

**Pullman School District, Mental Health Services, Pullman, WA 99163**

**HIPPA Notice of Privacy Practices & Notice of Confidentiality of Alcohol and Drug Abuse Client Records**

This notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment of health care operations and for other purposes that are permitted or required by law. It also describes your right to access and control of your PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health and related health care services.

**Uses and Disclosures of PHI**

Your PHI may be used and disclosed by your mental health therapist, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay health care bills, to support the operation of the therapist's practice, and any other use required by law.

Treatment: We will use and disclose your PHI to provide, coordinate, and manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your PHI may be provided to a mental health provider to whom or from whom you have been referred to ensure that the mental health provider has the necessary information to diagnosis or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of Mental Health Services in Pullman School District. These activities include, but are not limited to, licensing and conducting business activities. For example, the school secretary may excuse you from class or we may call you by name in the lobby to begin the therapy session.

We may use or disclose your PHI in the following situations without your authorization, as required by law: suspected abuse or neglect, danger to self or others and by court order.

Other disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. You may revoke authorization at any time in writing except to the extent that your mental health therapist or Mental Health Services has taken an action in reliance on the use or disclosure indicated in the authorization.

If you are involved in a court proceeding and a request is made for information concerning the professional services that Mental Health Services has provided you, such information is protected by the provider-client privilege law. We cannot provide any information without your written authorization or a court order. If you are involved in or are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order disclosure of such information.

Federal laws and regulations do not protect any information about crimes committed by a client either at a mental health provider's practice or against any person who works for the practice or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate authorities.

## **Your Rights**

You have the right to inspect and copy your PHI. Under federal law, however, you may not inspect a copy of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and any subject to law that prohibits access to PHI.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restriction to apply.

Your mental health provider is not required to agree to a restriction that you may request. If your provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. You then have the right to use another healthcare professional.

You have the right to request a paper copy of this notice.

You have the right to ask your mental health provider to amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

## **Notice of Confidentiality of Alcohol and Drug Abuse Client Records**

The confidentiality of alcohol and drug abuse clients' records maintained by a mental health provider's practice is protected by federal law and regulations. Generally, Mental Health Services may not say to a person outside of Mental Health Services that a student receives services from Mental Health Services or disclose any information identifying the client's alcohol or drug use unless:

1. The client consents in writing
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

## **Complaints**

We are required by law to provide individuals with this notice of our legal duties and privacy practices with respect to PHI. If you have any objections to this form, please contact Assistant Superintendent, Roberta Kramer at 509.332.3144 x 1103. Suspected violations may be brought to our attention or reported to the appropriate authorities in accordance with federal regulations. Although we prefer you speak with us directly, we will not retaliate against you for filing a complaint.

We reserve the right to change the terms of this notice and will inform you by posting the changes at the therapist's office. You then have the right to object or withdraw as provided in this notice.