NOTICE OF PRIVACY PRACTICES AND RIGHTS

This notice describes how behavioral health information about you may be used and disclosed and how you can get access to this information.

Section 1 Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your behavioral health record.

- You can ask to see or get an electronic or paper copy of your record and other health information we have about you by asking your provider for assistance.
- Psychotherapy notes are never shared.
- We will provide you a copy of your health information usually within 30 days of your request.

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. Some of the reasons why these records may not be released include, but are not limited to:

- The records requested are psychotherapy notes
- Information was compiled for legal purposes.
- Records from ongoing research studies.
- Records are being requested without Passages having a signed document to release the records.
- PHI that could endanger lives or safety.
- PHI that could harm referenced individuals.
- Requests by personal representatives that might cause harm.

Ask us to correct your record.

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say 'no' to your request and we'll tell you why within 60 days of your request.
- The original document will not be removed from your record but your correction will be included in your health record.

Request confidential communications
- You can ask us to contact you in a specific way (for example, home or another phone number) or send you mail to a different address.
- We will say 'yes' to all reasonable requests.

Ask us to limit what we share
- You can ask us NOT to use or share certain health information for treatment, payment, or operations.
- We are not required to agree to your request and we may say 'no' if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with youth health insurer. We will say 'yes' unless a law requires us to share this information.

Get a List of those with whom we've shared information.
- You can ask for a list of the times we've shared your health information for six years prior to the date you ask, who we've shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We will provide one list a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
- You will get a paper copy of this notice on your admission to Passages.
- You may ask for a paper copy of this notice at any time.
- A copy of this notice is posted on the bulletin board outside the waiting room.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure that person has this authority and can act for you before we take any action.

Right to File a Complaint if you feel your rights were violated
- You can complain if you feel we have violated your rights by contacting us using the information on Page 3.

- You can file a complaint with the US Department of Health and Human Services, Office for Civil Rights, by sending a letter to the address on page 3 or visiting their website www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Section 2 Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk with your provider. Tell us what you want us to do and we will follow your instructions unless there are rules that do not allow us to do so.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes

Section 3 Our Uses and Disclosures

We typically use or share your health information in the following ways:

To Treat You

We can use your health information and share it with other professionals who are treating you. *Example: a provider treating you for an injury asks another provider about your overall health condition*

To Operate Passages

We can use and share your health information to run our agency, improve your care, and contact you when necessary. *Example: we use health information about you to manage your treatment and services.*

Bill for your services
We c an use and share your health information to bill and get payment from your managed care organization or other health plan or entity. *Example: we give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information? We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues
We can share health information about you for certain situations such as
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Here are some other times we may share your information

Address workers' compensation, law enforcement, and other government requests
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We will never share any substance use treatment records without your written permission.

We will never disclose psychotherapy notes to anyone.

Section 4 Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this document unless you tell us in writing that we can do so. If you tell us we can, you may change your mind at any time. If you change your mind, let us know in writing.

For more information, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

We may change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, on the bulletin board, and on our website.

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

Compliance Officer
Passages Family Support
1700 S Assembly Rd, 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 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 Rd, #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

Acknowledgement of Receipt of This Notice
As part of the intake process, you will be asked to sign an acknowledgement that you or your representative received a copy of this Notice of Privacy Practices.

Effective Date of this Notice: 1/1/26