

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices describes how health information ("Protected Health Information" or "PHI") about you may be used and disclosed and how you can get access to this information. Please review it carefully. We are required by law to give you this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We are required to follow the terms of this Notice currently in effect. For more information or additional copies, contact CVCH's Privacy Officer.

Uses and Disclosures of PHI That We May Make Without Your Written Authorization. We may use or disclose your PHI for treatment, payment, and health care operations.

Treatment:

- We may use or disclose PHI about you to others providing your care. This will help them stay informed about your care. For example, information obtained by a nurse, provider, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.

Payment:

- We may use or disclose PHI for the purposes of determining coverage, billing, claims management, and reimbursement. For example, we may disclose PHI about your treatment to your health insurer so that the insurer will pay us for the treatment.

Health Care Operations:

- We may use or disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For example, we may use your medical records to assess quality and improve services.

Required or Permitted by Law:

- We may use or disclose PHI when required or permitted by law for purposes such as public health reporting, oversight, judicial and law enforcement requests, research (with approval by an institutional review board), or to prevent a serious threat to health or safety. For example, we may disclose PHI to law enforcement if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. Other disclosures permitted or required by law include: disclosures for workers' compensation claims, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.

Fundraising:

- We may use limited PHI to contact you in an effort to raise money for our operations. You may opt out of future communications. Any fundraising communications to you will include a description of how you may opt out.

Uses and Disclosures You May Object To

Family and Others Involved in Your Care:

- We may disclose PHI to individuals involved in your care unless you object. If you are present, then we will provide you with an opportunity to object prior to such disclosures. In the event of your incapacity or emergency circumstances, we will disclose PHI consistent with your prior expressed preference that is known to us, and in your best interest as determined by our professional judgment. We will also use our professional judgment to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

Disaster Relief Efforts:

- We may disclose PHI to organizations assisting with disaster relief.

Uses and Disclosures Requiring Your Written Authorization

Psychotherapy Notes:

- We require your authorization to use or disclose psychotherapy notes, except in limited legally-permitted situations.

Marketing Communications; Sale of PHI:

- We require your written authorization before using PHI for marketing or selling PHI, consistent with the related definitions and exceptions set forth in federal law. We are prohibited from using or disclosing your genetic information for underwriting purposes.

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Other Uses and Disclosures:

- Any other uses or disclosures not described in this Notice require your written authorization. You may revoke authorization in writing at any time.

Special Protections for Substance Use Disorder (SUD) Records — 42 CFR Part 2

Certain records related to diagnosis, treatment, or referral for treatment of a Substance Use Disorder (“SUD records”) are protected by federal law (42 CFR Part 2) in addition to HIPAA. These records have heightened confidentiality protections.

We may not use or disclose SUD records without your written consent unless the law specifically permits the disclosure. Permitted disclosures without consent are limited and may include medical emergencies, scientific research, audits/evaluations, and certain court orders that meet strict federal requirements.

If we disclose SUD records with your consent, the recipient is prohibited from redisclosing the information unless permitted by Part 2. Disclosures will include the required statement: “This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). Federal rules prohibit you from making any further disclosure unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.”

You may revoke your consent for SUD record disclosures at any time, except to the extent action has already been taken. These protections apply to paper and electronic SUD records maintained by CVCH.

Your Rights Regarding Your PHI

You have the right to:

- Access your PHI upon written request, including the right to receive an electronic copy and to direct CVCH to transmit an electronic copy to a third party when feasible. (Under limited circumstances, we may deny your request to access your PHI. We may charge a reasonable fee for the costs of copying and sending you any PHI requested.)
- Request restrictions on disclosures. You must deliver this request in writing. We are not required to agree to any such request, except we must agree to requested restrictions on disclosures to health plans and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.
- Request confidential communications, including to receive PHI by alternative addresses or contact methods. We will accommodate any such request to the extent it is reasonable.
- Request an amendment to PHI you believe is incorrect or incomplete. You must deliver this request in writing, and it must explain why the information should be corrected. We may deny your request under certain circumstances.
- Receive an accounting of disclosures of your PHI, with certain exceptions.
- Receive notification of a breach of your unsecured PHI. This includes breaches involving Part 2-protected SUD information.
- Receive a paper copy of this Notice at any time, even if you agreed to an electronic copy.

Complaints or Questions

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

CVCH Privacy Officer
(509) 662-6000 | privacy@cvch.org | 600 Orondo Ave, Suite 1, Wenatchee, WA 98801

Office for Civil Rights (HHS)
(206) 615-2287 | <https://www.hhs.gov/ocr>

You may also report concerns regarding violations of 42 CFR part 2 confidentiality requirements.

Complaints must be made in writing on paper or submitted electronically. We will not retaliate against you for filing a complaint.

Our Duties

We are required to maintain the privacy of your PHI, provide this Notice, and follow its terms. We may change this Notice at any time. Any changes will apply to all PHI we maintain. We will post an updated Notice in our facilities and on our website (cvch.org).