

## HIPAA/Privacy Policy

We are committed to protecting the confidentiality of your health information.

**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 are required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information and abide by the terms of this Notice, unless more stringent laws or regulations apply.

This Notice applies to and describes this facility/organization's practices and those of:

- All health care professionals authorized to enter information into your facility record;
- All members of the medical staff credentialed to practice at this facility;
- All departments and units of this facility;
- All employees, staff and other facility personnel;
- All volunteers, interns, or students we allow to help you while you are a patient at this facility;

This Notice of Privacy Practices provides detailed information about how we may use and disclose your medical information with or without authorization as well as information about your specific rights with respect to your medical information. This Notice is effective April 14, 2003.

### Disclosures of Your Medical Information for Treatment, Payment, and Operations That We May Make Without Authorization

#### Treatment

We may share your information with those who provide you with health care services, those who coordinate your care and in the process of making referrals for your care. Examples of health care providers who may need your information include your doctor, pharmacist, nurse, physical therapist, home health provider and imaging technician.

We may use your information to contact you for appointments and to provide information about health-related products and services that we believe may be helpful to you.

We may share your medical information with a family member or friend who assists with your care. We will only do this if you agree, and share only the information they need to help you. If you are unable to agree or object to this, we may disclose your health information if we determine that it is in your best interest based on our professional judgment.

We may disclose health information about you to an entity assisting in a disaster relief effort so that family and friends can be notified about your condition, status and location.

#### Payment

We may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage, reviewing the medical necessity of the health care services, or providing approval for hospital stays.

#### Healthcare Operations

We may use and disclose your health information in performing business activities, which we call healthcare operations. These health care operations allow us to improve the quality of care we provide and reduce health care costs. Some of these activities include quality assessment, employee review, training of medical personnel, licensure and accreditation, and audits by regulatory agencies.

#### Business Associates

We may share your protected health information with third parties who perform services for us such as transcription or billing. We have written agreements with these third parties that they will not use or disclose your information for any other purposes, except as required by law.

#### Other Disclosures We May Make Without Your Authorization

There are reasons that your medical information may be used without your authorization, generally either because it is required by law or for public health and safety purposes. These include:

##### Required by Law

Your medical information may be used or disclosed when required by law. We will comply with the law and only disclose the minimum information necessary.

##### Food and Drug Administration

We may disclose your medical information as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, or for product recalls, repairs or replacements.

##### Public Health

Your medical information may be used for public health activities. For example, we may disclose health information about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

#### Abuse or Neglect

We may disclose your medical information as required by law to report suspected child or elder abuse or neglect. We may also disclose your health information if an authorized government agency believes that you have been a victim of abuse, neglect or domestic violence. Disclosures of this nature will be consistent with state and federal law.

#### Health Oversight

Health oversight agencies are authorized to have access to medical information maintained by us for activities such as audits, investigations, and inspections. This includes government agencies that oversee the health care system, government benefit programs, government regulatory programs, civil right laws and all applicable accreditation agencies.

#### Legal Proceedings and Law Enforcement

We may disclose your medical information for legal proceedings and law enforcement purposes. Examples of these purposes would be: (1) as required by an administrative or legal proceeding or in response to a subpoena or administrative order; (2) to identify or locate a suspect, fugitive, material witness or missing person; (3) information pertaining to crime victims; (4) suspicion that death has occurred as a result of criminal conduct; (5) crimes occurring on the premises, and (6) medical emergencies where it appears likely a crime has occurred.

#### Threat to Health and Safety

As required by state and federal laws, we may disclose your medical information to a person or law enforcement authority if we reasonably believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to a person or the public.

#### Research

Your medical information may be disclosed to researchers, provided that the research has been approved by an Institutional Review Board and the research protocols have been approved to protect your privacy.

#### Military Activity and National Security

Under certain circumstances, the medical information of Armed Forces personnel may be disclosed; (1) for activities deemed necessary by military command authorities; (2) for the purpose of eligibility determination by the Department of Veterans Affairs for benefits; or (3) to a foreign military authority if you are a member of that service. Your medical information may be disclosed for conducting national security and intelligence activities, including protective services to the President of the United States.

#### Workers' Compensation

Your medical information may be used or disclosed as necessary to comply with workers' compensation laws and other similar legally established programs.

#### Inmates

Your medical information may be used or disclosed by us if you are an inmate of a correctional facility and the information is necessary to provide continuing care.

#### How We May Use and Disclose Your Medical Information with Authorization

Other uses and disclosures of your medical information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, except to the extent that we have already taken an action based on the original authorization.

Authorization Forms are available in each clinic.

#### YOUR RIGHTS

The following describes your rights with respect to the medical information that we maintain for you.

#### Right to Request Restrictions

You have the right to ask us to place restrictions on the way we use or disclose your medical information for treatment, payment, or healthcare operations. We are not required to agree to the request. If we do agree, we will not violate the requested restriction except as needed for emergency treatment purposes. If we decide to end the restriction, we will notify you as required by law.

#### Confidential Communications

We will accommodate reasonable requests to communicate with you about your medical information by different methods or at different locations. For example, if you are covered on a health plan but are not the subscriber, and would like your medical

information sent to a different address than the subscriber, we may do that for you. You need to make your request in writing to your Clinic.

#### Access to your Medical Information

You have the right to inspect and receive a copy of the medical information that we maintain for you, with some limited exceptions. If we deny you access based on those exceptions, you will be provided with a timely, written explanation. We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies. For a copy of our access policy and for information about the associated costs, you may contact your Clinic.

#### Amendment of Your Medical Information

You have the right to ask us to make changes to your medical information. The request must be made in writing to Medical Records. In certain situations we may deny your request. The reason for denial will be in writing. You have the right to appeal our denial by filing a written statement of disagreement. For more information about this process, contact the Clinic Coordinator at your Clinic.

#### Listing of Disclosures

You have a right to a listing of the disclosures we make of your medical information, except for those disclosures made for treatment, payment, or healthcare operations, or those disclosures made based on your authorization. The type of disclosures typically contained in a listing would be disclosures made for mandatory public health purposes, law enforcement, legal proceedings, or for other required reporting such as birth and death certificates. A request form is available in each Clinic.

#### Questions and Complaints

If you are concerned that any of your privacy rights have been violated, please contact our Patient Representative at (206) 431-4412.

You also have the right to complain to the Secretary of Health and Human Services by contacting the US Department of Health and Human Services, 200 Independence Ave. SW, Washington, DC 20201.

You will not be retaliated against for filing a complaint.