
Document Type: ¹	<input checked="" type="checkbox"/> Policy & Procedure	<input type="checkbox"/> Process Guideline	Adopted:	1/1/2019
	<input type="checkbox"/> Plan	<input type="checkbox"/> System Description	Last Reviewed:	2/28/2020
			Retired:	

Revisions: 2/28/2020

Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
 - X - The requirements herein apply, verbatim, to GCBH and its network providers².
 - The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.
-

PURPOSE: To establish clear guidelines in regards to individual rights in relationship to their protected health information.

POLICY

- A. Greater Columbia Behavioral Health (GCBH), in an effort to be compliant with the Privacy Rules of HIPAA's Administrative Simplification provisions and 42 CFR Part 2, sets out in this policy, the individual rights regarding their protected health information. These rights fall into six (6) general categories:
- a. The right of adequate notice of:
 - i. Uses and disclosure of PHI that may be made by GCBH.
 - ii. The individual's rights and GCBH's legal duties with respect to the individual's PHI.
 - b. The right to access PHI.
 - c. The right to request amendment and/or correction of PHI.
 - d. The right to request and receive an accounting of disclosures of PHI.
 - e. The right to request restrictions on the use and/or disclosure of PHI.
 - f. The right to request confidential communication.

PROCEDURE

1. Adequate Notice:

- 1.1. GCBH recognizes that the most important individual right provision in the HIPAA regulations is the right to notification of GCBH's privacy practices. This right affords individuals the opportunity to become aware of and understand how their PHI will be used and disclosed. This notice becomes the portal through which individuals are able to further access their information and to control the uses and disclosures of such information. GCBH, in its efforts to meet compliance with these regulations, has developed its privacy notices to conform to the requirements as described in the regulations. GCBH published and distributed the GCBH Privacy Notice to those individuals in service on April 14, 2003 (see GCBH Privacy Notice). Additionally, the Privacy Notice is translated into Spanish, available on the GCBH website, and posted in the Region Office. For individuals entering services after April 14, 2003,

the GCBH Privacy Notice is made available through the GCBH provider network, the GCBH website, and posting at the Region Office.

2. Access to PHI:

- 2.1. GCBH considers all requests from our individuals, or previous individuals, for access to their PHI that is maintained in the designated record set and that is dated after April 14, 2003 (see policy on Designated Record Set). GCBH considers individual requests to either inspect or obtain a copy of their PHI for as long as their PHI is maintained in the designated record set.
- 2.2. GCBH requires that individuals make their request in writing. The request should address the following:
 - 2.2.1. Identification of the specific PHI that the client wishes to access;
 - 2.2.2. The reason for their request (this is optional for the client);
 - 2.2.3. Whether they wish to inspect or obtain copies of the PHI;
 - 2.2.4. Notification of the cost we will charge for copying and postage; and
 - 2.2.5. Notification of their right to obtain a summary or explanation of their information, along with the cost of that service.
- 2.3. GCBH denies a client access to PHI, and that denial will not be subject to review, if the PHI requested is contained in:
 - 2.3.1. Records or documents compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - 2.3.2. The PHI is subject to the Federal Privacy Act;
 - 2.3.3. The information was obtained under the promise of confidentiality from another person (not a healthcare provider), and the access requested would be reasonably likely to reveal the source of that information;
 - 2.3.4. The information was created or obtained in the course of research that involves treatment when the individual agreed to the denial of access for the duration of the research (that includes treatment) when consenting to participate in the research, and the individual has been informed that access will be reinstated upon completion of the research; or
 - 2.3.5. An inmate requests a copy of PHI and it is determined that such a copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual or other inmates or the safety of an officer or other person responsible for transporting the inmate. GCBH will provide an inmate with the right to inspect his PHI unless other grounds for denial exist.
- 2.4. GCBH denies access to any PHI that a licensed healthcare professional determines:
 - 2.4.1. Exercising professional judgment, is reasonably likely to endanger the life or physical safety of the individual or another person;
 - 2.4.2. Exercising professional judgment, makes reference to another person (not a health care provider), and access is reasonably likely to cause substantial harm to that other person; or

- 2.4.3. Has been requested by a personal representative, and access by that person is reasonably likely to cause substantial harm to the individual or another person.
- 2.5. When denying an individual access for any of these three reasons, these denials are subject to review as described below. In addition, if access to the entire record is denied and the individual requests a review of the decision, GCBH makes the entire record available to the individual's attorney, with the consent of the individual, or to a psychotherapist designated by the individual.
- 2.6. It is GCBH's policy to deny individuals access to their PHI only infrequently and in unusual circumstances and, when access is denied, it must be for one of the reasons listed above. Furthermore, GCBH provides access, to the extent possible, to any other requested PHI that is not part of the PHI to which access has been denied.
- 2.7. When an individual has been denied access for one of the reasons that is subject to review, it is GCBH's policy to respond in writing giving the basis for denial in plain language within the time period set forth below. GCBH also informs the individual of their right to request a review of the denial of access and provide a description of how the individual may file a complaint with us or with the Secretary of DHHS.
- 2.8. In any case where the individual requests a review, GCBH promptly refers the denial to another licensed healthcare professional, who has not been directly involved in the denial, for their review. GCBH also promptly informs the individual, in writing, if the reviewer upholds the denial. In cases where the reviewer permits access, the individual is informed.
- 2.9. When GCBH has agreed to grant access to PHI, the individual is notified and arrangements made to do so within 30 days from the date of the request. Should the PHI requested be maintained off-site, GCBH can take longer to respond, but no more than 60 days from the date of the request. In either case, GCBH can obtain a single, 30-day extension of time in those rare cases where we are unable to respond in the initial time period. GCBH notifies the individual of the reasons for delay and the date of completion by means of a written statement.
- 2.10. When GCBH has agreed to inspection of the designated record set, GCBH arranges a mutually agreeable time and place for the inspection.
- 2.11. When GCBH has agreed to provide copies of the requested PHI, GCBH confers with the individual and determines their preference for the media in which to receive it – paper or electronic (where available). If GCBH cannot agree on how the PHI will be produced, then GCBH produces the PHI in readable hard copy.
- 2.12. GCBH charges a fee for copying the material and for postage, if the copies are to be mailed, and the individual is notified of that charge prior to GCBH copying the material. However, if the individual is requesting the PHI for the purpose of supporting a claim or appeal under the Social Security Act or any federal or state financial need-based benefit program, GCBH furnishes the PHI within 30 days of the request at no charge to the individual.
- 2.13. It is GCBH's policy to charge for the cost of making the copies (both the labor and machine and paper cost), but we do not include in our charges the cost of the

retrieval and handling of information, nor do we charge for the costs of processing the request.

- 2.14. GCBH provides summaries of PHI in those cases where the individual has requested them. GCBH charges for the costs associated with producing the summary, and the individual is notified of that charge prior to completing the summary.
- 2.15. In cases where GCBH receives a request for PHI that GCBH does not maintain, but know where it is maintained, the individual is informed of the location of the PHI.

3. Amendment / Correction:

- 3.1. GCBH considers all requests from individuals, or former individuals, to amend their PHI that is maintained in a designated record set for as long as it is maintained at the Region Office. GCBH requires that all requests for amendment be in writing, and includes the reason for the amendment. GCBH notifies our individuals of our policies for requesting amendments in our Privacy Notice.
- 3.2. GCBH responds to requests for amendment within 30 days from the date of the request. Should, in rare circumstances, GCBH is unable to respond within 30 days, the individual is notified prior to the expiration of the 30-day period, in writing, and provides the reason that additional time is needed and gives a date (no more than 30 days beyond the original 30 days) by which the individual can expect action on their request be completed.
 - 3.2.1. Instances in which GCBH grants the request for amendment, the following steps are completed:
 - 3.2.1.1. Inform the individual in writing;
 - 3.2.1.2. Obtain their agreement about the list of people or organizations that they, and you, believe should be informed of the amendment; and
 - 3.2.1.3. Notify the list identified above of the amendment. (Note: GCBH will identify anyone who may have relied upon the subject PHI in the past, or who might reasonably be expected to rely upon it in the future and attempt to obtain agreement from the individual about their notification.)
 - 3.2.2. Instances in which GCBH denies the request for amendment, the following steps are completed:
 - 3.2.2.1. Provide the individual with a written denial that is in plain language and that:
 - 3.2.2.1.1. Contains the basis for the denial; and
 - 3.2.2.1.2. The notification that the individual has the right to provide a written statement disagreeing with the denial and how they might file such a statement.
 - 3.2.2.2. Describe to the individual the procedure for filing a complaint either with:
 - 3.2.2.2.1. DHHS or
 - 3.2.2.2.2. With the person or office in our organization who is responsible for receiving complaints, including their name or title and their telephone number.

- 3.2.2.3. Inform the individual that they may file a statement of disagreement with the GCBH denial that does not exceed 250 words.
- 3.2.2.4. Inform the individual that they may request, should they not file a statement of disagreement, that their request for amendment and the related denial be attached to all future disclosures of the subject PHI.
- 3.2.3. GCBH prepares rebuttals in those instances where a licensed healthcare professional determines that a rebuttal is necessary to add clarity to the other material created around this request for amendment.

4. Designated Record Set:

- 4.1. It is the GCBH policy to take the following actions with respect to the designated record set in amendment situations:
 - 4.1.1. When the amendment request has been granted
 - 4.1.1.1. Identify the subject PHI in the designated record set; and
 - 4.1.1.2. Append the amendment to the PHI or
 - 4.1.1.3. Provide a link to the location in the file of the amendment.
 - 4.2. When the amendment request has been denied and the client requests it
 - 4.2.1. Identify the subject PHI in the designated record set; and
 - 4.2.2. Append the request for amendment and the denial to the PHI or
 - 4.2.3. Provide a link to the location in the file of the request and the denial.
 - 4.3. When the amendment request has been denied and the client has filed a statement of disagreement, and we have or have not prepared a rebuttal:
 - 4.3.1. Identify the subject PHI in the designated record set; and
 - 4.3.2. Append the request for amendment, the denial, the statement of disagreement, and, if prepared, our rebuttal to the PHI or
 - 4.3.3. Provide a link to the location in the file of all of the items listed in 4.2.

5. Accounting of Disclosures:

- 5.1. GCBH considers all requests from individuals, or former individuals, to receive an accounting of certain disclosures of their PHI that have occurred in the six-year period prior to their request, or from the effective date of the Privacy Rule, whichever is shorter. GCBH requires that all requests for an accounting be in writing. GCBH notifies individuals of policies for requesting an accounting in the GCBH Privacy Notice.
- 5.2. GCBH responds to requests for an accounting within 30 days from the date of the request. Should, in rare circumstances, GCBH is unable to respond within 30 days, the individual is notified, in writing during the initial 30-day period, and provided with the reason(s) additional time is needed and given the date (no more than 30 days beyond the original 30 days) by which the individual can expect action on their request be completed.

- 5.3. GCBH accounts for all uses and disclosures of our individuals' PHI except for those in the following categories:
 - 5.3.1. Disclosures made to the individual;
 - 5.3.2. Disclosures made to carry out treatment, payment, or operations;
 - 5.3.3. Disclosures made to persons involved in the client's care (relatives and/or friends);
 - 5.3.4. Disclosures made for notification purposes to family or personal representatives;
 - 5.3.5. Disclosures for national security or intelligence purposes; and
 - 5.3.6. Disclosure to correctional institutions or law enforcement officials when the client is an inmate.
- 5.4. In situations where GCBH has made disclosures to a health oversight or law enforcement agency as permitted and, the agency has provided GCBH with a written statement that inclusion of such disclosures would be reasonably likely to impede with their activities and, the agency has provided a specific time period, our policy is to exclude those disclosures from any accounting requested by the subject individual. At the end of that period, the GCBH policy is to include any disclosures made to the agency during that period in any future accountings.
- 5.5. Should the health oversight or law enforcement agency provide GCBH with an oral statement that a disclosure would be reasonably likely to impede their activities, the GCBH policy is to withhold disclosures for a 30-day period after which GCBH includes the disclosures in requested accountings unless a written statement requesting a longer time period has been provided during the 30-day period.
 - 5.5.1. The GCBH policy is to include the following items in every accounting:
 - 5.5.1.1. The date of the disclosure;
 - 5.5.1.2. The name and address of the person or organization receiving the PHI;
 - 5.5.1.3. A brief description of the PHI disclosed; and
 - 5.5.1.4. A brief statement that reasonably informs the client of the purpose for the disclosure.
- 5.6. GCBH's policy with respect to multiple disclosures of an individual's PHI to the same person or entity for the same purpose is to present all of the information listed above for the first disclosure in the accounting period. In addition, GCBH presents the frequency, periodicity, or number of disclosures made during the accounting period and the date of the most recent disclosure.
- 5.7. GCBH provides the first accounting in each 12-month period, beginning with the individual's first request for an accounting, at no charge. Any additional request for accounting from the same individual during their 12-month period is made subject to the individual's agreement to pay a reasonable, cost-based fee for the additional accounting. GCBH informs the individual of the fee and obtains their written agreement to pay the fee prior to preparing the accounting. GCBH offers the

individual an opportunity to withdraw or modify their request in order to avoid or reduce the fee.

6. Restrictions:


- 6.1. GCBH considers an individual's request for restriction of the uses and disclosures that GCBH makes for purposes of treatment, payment, and operations. GCBH requires individuals to make their request in writing. GCBH discusses with the individual the potential difficulties that are inherent in the restrictions that the individual requests.
- 6.2. GCBH documents the request and, ultimately, whether the restriction has been granted to the individual. While GCBH is not required by the Privacy Rule to agree to individual-requested restrictions, GCBH grants those restrictions that GCBH believes, in its judgment, to be in the best interests of individuals.
- 6.3. GCBH abides by all of the restrictions that are granted, except as described below.
 - 6.3.1. When the individual is in need of emergency treatment and the restricted PHI is needed to provide the emergency treatment, GCBH policy is to make disclosure of the PHI that is required for treatment and to send along with the PHI the requirement that there be no further uses or disclosures of the restricted PHI. In non-emergency situations, when we receive a request for PHI that is restricted but required for appropriate treatment, GCBH discusses with the individual the need to send the PHI and attempt to obtain their agreement. The individual's agreement is documented by a note in their record.
- 6.4. In any case where GCBH believes the individual's restriction can no longer be honored, GCBH terminates the restriction. It is GCBH's policy to discuss the change of circumstance with the individual and ask for their agreement and to document that agreement in the record.
- 6.5. Should the individual refuse to agree to the termination of the restriction, GCBH implements a unilateral termination. This is also documented in the record. The PHI that GCBH created or received during the term of the restriction is flagged to assure that future uses and disclosures of it are made in accordance with the restrictions in place for that period.

7. Confidential Communications:

- 7.1. GCBH considers an individual's written request for confidential communications upon request for same. GCBH will document the alternative information and the approval. Documentation will be placed in the record or noted in an electronic database. GCBH will grant reasonable requests. Reasonableness will be judged by the administrative difficulty of complying with the request.
- 7.2. GCBH will not ask the individual to explain why they wish to have GCBH communicate with them by alternative means or to alternative locations.
- 7.3. GCBH will not comply with the individual's request unless they have provided GCBH with complete information to enable us to communicate with them, i.e., a complete address or other method of contact.

- 7.4. GCBH will provide adequate notice of the request to those employees who may need to contact the individual by flagging the record and, where possible, other databases.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors



Date