

**Client Privacy Notice, Acknowledgment and Consent
for Idaho Web Infrastructures for Treatment Services
Effective November 14, 2014**

PRIVACY NOTICE

_____, hereinafter referred to as “Provider”, is a state approved service provider contracted with Business Psychology Associates to provide substance abuse treatment or recovery support services to individuals qualifying for state administered funding. Provider has approved access to Web Infrastructures for Treatment Services, hereinafter referred to as “WITS”, in accordance with Provider’s status as a state approved provider contracted with Business Psychology Associates. WITS is a certified Complete EHR Technology¹ administered by the Idaho Department of Health and Welfare to collect and store electronic health records for qualified individuals in Idaho.

Pursuant to IDAPA 16.05.01 et seq., the Idaho Department of Health and Welfare maintains the confidentiality of information collected in WITS. Strict physical, electronic and managerial procedures safeguard and secure information. All users are educated to avoid unauthorized access to or disclosure of information. Providers and all users must agree to maintain the security and confidentiality of all information in WITS before access to WITS is granted. All signed WITS User Agreements are on file with the Idaho Department of Health and Welfare. Any Provider or user that is found to violate the WITS User Agreement, or applicable privacy laws, may have their access to WITS terminated and may be subject to further penalties.

USE OF INFORMATION

Provider intends to utilize WITS to record your health and financial Information. This information usually includes a record of your condition, the treatment provided, and payment for your treatment. By allowing the Provider to utilize WITS for your information, you are granting use of your information as follows:

1. Information may be used for reporting, research or functions related to payment or reimbursement of services. Information used for reporting or research purposes is de-identified to maintain the anonymity of the individuals.
2. Service providers are audited periodically to ensure they are meeting the standards required by IDAPA for client care. Health and financial information may be reviewed during an audit.
3. The WITS Help Desk may access health and financial information to provide technical assistance to Provider.

¹ WITS has received Office of the National Coordinator (ONC) Meaningful Use Certification as a “Complete EHR technology” in an ambulatory setting. This certification was completed by InfoGard Laboratories EHR Certification Body, who is authorized to test and certify EHRs to the applicable certification criteria adopted by the Secretary under 45 CFR Part 170, Subpart C as stipulated in the Standard and Certification Criteria Final Rule.

DISCLOSURE OF INFORMATION

Information collected in WITS will only be disclosed to third parties to the extent required by law or authorized by you. If you have concerns about your Protected Health Information, please discuss your options with Provider.

ACKNOWLEDGMENT AND CONSENT

I hereby acknowledge and consent to the storage of health and financial information by Provider in the electronic systems of the State of Idaho, also known as WITS. I hereby acknowledge that I am entitled to a copy of this notice upon request. I acknowledge that I have the right to file a complaint if I believe my privacy rights have been violated.

Client Name (First, Middle, Last) _____

Client Signature _____ Date _____

NOTE TO PROVIDER: Information disclosed to Provider is protected by federal privacy regulations found at 45 C.F.R. §164(e) and 42 C.F.R. §2. The federal regulations prohibit Provider from disclosing information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by law. A general authorization for the release of health information does not meet the requirements for disclosure. Federal regulation restricts the use of information to criminally investigate or prosecute an alcohol or drug abuse patient.