



NOTICE OF PRIVACY PRACTICES

Tri-Cities Community Health (TCCH) understands that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. We provide an array of health care services, including substance use diagnosis, mental health services, and other sensitive diagnosis, treatment and referrals for treatment. When you receive treatment and other health care services from us, we create a record of the services that you receive. We use a Patient Centered Medical Home (PCMH) Model in which the members of your care team work together to provide coordinated, comprehensive care by understanding your needs and connecting you to appropriate services. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records regarding your care and tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

We may use and disclose your personal health information for these purposes:

For Treatment

- Health information will be obtained and documented in your shared health record by providers, dentists, dental hygienists, pharmacists, nurses, medical assistants, counselors, case managers and any other member of our health care team in order to provide you with health care treatment services.
- Health information may be disclosed to others who are involved in your treatment, including secure disclosures made electronically through Health Information Exchanges (HIE), as permitted by law.

For Payment

- We may use and disclose health information about you to bill and collect payment from you, your health insurance plan, or any other third party that may be available to reimburse us for some or all of your health care.

For Health Care Operations

- We use your health records to assess quality, patient satisfaction, and improvement services.
- We may use and disclose health records to review the services we provide, evaluate staff performance and for the purpose of training our staff.
- We may contact you to remind you about appointments and to inform you about health-related services or alternative treatments. Forms of contact may include but are not limited to phone, text and/or email.
- We may use and disclose your health information to conduct or arrange for services, including:
 - Medical quality review by your health plan
 - Accounting, legal, risk management and insurances services
 - Audit functions, fraud and abuse detection and compliance programs

We may use and disclose your protected health information without your authorization as follows:

- **With Medical Researchers.** If the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **To Organ and Tissue Donation Organizations.** If you are an organ donor, we may disclose health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.
- **To Workers Compensation.** We may disclose health information about you that pertains to a workers' compensation claim.
- **For Public Health and Safety Purposes:**
 - To prevent or control disease, injury, or disability.
 - To report births and deaths.
 - To report child abuse or neglect.
 - To report reactions to medications or problems with products.
 - To notify people of recalls of products.
 - To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **For Health and Safety Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **In the Course of Judicial/Administrative Proceedings** at the request, or as directed by a subpoena or court order.
- **For Law Enforcement Purposes:**
 - In response to a court order, subpoena, warrant, summons or similar process.
 - To identify or locate a suspect, fugitive, material witness or missing person.

- Under certain limited circumstances, about the victim of a crime.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at Tri-Cities Community Health.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **To Coroners, Health Examiners and Funeral Directors** as may be necessary for them to carry out their duties.
- **For Specialized Government Functions** to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law and to provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **To Correction Institutions** as would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Other uses and disclosures of your protected health information

Family and Other Persons Involved in Your Care. We may use and disclose health information about you with a person(s) you identify as a family member, relative, friend or other person that is directly involved in your care or payment for your care, or to your “Lay Caregiver” or appointed Personal Representative. We will disclose health information consistent with your prior expressed preference that is known to us, and in your best interest as determined by our professional judgement. If you do not wish for your medical condition to be discussed in the presence of your family member, relative, friend or other person then it is your responsibility to ask that/those persons leave the room during the conversation with clinicians.

Fundraising. We may contact you or use and disclose certain parts of your health information to our associates or related foundations for fundraising purposes. You have the right to opt out of receiving such fundraising communications.

Uses and disclosures of personal health information not covered by this notice or applicable law will be made only with your written authorization.

Your Health Information Rights

The health and billing records we create and store are the property of Tri-Cities Community Health. The protected health information in it, however, generally belongs to you.

You have the right to:

- Receive a paper copy of the most current Tri-Cities Community Health Notice of Privacy Practices for Protected Health Information.
- Request to inspect and receive a paper or electronic copy of your protected health information. This request must be submitted in writing. We have a record release form available for this type of request. We will mail a copy or transmit your PHI in electronic format to a person or entity designated by you. We may impose a fee for access to Electronic Health Records but that fee will be limited to our labor costs in responding to your request.
- Ask us to amend your health information if you feel that the health information we maintain about you is incorrect. This request must be in writing. We have an amendment form available for this type of request. The completed amendment request will be filed in your health record.
- Receive an accounting of all disclosures of your health information that we have made. This request must be submitted in writing with a stated time period, which may not exceed six

years. You may receive this information without charge once every 12 months; we will notify you of the cost involved if you request this information more than once in 12 months.

- Request a restriction or limitation on the health information we use or disclose about you for treatment, payment, and health care operations. However, HIPAA does not require TCCH to agree to all such requests.
- Receive confidential communications by submitting a request in writing asking that your health information be provided to you by another means or at another location.

Minor Children’s Right to Confidentiality. Washington State laws allow minor patients to consent for certain services, depending on the patient’s age. These laws also require that all healthcare providers treat these healthcare services confidentially. To comply with state laws, Tri-Cities Community Health will deactivate all portal accounts and text reminders for parents and guardians that provide access to minor patients’ healthcare information.

If you have question, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Privacy Office
Tri-Cities Community Health Administration
800 W. Court St.
Pasco, WA 99301
Phone: 509-543-1918
Fax: 509-543-8507

Patient Recourse if Privacy Rights are Violated

If you feel that your privacy rights have been violated, you may file a complaint with TCCH Compliance Officer at 509-543-8507.

You have a right to file a complaint with the Department of Health and Human Services Office of Civil Rights.

If you decide to file a complaint, TCCH will not discriminate or retaliate against you in any way for filing the complaint.

Effective Date and Changes to this Notice

We reserve the right to change this notice and to make the changed notice effective for all the of the health information that we maintain about you, whether it is information that we previously received about you or the information we may receive about you in the future. We will post a copy of our current notice on our web site at <https://mytcch.org>. You may also obtain any revised notice by contacting Privacy Office at 509-543-1918. This notice is effective on September, 1, 2023.

Patient Name (print)

Patient Signature Date