



## DSHS Notice of Privacy Practices for Client Medical Information Effective September 23, 2013

DSHS must notify you of your Health Information 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 also may get PHI about you from other sources needed to serve you or pay for your care.

### **Who sees my PHI?**

We see 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 permitted by you. 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 has seen your PHI for some purposes.

### **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 to decide if:

- Medical treatment should be provided.
- We can pay for services by health care providers.
- You are eligible for DSHS programs.
- The care you get from providers meets legal standards.

### **May I see my PHI?**

You may see your PHI. If you ask, you will get a copy of your PHI. DSHS may charge you for copies.

### **May I change my PHI?**

If you think your PHI is wrong, you may ask us to change or add new PHI. You may also ask that we send any changes to others who have copies of your PHI.

### **What if someone else needs my PHI?**

You may be asked to sign a form to let us share your PHI if:

- We need your permission to provide services or care;
- You want us to send your PHI to another agency or provider for reasons not allowed by law without your permission;
- 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 DSHS share my PHI without my permission?**

DSHS may share PHI without your permission in some instances. By law, we may be required or allowed to share your PHI. Some examples include the need to:

- Report incidents of child or adult abuse or neglect to Child Protective Services, the police or other agencies.
- Provide records under court order.
- Give PHI to other agencies who review DSHS operations.
- Share PHI with agencies that license and inspect medical facilities, such as nursing homes and hospitals.
- Share PHI with service providers or other agencies to take care of you or as needed to determine if you are eligible for services or benefits.
- Give PHI to guardians or parents of minors.
- Use PHI for research.
- Use or disclose PHI in case of emergency or for disaster relief purposes.

### **May I put limits on sharing my PHI and how I get it?**

You may ask us to limit the use and sharing of your PHI but we do not have to agree. You may also ask that we send 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 notice?**

Yes. This 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 send you information about the new notice and where to find it or send it to you.

### **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](mailto:DSHSPrivacyOfficer@dshs.wa.gov) or (360) 902-8278.

### **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 45115, Olympia WA 98504-5115 or by email to [DSHSPrivacyOfficer@dshs.wa.gov](mailto: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](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf) or by writing to: Office for Civil Rights, US Department of Health and Human Services, 2201 Sixth Avenue – M/S: RX-11, Seattle WA 98121-1831, phone (800) 368-1019. Any complaints to DHHS must be made within 180 days of the claimed privacy violation.



DSHS NOTICE OF PRIVACY PRACTICES FOR CONFIDENTIAL INFORMATION  
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**Acknowledgement**

(Needed when DSHS provides direct health care treatment)

CLIENT NAME		CLIENT DATE OF BIRTH
<b>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.</b>		
CLIENT OR PERSONAL REPRESENTATIVE SIGNATURE		DATE
<b>FOR DSHS USE ONLY</b>		
<b>To be completed if <u>unable</u> to obtain signature of client or personal representative.</b>		
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