

CBHA's Notice of Privacy Practices

EFFECTIVE DATE: JANUARY 1, 2025

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE IN PAPER OR ELECTRONIC FORM AND TO DISCUSS IT FURTHER WITH KELLY CARLSON, PRIVACY OFFICER, COLUMBIA BASIN HEALTH ASSOCIATION, 1515 E. COLUMBIA ST, OHELLO WA 99344, 509-488-5256, KELLYC@CBHA.ORG IF YOU HAVE ANY QUESTIONS.

Columbia Basin Health Association respects your privacy. We understand that your personal health information (PHI) is very sensitive. We will not disclose your information to others unless you tell us to do so, unless the law authorizes or requires us to do so.

The Law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information (PHI) includes your symptoms, test results, diagnosis and treatment, health information from other providers, billing and payment information relating to these services. Federal and State law allows us to use and disclose your protected health information for purposes of treatment, payment and health care operations.

OUR RESPONSIBILITIES

We are required to keep your protected health information (PHI) private, give this notice, and follow the terms of this Notice.

USES AND DISCLOSURES

How We May Use and Disclose Your Health Information.

For Treatment: Information obtained by a nurse, physician, or other member of our health care team will be recorded in your health record and used to help decide what care may be right for you.

We may also provide information to others providing you care. This will help them stay informed about your care.

For Payment: We request payment from your health insurance plan. Health plans need information from us about your health care. Information provided to health plans may include your diagnosis, procedures performed, or recommended care.

For Health Care Operations: We use your health records to assess quality and improve service, such as to review the qualifications and performance of our health care providers and to train staff. We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services. We may use and disclose your information to conduct or arrange for services, including:

- Health quality review by your health plan;
- Accounting, legal, risk management, and insurance services;
- Audit functions, including fraud and abuse detection and compliance programs.

Business Associates: We may use or disclose your PHI to an outside company that assists us in operating our health system. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION SUBSTANCE USE DISORDER (SUD) RECORDS:

Federal Law protects any SUD health records created or received by a CBHA SUD provider about you and these records cannot be disclosed without your consent except for very limited reasons, such as between other SUD providers treating you or that we refer you to (including the Department of Veteran Affairs if applicable), as part of an investigation of a crime committed on our premises, to determine cause of death as required by Washington law, as legally required by subpoena, to respond to medication or equipment recalls from the manufacturer, to comply with Uniformed Services Uniform Code of Military Justice, as needed for emergency treatment, or as part of our legal obligation to report child or adult abuse.

CBHA will require your consent to use or disclose your SUD health records for any reason not mentioned above, such as when you want a copy of your SUD records, when you give consent for any third party to receive those records, and when you give consent to CBHA to use or disclose information for your treatment, payment and CBHA's health care operations. When you provide consent for CBHA to use or disclose information for treatment, payment and health care operations, CBHA may further disclose this information without your consent to their business associates as needed for treatment, payment and health care operations.

Your consent for SUD records must be separate from any other type of records consent and you may provide one (1) consent for all future uses or disclosures for treatment, payment and health care operations purposes. You may revoke your written consent at any time, however CBHA will not be liable for information shared based on your written consent prior to the date that you revoke consent.

CBHA SUD records or testimony about the content of such records will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against the patient unless based on a specific consent or court order. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate before the record will be used or disclosed.

REPRODUCTIVE HEALTH RECORDS:

Federal Law protects your Reproductive Health related records from being used or disclosed to conduct, impose liability, or identify a patient by means of a criminal, civil or administrative investigation against any person who is seeking, obtaining, providing, or helping to get reproductive health care as long as that care was provided lawfully. For example, if reproductive care is not lawful in Texas, but lawful in Washington where you got care at CBHA, those reproductive records would not be disclosed to anyone trying to hold you responsible to Texas laws.

All consent forms for the release of reproductive health records must have a valid attestation that the records requested will not be used for legal criminal, civil or administrative purposes. If the attestation claims that the reproductive care was unlawful, the requesting party must provide CBHA with unquestionable proof that it was unlawful or we will not release the records.

Notification of Family and Others: Unless you object, we may release health information about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care. We may tell your family and friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

We may use and disclose your protected health information without your authorization when authorized by Federal or State laws allow as follows:

CBHA's Notice of Privacy Practices

EFFECTIVE DATE: JANUARY 1, 2025

- With Health Researchers—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with health researchers preparing to conduct a research project.
- To Funeral Directors/Coroners—consistent with applicable law to allow them to carry out their duties;
- To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store or transplant organs;
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products;
- To comply with workers compensation laws—if you make a workers' compensation claim, as well as for work related conditions that could affect Employee Health. For example, an employer may ask us to assess health risks on the job.
- For Public Health and Safety or legal or public authorities, such as to the Department of Health, as allowed or required by law to prevent or reduce serious, immediate threat to the health or safety of a person or the public or to protect public health and safety
- To prevent or control disease, injury, or your disability in an emergency
- To report suspected Abuse or Neglect to public authorities;
- To Correctional Institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For Law Enforcement Purposes such as when we receive a subpoena, court order or other legal process, or you are the victim of a crime.
- For Disaster Relief Purposes. For example, we may share health information with disaster relief agencies in notification of your condition to family and others.
- To the Military Authorities of U.S. and Foreign Military Personal. For example, the law may require us to provide information necessary to a military mission.
- In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.
- For Specialized Government Functions. For example, we may share information for national security purposes.

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide CBHA with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization prior to the date of your revocation.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we create and store are legal documents and are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive an accounting of certain disclosures of PHI from CBHA or its intermediary as well as all other disclosures made with your consent.
- Right to Request Restrictions: You have the right to request certain restrictions of our use or disclosure of your PHI. You must deliver this request in writing to us. We are not required to agree to your request in most cases. But if CBHA agrees to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. CBHA will agree to restrict disclosure of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual, or a person other than the

health plan, has paid CBHA for in full.

- Request that you be allowed to see and get a copy of your PHI. You must make this request in writing. We have a form available for this type of request; For PHI in a designated record set that is maintained in an electronic format, you can request an electronic or paper copy of such information. There may be a charge for these copies.
- Notice of any allowed fees that will be charged related to the above;
- Have us review a denial of access to your health information—except in certain circumstances as mandated by State and Federal Law;
- Right to elect not to receive or participate in marketing or fundraising communications from CBHA;
- Right to Amend your PHI. You must give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your health record, and included with any release of your records.
- Right to Request Alternative Confidential Communications: You may request in writing that we communicate with you in an alternative manner (mobile, landline, etc.) or method (US mail, email, patient portal, etc.)
- Right to be notified of a breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of unsecured protected health information involving your medical information.

IDENTIFICATION VERIFICATION

Identity verification may be requested upon check-in and upon request for medical records/health information disclosures. This may include photo and/or signature verification.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We post a copy of current notice in our patient brochure. Our notice will indicate the effective date on the first page.

POSTING ON WEB SITE/HEALTH PORTAL/MOBILE APPLICATIONS

We have a Web site that provides information about us. For your benefit, this Notice is on the Web site at this address: www.CBHA.org. CBHA is not responsible for PHI breaches that occur resulting from lost, stolen, or otherwise compromised security pertaining to a patient's login and password provided by CBHA to access our patient portal or mobile application(s).

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Department of Health and Human Services. You may file a complaint by mailing, faxing, or e-mailing us a written description of your complaint or by telling us about your complaint in person or over the phone using our confidential reporting hotline: (888) 692-6675. Please contact: Kelly Carlson, Privacy Officer, Columbia Basin Health Association, 1515 E. Columbia St, Othello WA 99344, Phone 509-488-5256, Fax 509-488-9939, KellyC@CBHA.org. No individual who in a good faith reports a violation shall suffer any type of retaliation.