# *NOTICE OF PRIVACY PRACTICES*

**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.**

**WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**.

All Health Clinic employees, staff, and health professionals are legally required to abide by the policies set forth in this notice, and to protect the privacy of your protected health information.

This "protected health information," or PHI for short, includes information that can be used to identify you. We collect or receive this information about your past, present or future health condition in order to provide health care to you. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose (release) your PHI. With some exceptions, we may not use or release any more of your PHI than is necessary to accomplish the need for the information.

The SEL Health Clinic is required by law to notify you following an event leading to unauthorized access of PHI. We will provide notice without unreasonable delay and no later than 30 calendar days after discovery, unless a delay is permitted by law, and sooner when applicable law requires. Notice will generally be sent by first-class mail, or by email if you have agreed to electronic notice and have not withdrawn that agreement. To the extent possible, the notice will describe what happened, the types of information involved, steps you can take to protect yourself, what we are doing to investigate and mitigate the breach and prevent further breaches, and how to contact us for more information.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to the PHI already in existence. Before we make any change to our procedures, we will promptly change this notice and post a new notice in the waiting area. You can also request a copy of this notice from the contact person listed at the end of this notice, and can view a copy of the notice on the Health Clinic website. We will notify you of any significant changes to this Notice by making the new Notice available in the Health Clinic and on our website.

We may use and release your PHI for many different reasons. For some of these reasons, we will need your permission or a specific signed authorization. Below, we describe the different categories of when we use or release your PHI and give you some examples of each category, and tell you when we need your permission.

Information disclosed as permitted by HIPAA may be redisclosed by the recipient and may no longer be protected by HIPAA. This does not eliminate restrictions imposed by other applicable law, including the Part 2 restrictions on use or disclosure of protected substance use disorder records in investigations or proceedings against you. The Part 2 protections described below apply even when a use or disclosure would otherwise be permitted by HIPAA.

**WE MAY USE OR DISCLOSE YOUR PHI FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS. YOUR CONSENT IS NOT REQUIRED FOR THESE PURPOSES.**

- **For treatment**. We may release your PHI to physicians, nurses, and other health care personnel and agencies that provide or are involved in your health care. For example, if you are being treated for a knee injury, we may release your PHI to an orthopedic specialist in order to coordinate your care.

- **To obtain benefit eligibility**. We may use and release your PHI to our business associates, such as a Pharmacy Benefits Manager (PBM), to obtain eligibility and/or approval for medication.
- **To run our health care business**. We may release your PHI in order to operate our facility in compliance with healthcare regulations and quality standards. For example, we may use your PHI to review the quality of our services, to evaluate the performance of our staff in caring for you, to seek outside Accreditation, or to students receiving training in the Center.
- **Sharing Information with "Business Associates."** A "business associate" is a person or entity who performs functions or activities on behalf of, or provides certain services to the SEL Health Clinic. A "business associate" is a subcontractor that creates, receives, maintains, or transmits protect health information (PHI) on behalf of the SEL Health Clinic. All "business associates" are held to the HIPAA Security Rule and Business Associate contract (BAA).

**WE ALSO DO NOT REQUIRE YOUR CONSENT TO USE OR RELEASE YOUR PHI IN THE FOLLOWING:**

- **When federal, state, or local laws, judicial or administrative proceedings, or law enforcement agencies request your PHI.** We release your PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; for notification and identification purposes when a crime has occurred or in missing person cases; when a crime has taken place on our premises; about victims of a crime with their consent or in an emergency situation; when ordered to do so in a judicial or administrative proceeding; or to comply with law.
- **For public health activities**. We report information about births, deaths, and various mandated reportable diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners and funeral directors necessary information relating to an individual's death. We also may share your PHI in order to help with a product recall, report adverse reactions to medications, or prevent or reduce a serious threat to anyone's health or safety.
- **For purposes of organ donation**. For patients that have previously agreed to organ donation, we may notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.
- **To avoid harm**. In order to avoid a serious threat to health or safety of a person or the public, we may provide your PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- **For workers' compensation purposes**. We release your PHI in order to comply with worker's compensation laws.
- **For appointment reminders and health-related benefits and services**. We may use your demographic PHI to contact you as a reminder that you have an appointment or to recommend possible treatment

options or alternatives that may be of interest to you.

- **For health oversight activities**. We may disclose PHI to a health oversight agency for oversight activities authorized by law, including: audits, civil, administrative, or criminal investigations, proceedings or actions, inspections, licensure or disciplinary actions, or other activities necessary for oversight of the health care system, government benefit programs, or entities subject to government regulations or civil rights laws.
- **For specialized government functions**. For example, if you are a member of the armed forces we may disclose PHI about you if required by military command authorities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of Defense or Veterans Affairs.
- **Correctional Institution**. If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process after we have tried to notify you about the request or to obtain an order protecting the information. We may also be authorized to release the information to our legal representatives in the event a claim or lawsuit is brought against us.
- **Additional Protection for Substance Use Disorder Records.** To the extent we create or maintain substance use disorder patient records protected by 42 CFR Part 2, additional federal confidentiality protections apply. We will not use or disclose information from those records, or testimony relaying their contents, in any civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide written consent specifically authorizing that use or disclosure in accordance with Part 2, separately from consent for any other purpose, or the use or disclosure is authorized by a court order that complies with Part 2, after the required notice and opportunity to be heard are provided to you or the holder of the records. Before the records are used or disclosed, the order must be accompanied by a subpoena or other legal requirement compelling disclosure.

**If state law is more stringent (gives you more protection), it will be applied to the examples stated in the previous sections.**

**FEDERAL REGULATIONS 42 CFR PART 2**

Substance use issues may arise at the SEL Health Clinic as part of a broader mental health or medical presentation. Not every record concerning substance use is protected by 42 CFR Part 2. Part 2 applies to qualifying records from federally assisted substance use disorder programs, and its protections may apply to those records when the Clinic receives or maintains them, even if the Clinic is not itself a Part 2 program. Records protected by Part 2, and testimony relaying their contents, may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide written consent specifically authorizing that use or disclosure in accordance with Part 2, separately from consent for any other purpose, or a court order authorizes the use or disclosure in accordance with Part 2 after the required

notice and opportunity to be heard are provided to you or the holder of the records. Before the records are used or disclosed, the order must be accompanied by a subpoena or other legal requirement compelling disclosure.

As of February 16, 2026, federal regulations dictate that use of specific substance use records for treatment, payment, and health care operations, requires patient's written consent.

If Part 2 records are disclosed pursuant to your consent for treatment, payment, or health care operations to a HIPAA covered entity or business associate, that recipient may use and redisclose the records as permitted by HIPAA and 42 CFR Part 2. The records do not lose all federal protection merely because they have been disclosed. The records, and testimony relaying their contents, still may not be used or disclosed in civil, criminal, administrative, or legislative investigations or proceedings against you unless you provide written consent specifically authorizing that use or disclosure in accordance with Part 2, separately from consent for any other purpose, or the use or disclosure is authorized by a court order that complies with Part 2 after the required notice and opportunity to be heard are provided to you or the holder of the records. Before the records are used or disclosed, the order must be accompanied by a subpoena or other legal requirement compelling disclosure.

**YOU HAVE THE OPPORTUNITY TO AGREE TO OR OBJECT TO THE FOLLOWING:**

- **Information shared with family, friends or others.** We may release your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. Your choice to object may be made at any time. We may also share your PHI if you are involved in a disaster relief situation in order to lessen a threat to your health or safety.

**YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY USES AND DISCLOSURES OF YOUR PHI NOT INCLUDED ABOVE.**

- **We will ask for your written authorization before using or releasing any of your PHI except as previously stated.** If you choose to sign an authorization to release your PHI, you may later cancel that authorization by notifying the Health Clinic in writing. This will stop any future release of your PHI for the purposes you previously authorized but will not change what has been released by the Health Clinic by the valid authorization.

**YOUR RIGHTS REGARDING YOUR PHI**

- **You Have the Right to Request Limits on How We Use and Release Your PHI.** If we accept your request, we will put any limits in writing and abide by them except when the restricted information is needed for your emergency treatment or when another exception permitted by law applies. To request restrictions, you must make your request in writing to the Manager of the Health Clinic. In your request, you must tell us (i) what information you want to limit; (ii) whether you want to limit our use or disclosure of that information, or both; and (iii) to whom you want the limits to apply, for example disclosures to your spouse. We reserve the right to deny your request if we believe it

would affect your care. You may not limit PHI that we are legally required or allowed to release.

- **You have the right to Choose How We Communicate PHI to You.** All of our communications to you are considered confidential. You have the right to request in writing that we send information to you to an alternative address (for example, sending information to your work address rather than your home address), or by alternative means (for example, e-mail instead of regular mail). We will agree to your request so long as we can easily provide it in the format you requested.
- **You Have the Right to See and Get Copies of Your PHI.** You must make the request in writing to the Healthcare Manager of the Health Clinic. We will respond to you usually within 30 days, or less if directed by law, after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, why we denied your request. You have the right to have the denial reviewed. We will choose another licensed healthcare professional to review your request and denial. The person conducting the review will not be the person who denied your first request. You can also request a summary of your medical record, in which case we reserve the right to charge a reasonable cost-based fee. If your request to see or get an electronic or paper copy of the medical record is approved, we arrange for this in accordance with the established Notice of Privacy Practice.
- **You have the Right to Get a List of Instances of When and to Whom We Have Disclosed Your PHI.** Your request must be made in writing to the Manager of the Health Clinic and must include the time period during which disclosures were made. The time period may be no longer than 6 years or the number of years the Health Clinic has been operating, whichever is less. This list will not include uses you have already authorized, or those for treatment payment or operations. This list will also not include disclosures made for national security purposes, to corrections or law enforcement personnel if you were in custody, or made before April 14, 2003. We will respond within 60 days of receiving your request. The list we provide will include the dates when your PHI was released and why, to whom your PHI was released (including their address if known), and a description of the information released for the timeframe you requested. The first list in any 12 month period is free; we may charge a fee for any additional request not made within that period.
- **You have the Right to Correct or Update Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. We can do this for as long as the information is retained by our facility. You must provide the request and your reason for the request in writing. We will respond within 60 days, or less if directed by law, of receiving your request. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change or amendment to your PHI. If we deny your request, our written denial will state our reason and explain your right to file a written statement of disagreement. If you do not file a written statement of disagreement, you have the right to request that your request and our denial be attached to all future uses or releases of your PHI.
- **Fundraising.** We do not currently use your health information to contact you for fundraising purposes.
- **You have the Right to Get This Privacy Notice by email, as well as paper.**

- **You have the right to give someone a power of attorney (including a medical power of attorney) to authorize an individual to exercise your rights and make choices about your treatment and your PHI.**
- **Please submit all requests to view and or obtain a copy of your medical record, to obtain a list of disclosures, or to amend or correct your PHI to:**
    - SEL Health Clinic
    - Telephone: Pullman 509.338.3800, Lewiston 208.848.8499
    - Fax: 509.339.2702

**HOW TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES:**

If you think that we may have violated your privacy right, or you disagree with a decision we made about access to your PHI, please reach out to our HIPAA compliance Officer, Dr. Keith Gautreaux, at 509.338.3800. You may also file a complaint in writing with the Health Clinic listed above or you can file a complaint with the Privacy Officer at 509-338-3804. You may also file a complaint with the U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. There will be no retaliation or filing a complaint. If you have questions or would like additional information about our privacy practices, you may contact the SEL legal department.

**EFFECTIVE DATE OF THIS NOTICE:**

This notice is effective September 2, 2013. Rev: July 21, 2016. Rev: February 1, 2026. Rev: October 9, 2026.