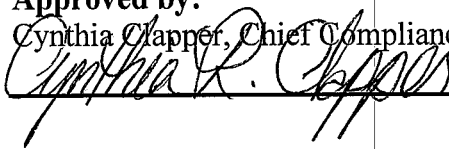


## Lifeways Policy

<b>Policy:</b> Privacy Practices Policy		<b>Policy Number:</b> CM.410
<b>Effective Date:</b> May 2015 Updated June 2017	<b>Supersedes:</b> N/A	<b>Approved by:</b> Cynthia Clapper, Chief Compliance Officer 
<b>Exclusion:</b> None		
<b>Review Date:</b> June 2018	<b>Annual Reviewer:</b>	<b>Technical Support Contact:</b> Christine Crysler or Cynthia Clapper
<b>Programs Affected:</b> All programs and facilities		
<b>Locations:</b> All	<b>Total Pages:</b> 5	<b>Attachment(s):</b> N/A

**(1)BACKGROUND:** Lifeways, Inc. is committed to promoting and protecting the health and safety of participants and ensuring behavioral health service records for clients receiving services are protected from unnecessary disclosure of their Protected Health Information (PHI).

**(2)PURPOSE:** Lifeways is committed to providing high quality outpatient and residential behavioral health care to program participants. The purpose of this policy is to outline the specific privacy practices Lifeways and its staff will follow in order to maintain the privacy of the protected health information (PHI) of those individuals receiving services from Lifeways programs.

**(3)POLICY:** Protecting client PHI is important to maintain professional services and build trust with our clientele and the communities we serve. The Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR part 2 and 45 CFR 164.400 and Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OARs) provide guidelines as to the protection of client PHI. This policy shall follow those guidelines that govern the privacy of client behavioral health records.

**(4)PROCEDURE:**

**1. Uses and Disclosures of PHI with Client Consent**

1.1. Except in emergency or other special circumstances the client will be provided a written authorization to use and disclose protected health information for the purposes of treating the client, obtaining payment for services and for health care operations (e.g. internal administration, quality improvement and customer service as detailed below:

1.1.1. Treatment. Lifeways may use and disclose PHI to provide treatment and other services to clients (e.g. to diagnose and treat illness or to help clients resolve the issues that brought them to treatment). Lifeways staff may contact clients to provide appointment reminders, information about treatment alternatives or other health-related benefits and services that may be of interest to the client.

1.1.2. Coordination of Care. Lifeways may disclose PHI related to assessments, discharge summaries or medication information to jails, hospitals, health care providers, the Department of Human Services, schools or other referring agencies in an effort to ensure coordination of care with other facilities or agencies providing care to a shared client.

1.1.3. Payment. Lifeways may use and disclose PHI to obtain payment for services provided to enrolled clients (e.g. the Oregon Medicaid Program or other private health insurers, HMOs, or other funding sources that pays the cost of some or all of a client's behavioral health care). This could include referral information to referring agencies that are responsible to provide payment for a client's care.

1.1.4. Health Care Operations. Lifeways may use and disclose PHI for our health care operations, which include internal administration, planning, and activities that improve the quality and cost effectiveness of the services Lifeways provides.

## **2. Uses or Disclosures Only with Client Authorization**

2.1. When using or disclosing PHI about a client, Lifeways staff will follow special procedures required by federal and state law. Lifeways staff use and disclose *highly confidential* information only with the client's knowledge and limited by the specific purpose identified in the release.

2.2. "Highly confidential" information includes psychotherapy notes and PHI about the following: mental health services; developmental disability services; alcohol and drug abuse prevention, treatment and referral; HIV/AIDS testing; venereal diseases; sexual assault; mandatory abuse reporting.

## **3. Revocation of Authorizations to Disclose PHI**

3.1. A client may revoke an authorization to disclose PHI at any time except to the extent that Lifeways has taken action in reliance upon it, by delivering a written revocation statement to the records department for the program the where the client is receiving services. Forms for such purposes will be located in the lobby of each program site and made available upon the client's request.

## **4. Uses and Disclosures without Client Authorization (Emergency and Legal)**

4.1. PHI may be used or disclosed for the purposes of treatment, without client authorization under the following conditions:

4.1.1. a client requires emergency treatment;

4.1.2. Lifeways is required to treat a client by law and an authorization is attempted but cannot be obtained from the client

4.1.3. when attempts to obtain authorization from the client have failed due to substantial barriers to communication with the client (e.g., client is unconscious or otherwise incapacitated).

4.2. PHI may be disclosed for the following public health activities and purposes:

4.2.1. to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability;

4.2.2. to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports;

4.2.3. to report information about products under the jurisdiction of the United States Food and Drug Administration;

4.2.4. to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition;

4.2.5. to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance;

4.3. Disclosure of PHI may be made without client authorization if there is reason to believe the client is a victim of abuse, neglect or domestic violence to a government authority including a social service or protective agency who is authorized by law to receive reports of such abuse, neglect or domestic violence.

4.4. PHI may be disclosed to a health oversight agency that oversees the health care system and/or ensures compliance with the rules of government health programs including the Centers for Medicare and Medicaid Services and Department of Human Services Division of Addictions and Mental Health.

4.5. PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

4.5.1. PHI that identifies the client as a recipient of substance abuse treatment for the purpose of initiating or substantiating any criminal charges against the client or to conduct any investigation of the client may not be disclosed unless authorized by a court order.

4.6. PHI may be disclosed to the police or other law enforcement officials as required by law or in compliance with a court order;

4.7. PHI may be used or disclosed to a coroner or medical examiner as authorized by law;

4.8. PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public health or safety;

4.9. PHI may be used or disclosed to units of the government with special functions such as the U.S. military or the U.S. Department of State under certain circumstances;

4.10. PHI may be disclosed as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

#### **5. Client's Individual Privacy Rights**

5.1. Clients may request the following restrictions on use and disclosure of PHI:

5.1.1. for treatment, payment and health care operations;

5.1.2. to individuals (such as family members, close personal friends or any other person identified by the client) involved with the client's care or with payment related to the client's care, or

5.2. While Lifeways will consider all request for additional restrictions carefully, Lifeways is not required to agree to all requested restrictions.

5.3. If a client wishes to request additional restrictions, they can obtain a request form from the lobby of each site and submit this to their service provider.

5.4. The client may request and Lifeways will accommodate any reasonable written request for the client to receive PHI by alternative means of communication or at alternative locations.

5.5. The client may request access to their medical record and billing records maintained by Lifeways in order to inspect and request copies of the records.

5.6. Under limited circumstances, the client may be denied access to a portion of their records.

5.7. If a client desires access to their records, the client will submit in writing a request to the Compliance Office.

5.7.1. Lifeways will charge \$10.00 for the first 15 pages and .25 each additional page after that for copies of the client record.

5.8. The client has the right to request their PHI that is maintained in Lifeway's medical record file or billing records be amended.

5.8.1. If the client desires to amend their records, they can discuss this with their service provider.

5.9. Upon request, the client may obtain an accounting of certain disclosures of PHI made by Lifeways during any period prior to the date of the client's request provided such period does not exceed six years.

5.9.1. If the client requests an accounting more than once during a twelve (12) month period, Lifeways can impose a charge for the subsequent accounting.

5.10. Clients will be offered a copy of Lifeways Notice of Privacy Practices upon admission to services that is written in plain language.

5.10.1 Clients will be given additional copies of the Notice of Privacy Practices at any time that they request it in paper form even if they have agreed to receive it electronically.

## **6. Client Rights to File a Complaint**

6.1. Clients may speak to their service provider if they desire further information regarding their privacy rights, are concerned that their privacy rights have been violated or disagree with a decision made about their access to their PHI.

6.2. Clients may file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services.

6.3. Upon client request, the service provider will provide the address of the Director of the Office of Civil Rights of the U.S. Department of Health and Human Services.

6.4. Lifeways and its employees will not retaliate against a client for filing a complaint with the Director of the Office of Civil Rights of the U.S. Department of Health and Human Services.

**(5) OUTCOMES AND MONITORING:** Compliance with this policy shall be monitored according to applicable policies and rules using information obtained through electronic data systems, interviews with staff and clients, paper documentation, on-site reviews, and/or other means, as needed.

## **(6) REFERENCES:**

**Oregon Administrative Rules 309-019-0110(B):** “(B) Confidentiality and compliance with HIPAA, Federal Confidentiality Regulations (42 CFR, Part 2), and State confidentiality regulations as specified in ORS 179.505...” [http://arcweb.sos.state.or.us/pages/rules/oars\\_300/oar\\_309/309\\_019.html](http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_309/309_019.html)

**Oregon Revised Statutes 179.505 Disclosure of written accounts by health care services provider**  
<http://www.oregonlaws.org/ors/179.505>

**Oregon Revised Statutes 192.515 Definitions** <http://www.oregonlaws.org/ors/192.515>

**Oregon Revised Statutes 192.553 Policy for protected health information**  
[https://www.oregonlegislature.gov/bills\\_laws/lawsstatutes/2013ors192.html](https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2013ors192.html)

Carter, Patricia I., J.D. (2014) *HIPAA Compliance Handbook 2014*. New York, NY: Wolters Kluwer Law & Business.