court order and, in certain cases, to respond to a subpoena or other lawful process.
- **To Law Enforcement** – To law enforcement officials in limited circumstances for law enforcement purposes.
- **For Research** – In very limited situations, usually when an institutional review board reviews the research project for privacy protections. Most of the time we will need an authorization from you or your personal representative.
- **Upon Death** – To coroners, medical examiners, funeral directors, and organ donation organizations as authorized by law.
- **To Avoid Threats to Health or Safety** – To avoid or lessen a serious threat to the health or safety of you or others.
- **Workers' Comp** – In response to a workers' compensation claim you may file.
- **Correctional Facilities** – To a correctional facility if you are an inmate.

- **For Military and National Security** – To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing presidential protective services.
- **To Contractors** – To persons who we contract with to assist us. We require these contractors to protect the privacy, security, and confidentiality of the information.
- **As De-Identified Information and Limited Data Sets** – As information that is not generally identifiable in which certain identifiers (such as your name and address) are removed, except for Substance Use Disorder Health Information (see below for more information), which may not be released as a Limited Data Set.

Your Choices

Opportunity to Agree or Object – In the situations below, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, then we may go ahead and share information about you if we believe it is in your best interest.

For all other categories, you can tell us your choices about what we share.

Your Authorization

For uses and disclosures not described above, we will need your permission or authorization, including in the situations below where we never share your information unless you give us written permission:

- Marketing purposes
- Sale of information
- Most sharing of psychotherapy notes

If you sign an authorization, then you may take it back (or revoke it) at any time, although this will not affect information that we used and disclosed in reliance on the authorization. Usually this must be in writing.

Situations involving Fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Your Rights

You have rights concerning information about you. To ask us how to get these rights, contact the Privacy Officer at the contact information provided below. You must ask for any of these rights in writing. You have the following rights:

- **Right to Ask for Limits on Information We Use and Share** – You may ask us to limit the way we use or share information in certain situations. Most of the time, we are not required to agree to a request, and we may say “no” if it would affect your care. If you pay for a health care service or item in full out-of-pocket, then we will agree to restrict disclosures to a health plan for payment or health care operations. We will honor your limits unless there is an emergency or unless a law requires us to share that information.
- **Right to Ask for Different Communications** – You may ask us to contact you in specific ways. For example, if you want us to contact you at a different address, then we usually can grant your request.
- **Right to See and Copy** – You may ask to see or get a paper or electronic copy of health information about you or a summary of the information. We may charge a reasonable fee based on our cost. Sometimes we may say no to your request, and we will tell you why. If we say no, then you may ask for a review in many situations.
- **Right to Ask for Changes** – You may ask us to change or amend information. You must tell us why you want the change. We may say no in certain situations, and we will tell you why.
- **Right to Get a List of Whom We Have Shared Information** – You may ask for a list (accounting) of times we have shared information about you for the six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Your first accounting is free, but we will charge you a reasonable cost-based fee if you ask for another within 12 months.
- **Right to Receive this Notice** – We are providing you with the right to receive a copy of this Notice. We will continue to post this Notice on our website while it still applies and you may request a copy.
- **Right to Have Someone Act for You** – You have the right to have a personal representative make decisions about your health information, such as by giving someone a health care power of attorney. We will make sure the person has this authority and can act for you before we take any action.

Other Particularly Sensitive Conditions

Certain other types of health information have additional protections under state law. For example, health information about HIV/AIDS, sexually transmitted diseases, mental health, and substance use disorder is treated differently from other types of health information. These categories of information generally will not be disclosed without your authorization (except in certain situations).

North Sound BH-ASO’s Responsibilities

To follow the law, we must maintain the privacy of health information about you. We also must give you notice of our legal duties and privacy practices and follow the notice currently in

effect. We will let you know if a breach occurs that affects or compromises the privacy of your information about you.

Changes to Privacy Practices

We have the right to change our privacy practices and this Notice at any time. We can have the new notice apply to all information we already may have about you, as well as any information we receive in the future. We will post a copy of the current notice on our website. The new notice will give the date it goes into effect, which will not be earlier than the date on which the notice is printed.

Questions, Complaints, and to Ask for Your Rights

If you have any questions about this Notice, would like to ask for any of the rights described in this Notice, or have any concerns or complaints, then please contact:

Privacy Officer
North Sound BH-ASO
301 Valley Mall Way, Suite 110
Mount Vernon, WA 98273
(360) 416-7013
Fax: 360.416.7017
Email: privacy_officer@nsbhaso.org

You also may contact the Ombuds Service at 1-(888) 336-6164, who can help you free of charge. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W., Washington D.C. 20201; calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. **You will not be retaliated against for filing a complaint.**

You can also contact the Washington State Health Care Authority at privacyofficer@hca.wa.gov or at hcabhaso@hca.wa.gov.

Discrimination is Against the Law

North Sound ASO complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages.

If you need these services, contact Margaret Rojas, Privacy Officer.

If you believe that North Sound ASO has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Margaret Rojas, 301 Valley Mall Way, Suite 110, (360) 416-7013, (360) 416-7017, privacy_officer@nsbhaso.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Margaret Rojas is available to help you.

You also may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-360-416-7013.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-360-416-7013。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-360-416-7013.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-360-416-7013 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-360-416-7013.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-360-416-7013.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-360-416-7013.

DIIWAAN: Haddii aad ku hadasho somali, adeegyada kaalmada luqadda, bilaash, waa Diyaar kuu ah. Wac 1-360-416-7013.

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe aṃ ejjeļok wōñāān. Kaalok 1-360-416-7013.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-360-416-7013 (رقم هاتف الصم والبكم).

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-360-416-7013 'ਤੇ ਕਾਲ ਕਰੋ।

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អល គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរទូរស័ព្ទ 1-360-416-7013 ។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-360-416-7013 まで、お電話にてご連絡ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-360-416-7013.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-360-416-7013.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-360-416-7013.