



NOTICE OF PRIVACY PRACTICES AND RIGHTS

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You have the following rights regarding health information we maintain about you:

Right to See and Get Copies of Your Records. In most cases, you have the right to look at or get copies of your health records. This does not include psychotherapy notes. You must make your request in writing.

In limited circumstances, we may deny your request to see or get copies of your records. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Passages Family Support will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request a Correction or Update of Your Records. You may ask us to change or add missing information to your record if you think there is a mistake. You must make the request in writing and provide a reason for the request. All requests must be limited to one page of paper legibly handwritten or typed in at least 10 point font size. We may deny your request if it is not in writing or does not include a reason for the request.

We may also deny your request if you ask us to make a change that:

- Is not accurate or complete

- Is not part of the information you are permitted to inspect and copy;
- Was not created by us, unless the person or organization that created the information is no longer available to make the change; or
- Is not part of the health information kept by or for our programs.

Any changes we make to your health information will be disclosed to those with whom we disclose information, as described above.

Right to Get a List of Disclosures. You have the right to ask us for a list of any disclosures of your health information we have made. Your request must be made in writing. We are not required to account for disclosures made before April 14, 2003, or for any period longer than 6 years. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period.

Right to Request Limits on Use or Disclosures of Health Information. You have the right to ask that we limit how your information is used or disclosed. You also have the right to ask that we limit the health information we disclose about you to someone who is involved in your care, such as a family member or friend. For example, you may ask us not to disclose information to your spouse about treatment you receive in our care.



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You must make the request in writing. You must tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction. You can request that any restrictions you put in place be terminated in writing or verbally.

Right to Choose How We Communicate With You. You have the right to ask that we share information with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of a home address. You must make this request in writing. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Get Paper Copy of this Notice: You may ask for a paper copy of this notice at any time. Current copies of this notice will also be available at all times in the Reception area.

Right to File a Complaint: You have the right to file a complaint if you do not agree with how we have used or disclosed information about you.

Other Uses of Health Information
Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provided us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at

any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made pursuant to your authorization, and that we are required to retain our records of the care that we provided to you.

How to contact Passages Family Support to review, correct, or limit your health information:

**Compliance Officer
Passages Family Support
1700 S Assembly Street, Suite 300
Spokane, WA 99224
509-892-9241**

- Ask to look at or copy your records
- Ask to limit how information about you is used or disclosed
- Ask to cancel your authorization
- Ask to correct or change your records
- Ask for a list of the times Passages Family Support disclosed information about you.

Passages Family Support may deny your request to look at, copy or change your records. If we deny your request, we will send you a letter that tells you why your request is being denied and how you can ask for review of the denial. You will also receive information about how to file a complaint with Passages Family Support or



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with the U.S. Department of Health and Human Services, Office of Civil Rights.

How to file a complaint or report a problem:

If you do not agree with how we have used or disclosed information about you, you may contact us at the address listed below to file a complaint or report a problem. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at the address below. The services you receive from us will not be affected by any complaints you make. Passages Family Support cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

To file a complaint or report a problem to Passages Family Support contact:

**Compliance Officer
Passages Family Support
1700 S Assembly Street, #300
Spokane, WA 99224
509-892-9241**

To file a complaint with the U.S. Department of Health and Human Services, contact:

**Office for Civil Rights
Medical Privacy, Complaints Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW HHH
Building, RMI 509H
Washington DC 20201**

Changes to this Notice

Passages Family Support reserves the right to change this notice. Any changes will apply to health information we already have about you, as well as any information we receive in the future. A current copy of this notice will be posted at each of our program sites and facilities and provided as required by law. You may also ask for a copy of the current notice any time you visit one of our facilities.

Acknowledgement of Receipt of This Notice

We will request that you sign a separate form or notice acknowledging that you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name, and the date. This acknowledgement will be filed with your records.