

NOTICE OF PRIVACY PRACTICES FOR CLIENT CONFIDENTIAL INFORMATION Effective April 14, 2003

The law requires DSHS to notify you of your privacy rights. This notice does not affect your eligibility for DSHS services.

This notice describes how medical and other confidential information about you may be used and disclosed and how you can see this information. Please review it carefully.

- What confidential information does DSHS have about me?** You may be applying for, or participating in, DSHS programs that provide benefits or services. As part of that process, you may need to provide confidential information such as contact, financial, and health information. We also may receive confidential information about you from other sources that we need in order to serve you or provide payment for your care.
- Who sees my confidential information?** We see only the minimum amount of confidential information we need to do our jobs. We may share information with other programs or persons if allowed by law or permitted by you. For example, confidential information about your health may be given to and used by healthcare and other providers who take care of you. We may share past, current, or future information.
- What information does DSHS share?** We only share information about you that is needed by others to do their job. You may ask for a list of places where we have sent your health information.
- When does DSHS share confidential information?** We keep and share information to coordinate treatment, payment, and agency operations. We may share information to:
- Determine if medical treatment is appropriate.
 - Pay for services from health care providers.
 - Determine your eligibility for services or benefits.
 - Evaluate the quality of care you receive from providers.
- May I see my information?** You may see information we have about you. If you have records in more than one part of DSHS, you need to tell us what records you want to see. If you ask, you will receive a copy. DSHS may charge you for copies of your records.
- May I change my records?** If you think the health information in your record is wrong, you may send a written request that we amend or add new information. You may also ask that we send the amendments to others who have received copies of your records.
- What if someone else needs my confidential information?** You may be asked to sign an authorization form allowing your information to be shared if:
- DSHS needs to send information to other places;
 - You want us to send information to another agency or provider;
 - You want information sent to another person such as your attorney, a relative or other representative.
- Your permission to share your information is effective until the date you put on the authorization form. We can only share the information you list. You may withdraw or change this permission in writing.

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May confidential information be shared without my permission?

Yes, there are times when confidential information may be shared without your permission. By law, we are, at times, required or allowed to share confidential information about you, even if you do not give us permission. Some of these situations are:

- Reporting incidents of child or adult abuse or neglect to the police or other appropriate agencies;
- Providing records when ordered to do so by a court;
- Giving information to other agencies who review DSHS operations;
- Sharing information with government agencies that license and inspect medical facilities, such as nursing homes and hospitals;
- Sharing information needed by service providers or other agencies to determine if you are eligible for services or benefits;
- Giving certain information to parents or guardians of minors;
- Using information for research purposes.

May I put limits on sharing my information and how I receive it?

You may ask us to limit the use and sharing of your health information but we do not have to agree. You may also ask that we send this information to you in a different format or to a different location.

May I have a copy of this notice?

Yes. This notice is yours to keep. If you received this notice electronically, you may ask for a paper copy and we will provide one for you.

What if privacy practices change?

We reserve the right to change practices in this notice. If the law changes, we will send you a new notice about those changes.

Who do I contact if I have questions about this notice or my rights?

If you have any questions about this notice, please ask the person who gave it to you. If you need further assistance, you may call the DSHS Privacy Officer at (360) 902-8278.

How do I report a violation of my privacy rights?

If you believe your privacy rights have been violated you can file a complaint with:

The DSHS Privacy Officer, Department of Social and Health Services, PO Box 45135, Olympia WA 98504-5135. If you file a complaint, DSHS will not change or stop your services or benefits and may not retaliate against you.

OR

The Secretary, Department of Health and Human Services (DHHS), 2000 Independence Avenue, Washington, D.C. 20201. Any complaints made to DHHS must be made within 180 days of the privacy violation.



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ACKNOWLEDGEMENT

CLIENT'S NAME (PLEASE PRINT)		CLIENT DATE OF BIRTH
I have received a copy of the DSHS Privacy Notice and have had a chance to ask questions about how my confidential health information will be used and shared by DSHS.		
CLIENT OR PERSONAL REPRESENTATIVE'S SIGNATURE		DATE
FOR DSHS 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