

NOTICE OF PRIVACY PRACTICES

Our Responsibilities. Your Information. Your Rights.

ACRS must notify you of your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA). ACRS is a “hybrid entity.” Not all of ACRS is covered by HIPAA, only the programs / departments listed as Health Care Components on the ACRS website are covered by HIPAA. This notice only applies to clients served by those covered programs / departments. This notice does not affect your eligibility for ACRS services.

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 or matters covered by this notice, please contact our HIPAA Compliance Officer at 206-695-7600 ext. 2409.

Our Responsibilities: Protecting Your Privacy

We must do the following and more:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the attached notice and give you a copy of it.
- We must ask you to sign a document stating you received our notice of privacy practices. You don't have to sign it and it will not affect your eligibility for ACRS services.
- We will not use or share your information other than as described on our notice unless you tell us we can in writing. If you tell us we can, you may still change your mind at any time. Let us know in writing if you change your mind.

Uses and Disclosures of Information

We may use and share your information in order to:

- Provide you services
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Address workers' compensation and other government requests
- Respond to lawsuits and legal actions

Your Choices

You have some choices in the way that we use and share information, which include:

- Whether family and friends should know about your condition
- What information can be shared about you in a disaster relief situation
- Whether we can share your information for marketing purposes
- If we can use information about you to raise funds

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication

- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of our privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You may exercise any of these rights by submitting your request in writing to Asian Counseling and Referral Service, Attention HIPAA Compliance Officer, 3639 Martin Luther King Jr. Way S, Seattle, WA 98144. Please contact your Case Manager or our HIPAA Compliance Officer at 206-695-7600 ext. 2409 to obtain the applicable request form. We will evaluate each request and communicate to you in writing whether or not we can honor the request. We may also charge a reasonable fee for cost associated with your request. We will notify in advance of the cost, and you may withdraw your request before you incur any cost.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- Usually, this includes medical and billing records. This does not include psychotherapy notes; information put together for use in a law suit or legal proceeding; or certain information kept by laboratories.
- We will provide a copy or a summary of your health information, usually within 15 working days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct (amend) health information about you that you think is incorrect or incomplete.
- You have the right to request an amendment for as long as the information is kept by or for Asian Counseling and Referral Service.
- We may say "no" to your request, but we'll tell you why in writing within 10 working days.
- If we deny your request, you may give us a written statement of disagreement. We may add a rebuttal statement. These will become part of your health information.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- You also have the right to request a limit on the health information about you that we share with someone who is involved in your care, like a family member or friend. If we do agree, then we will honor your request unless information is needed to provide you emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.



Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for 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), unless we are required by law to do so. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our HIPAA Compliance Officer at 206-695-7600 ext. 2409. Or by submitting your complaint in writing to Asian Counseling and Referral Service, Attention HIPAA Compliance Officer, 3639 Martin Luther King Jr. Way S, Seattle, WA 98144.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, 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, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

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

We must obtain your authorization for any use or disclosure of psychotherapy notes, except if our use or disclosure of psychotherapy notes is: (1) by the originator of the psychotherapy notes for treatment purposes, (2) for our own training programs in which mental health students, trainees



or practitioners learn under supervision to practice or improve their counseling skills, (3) to defend ourselves in a legal proceeding initiated by you, (4) as required by law, (5) to a health oversight agency with respect to the oversight of the originator of the psychotherapy notes, (6) to a coroner or medical examiner; or (7) to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

- Most sharing of information related to our substance abuse program records

Our Substance Abuse Program

The following categories describe different ways that we may use and disclose information related to our Substance Abuse Program.

For Substance Abuse Program Purposes: We may use, and may disclose to Substance Abuse Program personnel who need the information, information about you to provide you with care and to perform our Substance Abuse Program duties that arise out of providing diagnosis, treatment, or referral for treatment of substance abuse through our Substance Abuse Program.

For Medical Emergencies: We may use and disclose information about you in medical emergencies. For example, we may disclose information to medical personnel who have a need for such information, to treat a condition that poses an immediate threat to any person's health and requires immediate medical attention. We may also disclose information for certain federal Food and Drug Administration purposes.

For Research Activities: We may use and disclose information about you to conduct scientific research, if certain conditions are met.

For Audit and Evaluation Activities: We may use and disclose information about you during a review of records on our premises, if certain conditions are met. An audit or evaluation may be conducted by governmental agencies, private persons who provide financial assistance to our Substance Abuse Program, third party payors, quality improvement organizations, or other parties. Records with information about you may be copied or removed from our premises only if certain conditions are met.

Reports of Child Abuse or Neglect: We may use and disclose limited information associated with reports of suspected child abuse or neglect.

Subpoenas and Court Orders: We may use and disclose Substance Abuse Program information in response to a valid court order or a subpoena accompanied by an authorizing court order or by consent.

Veterans and Armed Forces: There are special confidentiality rules if you receive care through the Veterans' Administration or if you are in the Armed Forces.

Qualified Service Organizations: We may disclose information to certain third parties that are "qualified service organizations," that need the information to provide certain services to us, and that have agreed to protect Substance Abuse Program information.

With Your Authorization: To the extent that any use and disclosure of Substance Abuse Program information is not allowed by law without your written permission, we will obtain your authorization as described in the section titled "Other Uses and Disclosures" in this Notice.



- Most sharing of information related to other specially protected information

Certain other information, such as certain information about AIDS/HIV, sexually transmitted diseases and/or genetic information may have additional privacy protections under federal and state law. We will follow those laws. Unless otherwise required or permitted by law, we may need your authorization to disclose such information.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Provide services to you

We can use your health information and share it with other professionals who are treating you.

Example: A healthcare provider treating you for a condition may ask another healthcare provider about your overall health condition.

Run our organization

We can use and share your health information to run our agency, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

Tell you about scheduled appointments and treatment alternatives

We may use your information to remind you of an appointment for treatment or care at ACRS; tell you about or recommend possible treatment options or alternatives; and/or tell you about health-related benefits or services that may be of interest to you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways - usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications



- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

This notice is effective as of April 14, 2003. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website www.acrs.org.

Origin Date: April 14, 2003; Revised May 1, 2016





**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGMENT OF RECEIPT**

ACKNOWLEDGEMENT

CLIENT'S NAME (PLEASE PRINT)	CLIENT DATE OF BIRTH
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I have received a copy of the ACRS Notice of Privacy Practices and have had a chance to ask questions about how my confidential information will be used and share by ACRS.

X

Client Signature

Date

X

Staff Signature

Date

X

Power of Attorney/Legal Guardian Date

FOR ACRS USE ONLY

To be completed if unable to obtain client's or personal representative's signature.

Describe efforts made to have the client acknowledge receipt of the Notice of Privacy Practices (NPP):

Describe reason why acknowledgement was not obtained:

STAFF MEMBER'S NAME AND TITLE (PLEASE PRINT)	ADMINISTRATION/DIVISION
STAFF'S SIGNATURE	DATE

Revised 09/23/2013

PLEASE SIGN AND RETURN THIS PAGE ONLY

Please fax to 206.695.7606, or mail to the address listed below.

Asian Counseling and Referral Service
Attn: HIPAA Compliance Officer
3639 Martin Luther King Jr. Way S.
Seattle, WA 98144