

**The Salvation Army – Northwest Division
NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

| | |
|---|--|
| FOR YOUR PROTECTION | THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. |
| YOUR HEALTH INFORMATION IS PRIVATE | <p>We understand that the information we collect about you is personal. Keeping information about you private is one of our most important responsibilities. We are committed to protecting your private health information and following all laws regarding its use. The law says:</p> <ol style="list-style-type: none"> 1. We must keep your health care information from others who do not need to know it. 2. You may ask that we not share certain health care information. <p>(In some instances, we may not be able to agree with your request.)</p> |
| WHO SEES AND SHARES MY PERSONAL INFORMATION? | <p>Your private health information is shared by staff of <i>The Salvation Army</i> in the planning, delivery and documentation of the services we provide to you.</p> <p>We may share health information about you in order to help you get services you may need. Such sharing of information may be for Treatment, for health and social service Operations, and/or to arrange for Payment of your care from a vendor. Details may be found at the Salvation Army unit where you are receiving care.</p> |
| MAY I SEE MY PERSONAL INFORMATION? | <p>Most of the time, you may see your personal health information, unless it is the private notes taken by a mental health provider or it is part of a legal case. You may ask for a copy.</p> <p>If you think some of the information is wrong, you may ask in writing that it be changed or new information be added. You may ask that the changes or new information be sent to others who have received your health information from us. You may ask for a list of any places where health information may have been sent, unless it was sent for treatment, for payment, for checking to make sure you receive quality care, or to make sure the laws are being followed.</p> |

| | |
|---|--|
| <p>WHAT IF MY PERSONAL INFORMATION NEEDS TO GO SOMEWHERE ELSE?</p> | <p>You may be asked to sign a separate form, called an authorization form, allowing your health care information to go somewhere else.</p> <p>The authorization form tells us what, where and to whom the information must be sent. Your authorization is good for six (6) months or until the date you put on the form. You can cancel or limit the amount of information sent at any time by letting us know in writing.</p> |
| <p>COULD MY HEALTH INFORMATION BE RELEASED WITHOUT MY AUTHORIZATION?</p> | <p>The law permits, and sometimes requires us to report your health information without your authorization in these instances:</p> <ol style="list-style-type: none"> 1. Contagious diseases; 2. Firearm injuries and other trauma events; 3. Reactions and problems with medicine; 3. To the police when required by law; 4. When the court orders us to do so; 5. To emergency personnel in an emergency; 6. To a government agency conducting audits, investigations, civil or criminal proceedings; 7. To a business associate providing us a service in your behalf; 8. To report abuse, neglect or domestic violence; 9. To Workers Compensation for work related injuries; 10. Birth, death, and immunization information; 11. To the Federal Government when they are investigating something important to protect our country, the President and/or other government workers. 12. We may also report serious threats to public health safety |
| <p>MAY I HAVE A COPY OF THIS?</p> | <p>This notice is yours. If there are important changes in this notice, you will be given a new one.</p> |
| <p>QUESTIONS OR COMPLAINTS?</p> | <p>The <u>director of the program caring for you</u> will answer basic questions about this notice, your privacy rights and privacy protection here.</p> <p>If responses are unsatisfactory, Complaints or Grievances regarding your privacy rights should be put in writing and directed to:</p> <p>The Salvation Army Privacy Officer PO Box 9219, Seattle, WA 98109</p> <p>You can also complain to the federal government Secretary of Health and Human Services (HHS) or the Office for Civil Rights at the U.S. Department of Health and Human Services</p> <p>Your health care services will not be affected by any complaint made to The Salvation Army Privacy Officer, Secretary of Health and Human Services, or Office of Civil Rights.</p> |