

FAR WEST FAMILY SERVICES

Employee Assistance Program

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Protecting the privacy of your personal health information is very important to us. When you see a Far West Family Services therapist, you will be given a copy of our privacy practices.

It is our right to change our privacy practices provided law permits the changes. Before we make a significant change, this notice will be amended to reflect the changes and we will make the new notice available upon request. We reserve the right to make any changes in our privacy practices, and the new terms of our notice, effective for all health information maintained, created and/or received by us after the date changes were made.

You may request a copy of our privacy notice at any time by contacting our privacy officer. Contact information for us can be found at the end of this notice.

TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

Treatment: We may use your health information to provide you with our professional services. We have established "minimum necessary or need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Disclosure: We may disclose and/or share your health care information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. If you request in writing that we do so, health information about you may also be disclosed to your family, friends, and/or other persons you choose to involve in your care.

Payment: Since Far West Family Services is a free service as a part of your employer benefit package, there will never be a need to disclose personal health information in order to receive payment for Far West services. However, in general, this type of disclosure is authorized by HIPAA.

Emergencies: We may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition, or your risk of death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care.

Health Care Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, the executive director, and the clinical supervisor. In most cases, this type of disclosure will be minimal and whenever possible, clinical supervision will be done without the therapist disclosing any identifying information.

Required by Law: We may use or disclose your health information when we are required to do so by law, e.g., court or administrative orders, subpoena, discovery request, or other lawful process. We will use and disclose your information when requested by national security, intelligence, and other state and federal officials, and/or if you are an inmate or otherwise under the custody of law enforcement officials.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Appointment Reminders We may use or disclose your health information to provide you with appointment reminders, including but not limited to voicemail messages, postcards, or letters.

YOUR PRIVACY RIGHTS AS OUR PATIENT

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to examine your health information, you may do so by sending us a letter to the address at the end of this notice. Once approved, an appointment can be made to review your records. You may be charged a fee for copies of your records. If you prefer a summary or an explanation of your health information, we will provide one without a fee. Please contact our privacy officer for a request form or for an explanation of our fee structure.

Amendment: You have the right to amend your health care information if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances your request may be denied.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. (When we make a routine disclosure of your information to a professional for treatment, we do not keep a record of routine disclosures. Therefore these are not available.) You have the right to receive a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment, or health care operations.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We do not have to agree to these additional restrictions, but if we do, we will abide by our agreement, except in emergencies. Please contact our privacy officer if you want to further restrict access to your health care information. This request must be submitted in writing.

Questions and Complaints: You have the right to file a complaint with us if you feel we have not complied with our privacy policies. Your complaint should be directed to our privacy officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US REGARDING PRIVACY ISSUES:

Privacy Officer:

Diana Nielsen
Business Manager
PO Box 3271
Edmonds, WA 98020
206-682-8149 or 1-800-398-3440