



DSHS Notice of Privacy Practices for Client Medical Information Effective November 1, 2024

DSHS must notify you of your Health Insurance Portability and Accountability Act (HIPAA) privacy rights. (45 CFR §164.520). DSHS is a “hybrid entity.” Not all of DSHS is covered by HIPAA, only the programs listed as [Health Care Components on the DSHS website](#) are covered by HIPAA. This notice only applies to clients served by those covered programs. This notice does not affect your eligibility for DSHS services.

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

What is PHI?	Protected Health Information (PHI) is client medical information held by parts of DSHS covered by HIPAA. PHI is medical information linked to you about your health status or condition, health care you receive, or payment for your health care. DSHS must protect your PHI by law.
What PHI does DSHS have about me?	To help us serve you, you may need to give us medical or health information including your location, financial information or medical records. We may also get PHI about you from other sources needed to serve you or pay for your care.
Who sees my PHI?	We use only the smallest amount of PHI we need to do our jobs. We may share PHI with other programs or persons if allowed by law or if you permit it. For example, your PHI may be given to and used by the Health Care Authority and other health care providers to coordinate and pay for your health care. We may share past, current, or future PHI.
What PHI does DSHS share?	We only share your PHI that others need to do their job, and as allowed by law. You may ask for a list of who DSHS has shared your PHI with for some purpose in the past six years.
When does DSHS share PHI?	We share PHI on a “need to know basis” to coordinate services and for treatment, payment, and health care operations. For example, we may share information: <ul style="list-style-type: none">• With health care providers to provide medical treatment and case management.• With the party responsible for paying for health care services in order to arrange for payment.• To decide if you are eligible for DSHS programs.• To support our business operations, such as to decide if the care you get from providers meets legal standards. These activities can include data aggregation, risk management activities, and audits.

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When may DSHS share my PHI without my authorization?

In addition to disclosures for treatment, payment, and health care operations, DSHS may share PHI without your permission for some other reasons. By law, we may be required or allowed to share your PHI. Some examples include the need to:

- Share health information about you with a friend or family member who is involved in your care. You have the right to object to this sharing. If you object, we will not disclose it to that family member or friend.
- Share with public health authorities for public health activities such as preventing or controlling disease or injury or reporting births and deaths.
- Report incidents of child or adult abuse or neglect or domestic violence to Child Protective Services, Adult Protective Services, the police, or other agencies.
- Provide records under court order, subpoena, discovery request, or other legal process, or for judicial and administrative proceedings.
- Share PHI with oversight agencies that license health professionals and license and inspect medical facilities, such as nursing homes and hospitals.
- Share PHI with federal and state government agencies to take care of you, if needed to determine if you are eligible for services or benefits, or as permitted by law.
- Give PHI to guardians or parents of minors.
- Share PHI to prevent or reduce a serious and immediate threat to the health or safety of a person or the public.
- Share certain PHI with law enforcement officials.
- Share PHI for research, for an approved research project, when your privacy is protected.
- Share with military authorities, in some situations, if you are in the armed forces or a veteran.
- Give PHI to Workers' Compensation agencies.
- Use or disclose PHI in case of emergency or for disaster relief purposes.
- After your death, share your PHI with your estate's personal representative, a coroner, funeral director, or organ transplant organization.
- When permitted or required by law

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Substance Use Disorder Treatment Records

We will not share substance use disorder (SUD) treatment records unless we have your consent, or it is permitted by 42 C.F.R. Part 2 (Part 2.) rules. If we receive your Part 2 records from someone else, such as your SUD provider, we may disclose the records if allowed under HIPAA. However, we will not disclose SUD records for civil, criminal, administrative, and legislative proceedings against you, unless you consent in writing, or in response to a court order.

Reproductive Health Care Records

We will not use or share your PHI (1) to conduct a criminal, civil, or administrative investigation or (2) to impose criminal, civil, or administrative liability, for seeking, obtaining, providing, or facilitating reproductive health care, if the health care is lawful where it was provided. For example, we will not provide PHI to law enforcement from another state to investigate reproductive health care services that are legal in Washington state.

If your records of lawful reproductive health care services are requested for health oversight activities, judicial or administrative proceedings, law enforcement purposes, or disclosure to a coroner or medical examiner, we will not share the records unless they give us a written statement that they will not use the records to investigate or impose legal penalties for lawful reproductive health care services. For example, we will not share your records with law enforcement or a medical examiner unless they attest that they are not using the records to investigate or impose legal penalties for reproductive health care services.

What if I want someone else to have my PHI?

Some sharing that is not listed in this notice requires your permission. We will not use your PHI for marketing or sell your PHI without your written permission. You will be asked to sign an authorization form to let us share your PHI if:

- We need your permission to provide services or care;
- We need your permission to share psychotherapy notes;
- You want us to send your PHI to another agency or provider for reasons not allowed by law without your permission; or
- You want PHI sent to someone else, such as your attorney, a relative, or other representative.

Your permission to share your PHI is good until the end date you put on the form. We can only share the PHI you list. You may cancel or change this permission by writing to DSHS.

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- May I see my PHI?** You may see your PHI, in paper or electronic form. If you ask, you will get a copy of your PHI. DSHS may charge you a reasonable fee for copies.
- May I have a list of disclosures on my PHI?** You have a right to an accounting, which is a list of disclosures of your PHI made in the past six years, except for disclosures made for treatment, payment, operations, or with your permission. If you request more than one accounting in any 12-month period, DSHS may charge you a reasonable fee.
- May I change my PHI?** If you think your PHI is wrong, you may ask us in writing to change or add new PHI.
We will consider the request but are not required to agree. You may also ask that we send any changes to others who have copies of your PHI.
- May I put limits on sharing my PHI and how I get it?** You may ask us in writing to limit the use and sharing of your PHI, but we do not have to agree. You may also ask that we communicate your PHI to you in a different format or to a different location.
- What is a breach?** A breach is the use or disclosure of your PHI that is not permitted under HIPAA, including loss by theft, mistake or hacking. We will notify you by mail if there is a breach of your PHI under HIPAA.
- May I have a copy of this privacy notice?** Yes. This privacy notice is yours to keep. If you got this notice electronically, you may ask for a paper copy, and we will give one to you.
- What if PHI privacy practices change?** We are required to comply with this notice. We have the right to change this notice. If the laws or our privacy practices change, we will update this notice and send you a copy or send you information about the new notice and where to find it.
- Who do I contact if I have questions about this notice or my PHI rights?** If you have any questions about this notice, you may contact the DSHS Privacy Officer at DSHSPrivacyOfficer@dshs.wa.gov or (360) 902-8278.

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How do I report a violation of my PHI privacy rights?

If you believe your PHI 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 or by email to DSHSPrivacyOfficer@dshs.wa.gov. If you file a complaint, DSHS will not change or stop your services and must not retaliate against you.

OR

Submit your complaint online at:

https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf or by writing to: Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, phone (800) 368-1019. Any complaints to DHHS must be made within 180 days of the claimed privacy violation.



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Acknowledgement

(Needed when DSHS provides direct health care treatment)

Client Name	Client Date of Birth
I have received a copy of the DSHS Privacy Notice and have had a chance to ask questions about how DSHS will use and share my Personal Health Information.	
Client or Personal Representative's Signature	Date
For DSHS Use Only	
To be completed if <u>unable</u> to obtain signature of client or personal representative.	
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