

Palouse River Counseling

340 N.E. Maple St., Pullman, WA 99163 Voice (509) 334-1133 TDD 1-800-833-6388 FAX (509) 332-1608
A Pullman United Way and Colfax Community Fund Agency

March 13, 2017

Dear Sir or Madam:

This notice is being provided to everyone who is currently receiving care from our agency. There are federal regulations, called the Health Insurance Portability and Accountability Act (HIPAA), that are intended to safeguard your healthcare information.

Palouse River Counseling is providing a Notice of Privacy Practices to all persons receiving services at our agency. This is intended to inform you of how our agency will safeguard your personal healthcare information currently on file.

Please sign the acknowledgement page at the back of this packet and return it to the receptionist or your counselor. Please note for clients age 13-17 we need signature(s) of the client. The client's parent/guardian may also sign in desired.

If you have any questions regarding this notice, please feel free to speak with your counselor or contact our Privacy Officer.

Thank you for your cooperation.

Sincerely,



Mike Berney
Executive Director

enclosures

NOTICE OF PRIVACY PRACTICES

Palouse River Counseling * NE 340 Maple * Pullman, WA 99163

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Privacy Notice, please contact our Privacy officer at (509) 334-1133.

I. Introduction

This Notice of Privacy Practices describes how we may use and disclose your (or your child's/children's) protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you (or your child/children) and a brief description of how you may exercise these rights. This Notice states the obligations we have to protect your health (or your child's/children's) information. "Protected health information" means health information, including identifying information about you (or your child/children); we have received from you or from other health care providers, health plans, employers, Department of Social and Health Services, Department of Child and Family Services, or health care clearinghouses. It can include information about your (or your child's/children's) past, present, or future physical or mental health condition(s), the treatment plan for your (or your child's/children's) condition, and methods of payment for health care services. We are required by law to maintain the privacy of your (or your child's/children's) health information and to provide you with this notice of our legal duty(ies) and privacy practices with respect to your (or your child's/children's) health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

II. Use and Disclosure of Health Information

We will use and disclose your (or your child's/children's) health information as described in each category listed below. Each category will explain what is meant in general, but not describe all specific uses or disclosures of health information. You as the patient have the right to request that Palouse River Counseling restrict the release of your (or your child/children's) personal healthcare information for the use of treatment, payment, or health care operations. However, Palouse River Counseling is not required to agree to a request for the restriction, PRC has a policy by which they will accept or deny such request(s).

A. Uses and Disclosures that may be made with your written consent

1. For Treatment. Once you have signed our Consent to Use and Disclose Health Information, we will use and disclose your (or your child's/children's) health information to provide health care and any related services. We will also use and disclose health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating care outside of this agency. We may also disclose your health information among our clinicians and other staff. This may include clinicians, Medical Doctor, Nurse Practitioner, other than your (or your child's/children's) principal clinician, who work at Palouse River Counseling.

2. For Payment. Once you have signed the Consent to Use and Disclose Health Information, we may use or disclose your (or your child's/children's) health information so that the treatment and services received are billed to, and payment is collected from, a health plan or other third party payer. For example, we may disclose your (or your child's/children's) health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include:

- Making determination of eligibility or coverage for health insurance;
- Reviewing your services to determine if they were medically necessary;

- Reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
- Reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges of your care.

Additionally, your health plan may ask us to share your (or your child's/children's) health information in order to determine if the plan will approve additional visits to your therapist. However, if you choose not to use your insurance for your (or child/children's) services, we will not send information to your insurance company.

3. For Health Care Operations. Once you have signed our Consent to Use and Disclose Health Information, we may use and disclose health information about you (or your child/children) for our operations. These uses and disclosures are necessary to run our organization and make sure that our clients receive quality care. These activities may include, for example, quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administrative activities.

Palouse River Counseling may combine the health information of several of our clients to decide what additional services we should offer, what services are no longer being used, and whether certain new treatments are effective. We may also combine health care information with information received from other providers to compare how we are doing and see where we can make improvements in our services. When we combine our health information with the information from other providers, we will remove any identifying information so others may use it to study health care or health care delivery without identifying specific clients.

We may also use and disclose your (or your child's/children's) health information to contact you to remind you of your appointment.

Finally, we may use and disclose your (or your child's/children's) health information to inform you about possible treatment options and alternatives that may be of interest to you.

B. Uses and Disclosures that may be made without Your Consent or Authorization, but for which you will have an opportunity to object.

1. Person(s) Involved in your care. We may provide health information about you (or your child/children) to someone who helps pay for your care. We may use or disclose your (or your child's/children's) health information to notify or assist in notifying family members, personal representatives, or any other person(s) that is (are) responsible for your (or your child's/children's) care of your (or your child's/children's) location, general condition, or death. Palouse River Counseling may also use or disclose your (or your child's/children's) health information to any agency assisting in disaster relief efforts or to coordinate uses and disclosures for this purpose to family or other individuals involved in your (or your child's/children's) health care.

In certain circumstances, we may disclose health information about you (or your child/children) to a friend or family member who is directly involved in your (or your child's/children's) care. If you're physically present and have the capacity to make health care decisions, your (or your child's/children's) health information may only be disclosed with your agreement to the person(s) you designate to be involved in your (or your child's/children's) care.

However, if you (or your child/children) are involved in an emergency situation, Palouse River Counseling may disclose your (or your child's/children's) health information to a spouse, parent (including a non-custodial parent), or a friend so that such person may assist in your care. In each individual case we will determine whether the disclosure is in your (or your child's/children's) best interest and, if so, we will only disclose information that is directly relevant to participation in your (or your child's/children's) care. And, if you are not in an emergency situation, but are unable to make health care decisions, we will disclose your health information to:

- A person(s) designated to participate in your care in accordance with an advance directive validly executed under state law.

- Your (or your child's/children's) guardian or other fiduciary if one has been appointed by a court, or
- Where applicable, the state agency responsible for consenting to your care.

Palouse River Counseling (PRC) is permitted to release patient information if PRC has a good faith belief that the disclosure is necessary to prevent or lessen a serious and/or imminent threat to the health and/or safety of the patient or others within the community. Such a release can be made to a person(s) who is reasonably able to lessen and/or prevent this threat. This may include, depending on the circumstances of the threat, disclosure to law enforcement, family members, the target of the threat, or others who the covered entity has a good faith belief can assist in lessening and/or preventing the threat. In the case of a minor, Palouse River Counseling can disclose protected health information to the child's parent (including a non-custodial parent) or guardian as the child's personal representative. In the case of a minor who has reached the age of 13 and can enter into or leave treatment without parental consent, the parents are not treated as the minor's personal representative. However, if PRC believes in good faith that the teen presents a danger to themselves and/or others, than PRC can release information to the parent (including a non-custodial parent) or guardian or to other person(s) who can assist in lessening and/or preventing the threat.

III. Uses and Disclosure of Your Health Information with your Permission.

Uses and disclosures not described in Section II of this Notice of Privacy will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke an authorization we will not make any further uses or disclosures of your (or your child's/children's) health information under that authorization, unless we have already taken action relying upon the uses or disclosures you have previously authorize.

If an individual has been given a health care power of attorney they have the right to access your (or your child's/children's) medical records. However, if Palouse River Counseling reasonably believes that you (or your child/children) has been or may be a victim of domestic violence, abuse, or neglect by the client's personal representative, or that treating a person as a client's personal representative could endanger you (or your child/children), than PRC can choose not to treat that person as your (or your child/children's) personal representative.

If an individual is the personal representative of an adult or an emancipated minor, the individual has access to the client's protected health information. However, the scope of the access is dependent on the authority granted to the personal representative. If the personal representative is authorized the make health care decisions, then he or she may have access to yours (or your child/children's) protected health information regarding general health care. However, if the authority is limited, than the personal representative can only have access to the personal health information that is relevant to their decision making within his/her authority.

IV. Your Rights Regarding Your (or your child's/children's) Health Information

A. Right to Inspect and Copy

You have the right to request an opportunity to inspect, with your (or your child's/children's) counselor present, or copy health information used to make decisions about your (or your child's/children's) care – whether they are decisions about treatment or payment. You must submit your request in writing to Palouse River Counseling's Privacy Officer at NE 340 Maple, Pullman, WA 99163. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and supplies associated with your request. Palouse River Counseling has 14-days in which to respond to any such requests. We may deny your request to inspect or copy your (or your child's/children's) health information in certain limited circumstances, for example, if you wish to see information generated by other agencies or if the request is not made in writing. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request has been reviewed and a decision made. Once the review is completed, we will honor the decision made by the reviewer.

You have the right to request any of your confidential patient information in electronic form. You can also designate a third party to be the recipient of the your confidential patient health information.

Under the HIPAA privacy rule, Palouse River Counseling is not required to provide you access to any oral information regarding you (your child/children). You can only request information that is contained in your (your child/children's) designated record set, which does not include oral information. Palouse River Counseling is not required under the HIPAA privacy rule to tape or digitally record oral communication, nor is PRC required to retain taped or digitally recorded information after it has been transcribed.

B. Right to Amend.

For as long as Palouse River Counseling retains your (or your child's/children's) records, you have the right to request us to amend any health information used to make decisions your (or your child's/children's) care – whether these decision relate to treatment or payment. To request an amendment, you must submit a written request to Palouse River Counseling's Privacy Officer at NE 340 Maple, Pullman, WA 99163, and tell us why you believe the information is incorrect or inaccurate. Again, we may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that includes:

- Documentation not created directly by our agency, unless the person(s) or entity(ies) that created the health information is no longer available to make the amendment;
- Documentation that is not part of the health information we maintain to make decisions about your care;
- Documentation is not part of the health information that you would be permitted to inspect or copy; or
- Documentation is accurate and complete.

If we deny your request to amend, you will be sent a written notification of the denial that will state the basis for the denial and offer you the opportunity to provide a written statement disagreeing with our decision. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request. If you choose to submit a written statement of disagreement, Palouse River Counseling has the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal, along with the original request and denial, to all future disclosures of the health information that is the subject of your request.

C. Right to an Accounting of Disclosures.

You have the right to request that Palouse River Counseling provide you with an accounting of all disclosures we have made of your health information. This list will not include certain disclosures of your health information, for example, those we have made for the purposes of treatment, payment, and health care operations. To request an accounting of disclosures, you must submit your request in writing to the Palouse River Counseling's Privacy Officer at NE 340 Maple, Pullman, WA 99163. For your convenience, you may submit your request on a form called a "Request For Accounting", which can be obtained from our Privacy Officer. The request should include the time period for which you wish to receive an accounting.

This time period may not exceed more than six years and not include dates prior to April 14, 2003. The first accounting your request within a twelve month period will be free. For additional requests during the same 12 month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

D. Right to Request Restrictions.

You have the right to request a restriction on the health information we use or disclose about you (or your child/children) for treatment, payment or health care operations. You may also ask that any part (or all) of your (or your child's/children's) health information not to be disclosed to family members, non-custodial parents, or friends who may be involved in your (or your child's/children's) care or for notification purposes as described in Section II (B)(2) of this Privacy Notice. To request a restriction, you must either include it (with the approval of Palouse River Counseling) in the Consent for Use or Disclosure Form or request the restriction in writing addressed to Palouse River Counseling's Privacy Officer at NE 340 Maple, Pullman, WA 99163. The Privacy Officer will ask you to sign a new consent form which will include the restrictions. Palouse River Counseling is not required to agree to the restriction(s) that you may request. If

we do agree, we will honor your request unless the restricted health information is needed to provide you (or your child/children) with emergency treatment.

E. Right to Request Confidential Communications.

You have the right to request that Palouse River Counseling communicate with you about your (or your child's/children's) health care only in a certain location or through certain methods, for example we can only contact you at work or by email. To request such confidential communication, you must make your request in writing to Palouse River Counseling's Privacy Officer at NE 340 Maple, Pullman, WA 99163. We will accommodate all reasonable requests. You do not need to give a reason for the request, but your request must specify how or where you wish to be contacted.

F. Right to a Paper Copy of this Notice.

You have the right to obtain a paper copy of this Privacy Notice at any time. To obtain a paper copy, contact Palouse River Counseling's Privacy Officer at NE 340 Maple Drive, Pullman, WA 99163.

V. Confidentiality of Substance Abuse Records

For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by additional federal law and regulations. As a general rule, Palouse River Counseling may not tell a person outside the program that you attend (or attended) any of these programs or disclose any information identifying you as an alcohol or drug abuser, unless:

- You authorize the disclosure in writing; or
- The disclosure is permitted by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- You threaten to commit a crime directed at the drug abuse or alcohol program or against any person who works for Palouse River Counseling drug abuse or alcohol programs.

A violation by us of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to the appropriate authorities.

VI. Complaints/Breaches of Confidential Information

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. In the event that there is a breach of confidential patient health information, you will be notified by the Privacy Officer at Palouse River Counseling. If you feel that there has been a breach of your (or child/children's) confidential patient health information that PRC is not aware of, please contact our office at 509-334-1133. To file a complaint with us, contact our office at 509-334-1133. All complaints must be submitted in writing. Our Privacy Officer, who can be contacted at NE 340 Maple, Pullman, WA 99163, will assist you with writing your complaint, if you request such assistance. Palouse River Counseling will not retaliate against you for filing a complaint.

VII. Changes of this Notice

Palouse River Counseling reserves the right to change the terms of our Privacy Notice. We also reserve the right to make the revised or changed Privacy Notice effective for all health information we already have about as well as any health information we receive in the future. We will post a copy of the current Privacy Notice at our main office. You may also obtain a copy by calling us at 509-334-1133 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our office.

VIII. Who will follow this Notice

This Notice of Privacy will be followed by all employees of Palouse River Counseling.

test to react as positive. The test may also be falsely negative if your immune system is not working properly.

A negative QFT usually means you are not infected.

What if the test is positive?

A positive skin test or QFT usually means that you have been infected with the TB germ. It does not necessarily mean that you have TB disease. Other tests, such as an x-ray or sputum sample, are needed to see if you have TB disease.



What if I had the BCG vaccine?

BCG is a vaccine for TB. This vaccine is not widely used in the United States, but it is often given to infants and small children in other countries where TB is common. The BCG vaccine does not usually protect adults against TB. You may still get TB infection or TB disease. Even if you have had the BCG vaccine, you will need a TB skin test or QFT to see if you may have TB infection or TB disease.

What should I do if I have TB infection or TB disease?

Get the required follow-up tests. Follow your doctor's advice and take the medicine as prescribed. Today, both TB infection and TB disease can be treated and cured with medication.



For more information on TB or to get a TB skin test, call your doctor or local health department.

Tuberculosis



Get the Facts

For further information on TB visit:

CDC Division of Tuberculosis Elimination
Website at
www.cdc.gov/tb



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control
and Prevention



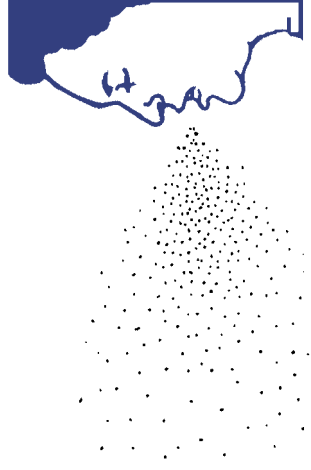
Tuberculosis: Get the Facts!

What is tuberculosis?

Tuberculosis (TB) is a disease that usually affects the lungs. TB sometimes affects other parts of the body, such as the brain, the kidneys, or the spine. TB disease can cause death if untreated.

How is TB spread?

TB germs are spread from person to person through the air. TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, laughs, or sings. TB is NOT spread by sharing silverware or cups, or sharing saliva when kissing someone.



What are the symptoms of TB?

People with TB disease often feel weak or sick, lose weight, have fever, and have night sweats. If their TB disease is in the lungs, they may also cough and have chest pain, and they might cough up blood. Other symptoms depend on what part of the body is affected.

What is the difference between TB disease and TB infection?

People with TB disease are **sick** from the large number of TB germs that are active in their body. They usually have one or more of the symptoms of TB disease. These people may pass the TB germs to others. TB disease can cause permanent body damage and death. Medicines which can cure TB disease are given to these people.

People with TB infection also have the germs that cause TB in their body. But they are **not sick** because there are not as many of the germs, and the germs lie dormant (sleeping) in their body. They cannot spread the germs to others. However, these people could develop TB disease in the future, especially if they are in one of the high-risk groups listed under “Who gets TB disease?” People with TB infection can take medicine to prevent them from developing TB disease.

Who gets TB disease?

Once a person has TB infection, he or she has a higher chance of getting TB disease if the person

- Has HIV infection
- Has been recently infected with TB germs (in the last 2 years)
- Has other health problems, like diabetes, that make it hard for the body to fight germs
- Uses alcohol or injects illegal drugs
- Was not treated correctly for TB infection in the past

How can I tell if I have TB?

Get a TB skin test or the QuantiFERON®-TB Gold (QFT) blood test. If you have a positive reaction to either of the tests, you will probably be given other tests to see if you have TB infection or TB disease.

Where can I get a TB skin test or QFT?

You can get a TB skin test from your doctor or local health department. You may be able to get the QFT at your local health department.

How are the TB tests given?

For a TB skin test, a health care worker uses a small needle to put some testing material, called tuberculin, just under your skin. This is usually done on the lower inside part of your arm. After you get the test, you must return in 2 to 3 days to see if there is a reaction to the test. If there is a reaction, the size of the reaction is measured.



If your health department does offer the QFT, some of your blood is taken for the test. You will be instructed on how to get the results of your test.

What if the test is negative?

A negative skin test usually means you are not infected. However, the test may be falsely negative if you were infected recently. It usually takes 2 to 10 weeks after exposure to a person with TB disease for your skin

RISK SELF-ASSESSMENT

1. Have I engaged in any activity that would allow the blood, semen, or vaginal fluids of another person to get into my body?
 - Unprotected intercourse
 - Unsterile injections
 - Transfusions

1. How likely is it that the blood, semen, or vaginal fluids that I was exposed to actually had the AIDS virus in it?
 - Partner in high prevalence group
 - Partner in high risk group

1. Was I in a geographical area where there is a high prevalence of HIV/AIDS?
 - New York City
 - San Francisco
 - Los Angeles
 - Puerto Rico
 - Other large urban area

1. Did my high risk contact(s) take place at a time when there were many cases of HIV/AIDS?

2. If I have been exposed to the AIDS virus, how likely is it that I have been infected?
 - Frequency
 - Infectivity
 - Susceptibility

“THE HIV RISK CHAIN”

1. POTENTIAL FOR EXPOSURE

INFECTIOUS SUBSTANCE (BLOOD, SEMEN, VAGINAL FLUIDS)

LOW _____ HIGH

INFECTIOUS DOSE

LOW _____ HIGH

PENETRATION OF PROTECTIVE SKIN/MEMBRANES

LOW _____ HIGH

2. ODDS/LIKELIHOOD OF HIV EXPOSURE

MEMBER OF HIGH PREVALENCE GROUP (SELF OR PARTNER)

LOW _____ HIGH

NUMBER OF DIFFERENT CONTACTS (SELF OR PARTNER)

LOW _____ HIGH

ANONYMOUS PARTNER(S) (SELF OR PARTNER)

LOW _____ HIGH

GEOGRAPHICAL SEROPREVALENCE WITH ANY OF ABOVE

LOW _____ HIGH

RECENCY AND SEROPREVALENCE WITH ANY OF ABOVE

LOW _____ HIGH

3. LIKELIHOOD OF INFECTION

FREQUENCY

LOW _____ HIGH

INDIVIDUAL INFECTIVITY OR SUSCEPTIBILITY

LOW _____ HIGH

THE HIV RISK CHAIN

*IN ORDER FOR HIV TRANSMISSION TO OCCUR ALL THREE OF THE FOLLOWING CONDITIONS MUST BE MET:

1. A POTENTIALLY INFECTIOUS SUBSTANCE

Blood
Semen
Vaginal/cervical fluids

2. A POTENTIALLY INFECTIOUS DOSE

Blood that is transfused
Blood involved in pregnancy/childbirth
Blood transmitted through used injection equipment
Ejaculated semen

3. PENETRATION INTO BLOODSTREAM

Transfusion
Injection
Perinatal
Receptive anal intercourse
Receptive vaginal and oral intercourse
Insertive intercourse
Other cuts, abrasions, etc.

* A HIGH RISK ACT MUST ALSO INCLUDE A SOURCE OF HIV.

4. HIV SOURCE (LIKELIHOOD OF EXPOSURE TO HIV)

Membership in a high prevalence group—

- Homosexual men
- IVDAS
- Hemophiliacs

High Potential Partners of the above—

- Multiple sexual partners
- Multiple needle sharing partners
- Blood product recipients (1979-1985)
- Risk behaviors in high prevalence areas
- More recent risk behaviors (except for blood product recipients)

Sexual or needle sharing partner of any of the above.

* NOT EVERY EXPOSURE TO HIV RESULTS IN HIV INFECTION. THE LIKELIHOOD THAT INFECTION WILL OCCUR AT ANY GIVEN EXPOSURE IS INFLUENCED BY CERTAIN VARIABLES.

5. FREQUENCY

Risk increases with number of exposures

6. PHYSICAL CONDITION

Risk may increase with susceptibility of infection

- Malnutrition
- Other infections
- Pregnancy
- Etc.

Palouse River Counseling

Substance Use Disorder Staff

Mark J. Ziegler, MSW, CDP, Adult & Youth Counselor, Clinical Director

License/Certification and Education:

Chemical Dependency Professional (License: CP00002260)
Master of Social Work, Boise State University
Bachelor of Science in Psychology, Washington State University
ADIS Certified

Kimberly Thompson, CDP, Adult Counselor

License/Certification and Education:

Chemical Dependency Professional (License: CP00005783)
Bachelor of Science in Psychology with emphasis on Clinical Helping Skills
Minors in Sociology and Alcohol Studies and Other Drug Studies
Chemical Dependency Certification at Washington State University

Peter Vandersteen, MA, CDP, LMHC Adult Counselor

License/Certification and Education:

Chemical Dependency Professional (CP60499021)
Licensed Mental Health Counselor (LH60898613)
Master of Arts in Addiction Counseling, Hazelden Betty Ford Graduate
School of Addiction Studies
Bachelor of General Studies, minor in Landscape Architecture, University
of Idaho

Todd Benson, BA, CDP, Adult Counselor

License/Certification and Education:

Chemical Dependency Professional (CP60081261)
Bachelor of Arts in Business Administration, emphasis in Economics
Clinical Supervision Skills I&II Certified
Nursing Assistant Certification (License: NC10093973-inactive)