

CATHOLIC CHARITIES OF IDAHO

NOTICE OF PRIVACY PRACTICES

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.

This Notice applies to all Behavioral Services provided by Catholic Charities of Idaho:

- CCI Counseling Services
- CCI Case Management Services

These departments are committed to protecting your health information and are required by law to protect the privacy and security of your protected health information.

The purpose of this Notice is to explain to you our legal duties and privacy practices regarding your health information and how we may use or disclose your health information. This Notice also explains your rights to your health information and the steps we will take to notify affected individuals in the event of a breach of unsecured health information. Catholic Charities of Idaho (CCI) is required to abide by the terms of this Notice and to give you a copy of this Notice.

We will not use or disclose your health information other than as described in this Notice unless you sign a written authorization that tells us we can. If you sign a written authorization and change your mind, you can tell us in writing at any time. We will notify you promptly if a breach occurs that may affect the privacy or security of your health information.

How We Use and Disclose Your Health Information

The CCI uses your health information to provide you with health care, to process and receive payment for health care provided to you, and to administer our operations. In some cases, your health information may only be disclosed with your written authorization, and in other instances your authorization is not required. The details of the CCI's uses and disclosures of your health information are described below.

CCI does not use or disclose your health information for marketing purposes nor sells health information.

Uses or Disclosures Requiring Written Authorization

We will not use or disclose your health information without your written authorization, except as described in in this notice.

Psychotherapy notes. We will not use or disclose psychotherapy notes without your authorization except for certain treatment, payment and healthcare operations and in certain other limited instances.

Written Authorization. If you sign an authorization allowing us to use or disclose your health information, you may revoke your authorization in writing at any time. The revocation will be effective except to the extent that CCI already has taken action in reliance on your authorization prior to your revocation.

Once your health information has been disclosed pursuant to your authorization, the federal privacy protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your or CCI's knowledge or authorization. To revoke an authorization, you must provide CCI with a hardcopy written notice withdrawing authorization to disclose your health information.

Treatment, Payment, and Health Care Operations Without Your Authorization

Treatment. CCI may use and disclose your health information for treatment purposes without your authorization. For example, if you are being treated by a physician, CCI may disclose your health information to that physician to help him or her treat you.

Payment. CCI may use and disclose your health information without your authorization so that we can be paid for health care we have provided to you. For example, we may need to disclose your health information to your health insurance company so that we can be paid for services we provided to you. We also may contact your health insurance company to find out what services are covered by your health plan, to get prior approval for treatment, and to tell them about your treatment to make sure they will pay for the services we provide to you.

Health Care Operations. CCI may use or disclose your health information without your authorization so that we can operate efficiently, effectively and in the best interests of our clients. CCI may use your information in certain administrative, financial, legal, or quality assurance functions. An example of this would be an internal review of cases by CCI staff to ensure the quality of our clinical services.

Other Uses and Disclosures That Do Not Require Your Authorization

CCI also is permitted or required to share your information in other ways that do not require your authorization:

- **Business Associates.** In some instances third parties known as business associates provide services to CCI. We may disclose your health information without your authorization to our business associates. We require our business associates to ensure that health information is appropriately safeguarded and protected from unauthorized use or disclosure. In addition, business associates are required by law to maintain the privacy and security of health information.
- **Personal Representatives.** Your health information may be disclosed to people you have authorized or people who have the right to act on your behalf. Examples of personal representatives are parents of minors, and those who have medical power of attorney or are legal guardians of adults.
- **Required by Law.** We will use or disclose your health information when required by federal or state law. CCI may disclose your health information if we believe you are a danger to yourself or danger to others.
- **Judicial and Administrative Proceedings.** We may disclose health information in the course of a judicial or administrative proceeding pursuant to a court or administrative order, subpoena, discover request or other lawful process.

Public Health Activities. We may use or disclose your health information for public health activities when authorized by law. For example, we may disclose your health information for public health activities that involve preventing or controlling disease, injury or disability.

- **Abuse, Neglect or Domestic Violence.** We may disclose your health information as required by Idaho law to law enforcement or other agencies such as local police, Child Protective Services or Adult Protective Services if we believe you are the victim of abuse, neglect or domestic violence. CCI is required by law to report to Protective Services cases of suspected abuse, neglect or domestic violence toward children, incapacitated adults over 18, and adults over 60.
- **Health Oversight.** We may disclose your health information to a health oversight agency for oversight activities authorized by law the health care system for audits, investigation, licensure, and other oversight activities.
- **Law Enforcement.** We may disclose your health information to law enforcement under certain conditions consistent with applicable law or when requested by law enforcement under certain conditions.
- **Military and Veterans Activities.** If you are Armed Forces or foreign military personnel, we may disclose your health information to comply with laws related to military service or veterans affairs.
- **National Security and Intelligence Activities.** We may disclose your health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by law, and to protect the President of the United States, other authorized persons or foreign heads of state.
- **Worker's Compensation.** We may use or disclose your health information in order to comply with laws related to worker's compensation.
- **Research.** Under certain circumstances, we may use or disclose your health information for research purposes, as long as the procedures required by law to protect the privacy of the research data are followed. Research must be approved through a special process that is designed largely to protect the privacy of health information.
- **Deceased Individuals.** The health information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties.

Uses and Disclosures Requiring An Opportunity to Agree or Object

Notification to Others Involved In Your Care. In some circumstances, we may disclose your health information to a family member, other relative, close personal friend, or other person involved in your care or payment for your care. We also may use or disclose your health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or disaster relief organization about your general condition, location (such as in the hospital) or death. If you do not want this information to be used or disclosed, you may object.

YOUR HEALTH INFORMATION RIGHTS

When it comes to your health information, you have certain rights.

Access to Your Health Information

You have the right to see or receive an electronic or paper copy of your health record. Certain exceptions apply under law, including exceptions for psychotherapy notes. We will provide a copy or a summary of your health information, usually within 30 days of your written request. We may charge a reasonable cost-based fee. If you are denied access to your health record, you will be notified and provided information on your rights to appeal the decision. Ask us how to see or receive a copy of your health record.

Request Confidential Communications

You have the right to request that we communicate your health information by alternative means or in an alternative location. For example, you have the right to request that we only contact you at your home or office phone. We will accommodate your reasonable requests.

Request Amendment to your Health Information

You have the right to request that CCI amend your health information if you believe the information is incorrect or incomplete. We may say “no” to your request, but will tell you why in writing within 30 days. Ask us how to have corrections made to your health record.

Obtain a list of Disclosures of your Health Information

You have the right to request a list (accounting) of our disclosures of your health information. The accounting is a list of disclosures of your health information by CCI to others, except that disclosures for treatment, payment or health care operations, disclosures made to or authorized by you, and certain other disclosures are not part of the accounting. The accounting covers up to six years prior to the date of your request. You may request an accounting that covers a period that is less than six years.

Ask us how to get a list of disclosures. We will provide one accounting per year for free but will charge you a reasonable, cost-based fee if you ask for another list within 12 months.

Right to Limit Use or Sharing of your Health Information

You have the right to request to ask us not to use or share certain health care for treatment, payment or our health care operations. We are not required to agree to your request, and we may say “no” if agreeing to your request would affect your care.

If you pay for a service or item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our health care operations or with your health insurance company. We will say “yes” unless we are required by law to share the information.

Right to Have Another Person Act for You

You can have another person exercise your rights if that person is legally authorized to do so. For example, you have given that person medical power of attorney or that person is your legal guardian. A parent may exercise their child's rights by consenting to treatment or requesting health information with certain limitations.

Right to a Paper 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. You may also obtain a copy of this Notice at our website at <https://www.ccidaho.org/>

Right to Complain

You have the right to complain to CCI and/or to the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate or discriminate against you; and no services, payment, or privileges will be withheld from you because you file a complaint.

To file a complaint with us, submit your complaint in writing to (you do not need to come to in person to file a complaint) to one of the addresses identified at the end of this Notice

To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6755, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

EMERGENCY CARE

CCI is not an emergency service. If you have an emergency, call **9-1-1** or go to the nearest hospital emergency room.

SAFE WORK ENVIRONMENT

Firearms and Weapons Prohibited

It is the policy of CCI to maintain a safe work environment for all persons, including our clients, staff, and guests. Possession of firearms and weapons at a CCI location, are prohibited regardless of any license or permit that an individual may have which would otherwise authorize the individual to carry firearms or weapons.

Threat or Harm by Client

Any verbal or physical threat, or harm, to a CCI employee by a client, will result in immediate termination of therapeutic services. Documentation of any threat or harm will be dictated in the client's file. The therapist will provide the client with three mental health referral sources via letter, phone call, or in-person. Law enforcement will be contacted, if warranted.

CHANGES TO THIS NOTICE

This Notice is effective as of November 8, 2019.

We reserve the right to change the terms of this Notice at any time. Any changes we make will apply to all of your health information that we maintain, including health information that was created or received before the effective date of the change. If we make a change to this Notice, we will make a paper copy of the revised Notice available upon request, and post the revised Notice at our locations and on our website at ccidaho.org.

QUESTIONS

If you would like further information or have any questions about this Notice, please contact:

Executive Director of Catholic Charities

Acknowledgment of Receipt of Notice of Privacy Practice

I have been informed of Catholic Charities Diocese of Arlington's privacy practices and understand my rights. I understand the protections and exceptions to confidentiality that may apply to my health information. I acknowledge that I have been given a copy of the Notice of Privacy Practices and I understand that I may ask questions at any time during my services.

Client Signature

Date

Co-Client Signature

Date

Therapist Signature

Date