



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.

OUR COMMITMENT TO YOUR PRIVACY

Backcountry Mental Health is committed to protecting the privacy of your health information, called Protected Health Information (PHI). PHI is information that identifies you and relates to your health, treatment, or payment. This Notice explains how we use and share your PHI, your rights, and our legal duties.

HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

The following uses and disclosures are permitted or required by law:

Treatment:

We may use and share your PHI to provide, coordinate, and manage your psychiatric and behavioral health care. For example, we may share information with other providers involved in your treatment (e.g., your primary care provider, specialists, pharmacy).

Payment:

We may use and share your PHI to bill and receive payment from your insurance company or other payers, including submitting claims and responding to coverage inquiries.

Health Care Operations:

We may use and share your PHI for business activities such as quality improvement, staff training, credentialing, audits, and business planning. These activities are necessary to run our practice and ensure quality care.

Other Permitted Disclosures Without Authorization:

- As required by law (e.g., mandatory reporting of child abuse, elder abuse, or neglect)
- To public health authorities for disease control and prevention
- To law enforcement under limited circumstances
- In response to a court order or valid subpoena
- To prevent or lessen a serious and imminent threat to health or safety (Tarasoff duty)
- For workers' compensation programs as authorized by law
- To the Secretary of HHS for compliance investigations
- To coroners, medical examiners, and funeral directors



SPECIAL PROTECTIONS FOR CERTAIN INFORMATION

Washington State and federal law provide EXTRA protections for the following types of information. We will not disclose these without your specific written authorization, except as required by law:

- Mental health and psychiatric records (WAC 246-341; RCW 70.02)
- Substance use disorder treatment records (42 CFR Part 2 — see separate consent form)
- HIV/AIDS status and test results (RCW 70.02.220)
- Genetic information (GINA; RCW 49.44.180)
- Psychotherapy notes (45 CFR §164.508 — require separate authorization)

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

We will ask for your signed authorization before we use or disclose your PHI for purposes not listed above, including:

- Marketing communications
- Disclosures to employers or schools (unless legally required)
- Most disclosures of psychotherapy notes
- Sale of your PHI

You may revoke any authorization at any time in writing. Revocation does not affect disclosures already made in reliance on your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your PHI. To exercise any right, contact us at support@backcountrymentalhealth.com.

Right to Access:

You may request a copy of your medical records. We will respond within 30 days. A reasonable fee may apply.

Right to Amend:

If you believe your PHI is incorrect or incomplete, you may request an amendment. We may deny requests that are not supported by the record.

Right to an Accounting of Disclosures:

You may request a list of disclosures of your PHI made in the last six years, except those for treatment, payment, and operations.

Right to Request Restrictions:

You may request limits on how we use or share your PHI. We are not required to agree, except: we must honor a request to not share information with your health plan if you pay the full cost of service out-of-pocket.

Right to Confidential Communications:

You may request we contact you only in certain ways or at certain locations (e.g., call your cell phone only).

Right to a Paper Copy of This Notice:

You may request a paper copy of this Notice at any time, even if you received it electronically.

Right to Notification of Breach:

You will be notified if your PHI is involved in a breach that may compromise its security.

