



NOTICE OF PRIVACY PRACTICES OF LCSNW
Effective Date: February 16, 2026

THIS NOTICE DESCRIBES:

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE DIRECTOR OF ORGANIZATIONAL EXCELLENCE AT 206-816-3209 OR HIPAA@LCSNW.ORG IF YOU HAVE ANY QUESTIONS.

Lutheran Community Services Northwest (LCSNW) is a hybrid entity under HIPAA. A hybrid entity is an organization in which some programs are covered by HIPAA and some are not. This Notice of Privacy Practices (NPP) and HIPAA requirements only apply to covered programs.

At LCSNW, the Safe Route Immigration Program (SRI) is not covered under HIPAA. SRI includes the immigration lawyers and staff whose job it is to assist clients with applications to improve immigration status and/or other immigration benefits. All other programs of LCSNW are covered by HIPAA and this NPP.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that your health information is personal and we are required by law to protect such information. We are also required to provide you with this Notice, which we must follow, that explains our legal duties and privacy practices.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

Our uses and disclosures of your health information fall into the categories below. We will not use or disclose your health information for any other purposes unless you give us your written authorization to do so. You may revoke an authorization, at any time, in writing, except to the extent that we may have taken an action in reliance on the use or disclosure indicated in the authorization.

Redisclosure Notice: Information we disclose under this Notice may be subject to redisclosure by the person or organization that receives it and may no longer be protected by federal privacy laws, including HIPAA.

A. Uses and Disclosures for Treatment, Payment and Operations.

- **For Treatment.** We may use and disclose your health information for treatment activities. For example, an LCSNW counselor may need to know if you are receiving other services at LCSNW. In addition, we may participate in a Health Information Exchange (HIE) network which helps members of your healthcare team share your health information to serve you better. For example, LCSNW may share or receive your health information from hospitals, laboratories, health care providers, public health departments, health plans or your health insurance.
- **For Payment.** We may use and disclose your health information for payment activities. For example, in order to obtain payment, we may give your health plan information about your care.
- **For Health Care Operations.** We may use and disclose your health information to support our operational activities. For example, we may use health information to evaluate our services.

B. Uses and Disclosures of Your Health Information We May Make Unless You Object.

- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for services at LCSNW.
- **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We will obtain your authorization first, if we receive direct or indirect payment from a third party for the communication.

- **Individuals Involved in Your Care.** We may release health information to a person who is involved in your medical care or helps pay for your care unless you restrict such disclosure.
- **In the Event of a Disaster.** In the event of a disaster, we may disclose your health information to assist in relief efforts, coordinate care, and inform your family about your condition and location.
- **Directories.** We may list certain limited information about you, including your name, location in a facility, and your general condition (fair, stable, etc.) in our directory.
- **Fundraising Activities.** We may use and disclose some limited types of your health information to contact you in an effort to raise money. Any fundraising materials will contain an opt-out option.

C. Uses and Disclosures We May Make Without Your Authorization.

- **Required By Law.** We will disclose your health information as required by law.
- **Health or Safety.** We may use and disclose your health information to a person who is able to prevent or lessen a serious threat to the health and safety of you or the public.
- **Business Associates.** We may disclose your health information to our business associates that perform functions or services on our behalf.
- **Organ and Tissue Donation.** If you are an organ donor, we may release your health information to organ procurement or transplantation organizations or to an organ donation bank.
- **Military and Veterans.** If you are a member of the armed forces, we may release health information as required by military command authorities.
- **Workers' Compensation.** We may release your health information to workers' compensation or similar programs.
- **Public Health.** We may disclose your health information for public health activities.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency.
- **Lawsuits and Disputes.** We may disclose your health information to answer a court or administrative order, subpoena, discovery request, or other process as permitted by law.
- **Law Enforcement.** We may release your health information to law enforcement as permitted by law.
- **Research.** We may use and disclose your health information for research as permitted by law.
- **Coroners, Medical Examiners and Funeral Directors.** We may release your health information to a coroner, medical examiner, or funeral director as necessary.
- **National Security and Intelligence Activities.** We may release your health information to federal officials as authorized for intelligence and other national security purposes.
- **Protective Services for the President and Others.** We may disclose your health information to authorized officials for the protection of the President and others.
- **Inmates or Individuals in Custody.** If you are an inmate, we may release health information to the appropriate correctional institution or law enforcement official.

D. Uses and Disclosures That Require Your Authorization

- **Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes by your mental health counselor that are kept apart from the rest of your record require your authorization.
- **Marketing and Sale Purposes:** Uses and disclosures for marketing purposes or disclosures that constitute a "sale" of your health information require your authorization.
- **Other Uses and Disclosures.** Uses and disclosures other than those described in this Notice will only be made with your written authorization.

E. Confidentiality of Substance Use Disorder (SUD) Records (42 C.F.R. Part 2)

If you receive services from one of LCSNW's federally assisted substance use disorder programs, certain records about you ("Part 2 Records") are protected by federal law, including 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2.

- **More Stringent Rules Apply.** Part 2 is generally more protective than HIPAA. Even if HIPAA would otherwise allow uses and disclosures described in this Notice, including for treatment, payment, health care operations, law enforcement, and legal process, those uses and disclosures are materially limited for Part 2 Records and may be made only as permitted by 42 C.F.R. Part 2.
- **General Rule; Written Consent Often Required.** We generally may not disclose that you attend a Part 2 program or disclose information identifying you as having a substance use disorder unless permitted by Part 2. For example, disclosures of Part 2 Records to another health care provider, a health plan, or other third parties generally require your written consent that meets Part 2 requirements, unless Part 2 permits the disclosure without consent. Part 2 may permit disclosure in limited circumstances, such as: (i) as authorized

by a Part 2 court order; or (ii) in a medical emergency; or (iii) to qualified personnel for certain research, audit, or program evaluation activities.

- **Revocation.** You may revoke a written consent for use or disclosure of Part 2 Records as provided by 42 C.F.R. §§ 2.31 and 2.35.
- **Single Consent for Future TPO; Potential Rediscovery.** You may provide a single written consent that allows uses and disclosures of Part 2 Records for treatment, payment, and health care operations purposes for all future uses or disclosures, as permitted by 42 C.F.R. Part 2. Part 2 Records disclosed to a Part 2 program, HIPAA covered entity, or business associate pursuant to such a consent may be further disclosed by that Part 2 program, covered entity, or business associate without your written consent, to the extent the HIPAA regulations permit such disclosure.
- **Proceedings Against You.** Part 2 Records (and testimony relaying their contents) shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent meeting Part 2 requirements or a Part 2 court order entered after notice and an opportunity to be heard is provided to you or the holder of the record. Any court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.
- **Other Uses and Disclosures.** For Part 2 Records, we will make uses and disclosures not described in this Notice only with your written consent that meets Part 2 requirements, unless Part 2 permits or requires otherwise.
- **Patient Rights (Part 2 Records).** In addition to the rights described elsewhere in this Notice, if information is a Part 2 Record, additional protections and rights apply under 42 C.F.R. Part 2, including:
 - The right to request restrictions on certain disclosures made with your prior consent for treatment, payment, and health care operations;
 - The right to request a list of disclosures by an intermediary for the past 3 years, where applicable; and
 - The right to discuss this Notice with the contact person identified in this Notice.

You may exercise any of these rights by calling our Privacy Officer at 206-816-3209 or HIPAA@LCSNW.ORG

- **Fundraising.** If LCSNW uses or discloses Part 2 Records for fundraising for the benefit of LCSNW, you will first be provided a clear and conspicuous opportunity to elect not to receive fundraising communications.
- **Scope.** These Part 2 protections apply only to Part 2 Records maintained by LCSNW's Part 2 program(s) and do not apply to LCSNW services or records outside the Part 2 program(s).

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy your health information for a fee. We may deny inspection and copying in limited circumstances.
- **Right to Amend.** You may ask, in writing, for us to amend your healthcare information kept by LCSNW. We may deny your request for an amendment in certain circumstances.
- **Right to an Accounting of Disclosures.** You have the right to request, in writing, an accounting of our disclosures of your health information.
- **Right to Request Restrictions.** You have the right to request, in writing, a restriction of our use or disclosure of your health information for treatment, payment or health care operations. We are not required to agree to such restriction unless the disclosure is to a health plan for payment or health care operations and pertains solely to an item or service for which you have paid out-of-pocket in full.
- **Right to Request Confidential Communications.** You have the right to request, in writing, that we communicate with you about health matters in a certain way to maintain confidentiality. We will agree to reasonable communication requests.
- **Right to Receive Notification of a Breach.** You have the right to be notified if we discover a breach of your unsecured health information.

- **Right to a Paper Copy of This Notice.** At any time, you have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically.

CHANGES TO THIS NOTICE:

We reserve the right to change the terms of this Notice at any time. The revised Notice will apply to all of your health information that we maintain. We will provide you with a revised notice upon your visit to LCSNW, through our web site (www.lcsnw.org), or through mail if requested.

Complaints:

If you believe that your privacy rights have been violated, you may register a complaint with us by calling 206-816-3209 and asking for our Privacy Officer. You may also file a complaint with the Secretary of the Department of Health and Human Services. The Privacy Officer can provide you with information about filing a complaint. ***You will not be penalized for filing a complaint.***