

LUMMI BEHAVIORAL CONSENT TO TREATMENT AND NOTICE OF RIGHTS AND PRIVACY PRACTICES

Services and Staff: The Lummi Behavioral Health Division offers a wide range of counseling services: individual, group, and family therapies that are provided by **qualified** Mental Health or Chemical Dependency Professionals/Counselors through **a holistic** approach. The Lummi Behavioral Health Division will keep records of this treatment in an electronic format with Lummi Nation that is safeguarded by IT/IS security systems required by state and federal standards and you have been orally informed of the associated limitations and risk.

The Behavioral Health Division will continue to work as a team in order to provide the best care for you and/or your child/family. Confidential information from counseling sessions will be disclosed only with your written permission or as required or permitted by law.

Confidentiality: The Lummi Behavioral Health Division transitioned to an electronic health record system on 08/13/2012. The electronic health system is a certified health information system with features that protect and track your health information. All information disclosed in sessions is confidential and may not be revealed to anyone outside the Lummi Behavioral Health Division without your written permission unless permitted or required by law. Situations where disclosure may be permitted or required by law include:

1. If you present an imminent threat of harm to yourself or to others;
2. When there is an indication of abuse of a child or dependent adult, and/or elder;
3. If you become gravely disabled;
4. By subpoena or court order;
5. Insurance purposes

Crisis Response: If you have made arrangements with your primary counselor to call after hours or to make a next day appointment, you will do so. If you feel that you are in crisis and likely to harm yourself or others, you will follow your crisis plan which may include calling afterhours:

Care Crisis Response Services Line at: 911 or 1-800-584-3578.

Risks and Benefits: There is the possibility of risks and benefits, which may occur in counseling. Counseling may involve the risk of remembering unpleasant events and may arouse strong emotional response, feelings and may not be the right treatment for you. You have the right to discontinue services if desired. The benefits from counseling may be an improved ability to relate with others, a clearer understanding of self, values, goals, increased productivity in daily living skills, a decrease in suicidal or homicidal thoughts, a decrease in anxiety and panic, a decrease in anger or irritability, an increase in the ability to cope, and an ability to deal with everyday stress. Taking personal responsibility for your actions and working with these issues may lead to greater growth and movement forward in your life.

Eligibility, Appropriateness, and Referrals: The delivery of services from this agency shall be contingent upon whether you and the Counseling staff can agree that the services are appropriate given the needs and conditions you present. If it is decided that this is not the appropriate agency to meet your needs, you will be given referrals to resources more appropriate to meet your needs and goals.

Fees: The Behavioral Health Division will bill Medicaid or other insurance for services. A lack of personal financial resources will not prevent Native American youth and adults from receiving counseling services.

Acknowledgement of Privacy Practices:

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at the Lummi Behavioral Health Division.

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

Notice Effective Date: February 8th, 2022

Although your health record is the physical property of the Lummi Behavioral Health Division, the information belongs to you.

You have the right to:

- Inspect and receive a copy of your health record.
- Request a restriction on certain uses and disclosures of your health information for treatment, payment or our operations. We are not required to agree to your request and 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 your health insurer and we will agree unless a law requires us to share that information.
- Request an amendment to your health record if you believe the health information we have about you is incorrect or incomplete.
- Request that we communicate with you at a location other than your home or by a different means of communications such as telephone or mail.
- Receive a listing of certain disclosures we have made of your health information upon request. We will maintain the listing for a period of six years.
- Revoke your written authorization to use or disclose health information. This does not apply to health information already disclosed or used under previous authorization.
- Obtain a paper copy of the full Notice of Privacy Practices upon request.

Lummi Behavioral Health Division responsibilities required by law:

- Maintain the privacy of your health information
- Inform you about our privacy practices
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests to communicate health information by alternative means or at alternative locations
- Honor the terms of this notice or any subsequent revisions of this notice
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information

WE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION, EXCEPT AS PERMITTED BY WASHINGTON STATE (RCW CHAPTER 70.02) OR FEDERAL LAW. UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA), WE ARE PERMITTED TO USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- To provide your treatment (example: if there is a need for your counselor to consult with other healthcare providers regarding your treatment)
- For payment purposes (example: we may give information about you to your health insurance plan so it will pay for your services)
- For certain health care operations (example: we use health information about you to manage your treatment and services)

We may also be permitted or required under certain circumstances to share your information in the following ways. We must meet many conditions in the law before we can share your information for these purposes:

- With public health officials
- For research purposes
- To respond to organ and tissue donation requests
- To a medical examiner or funeral director
- In response to workers' compensation, law enforcement, and other government requests
- To respond to lawsuits and legal actions
- To comply with the law

We will *never* share your information in the following cases without your written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

More restrictive confidentiality requirements may apply under state law.

To exercise rights under this notice, to ask for more information, to report a problem, or to file a grievance contact the Lummi Behavioral Health Director in writing at:

Lummi Behavioral Health Division
2665 Kwina Road Suite: 1600
Bellingham WA 98226

If you believe your privacy rights have been violated, you may file a written complaint with the above individual or contact the Secretary of Health and Human Services, U.S. Department of Health and Human Services, Washington, D. C. 20201. There will be no retaliation for filing a complaint.

Lummi Behavioral Health Division
Monday-Friday 8:00-4:30
Phone: (360) 312-2019
Fax: (360) 380-6976

Client Rights: You have the right to be treated with respect, dignity and privacy. A full list of your rights is posted in the waiting room.

Informed Consent and Authorization for Counseling: I acknowledge that Lummi Behavioral Health Division has reviewed this Informed Consent with me and I understand the terms described above. I have had the opportunity to ask questions, have received a copy of “Lummi Behavioral Health Consent to Treatment and Notice of Rights and Privacy Practices”, and I consent to treatment.