

## Family Wellness Center, P.C. 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.***

The physicians and staff of the Family Wellness Center (FWC) are committed to responsible management of your Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

This notice is effective April 14, 2003. We are required to abide by the terms of this Notice of Privacy Practice however we may at any time change the terms of our notice. The new notice will be effective for all protected health information that we maintain at that time. Upon request we will provide you with any revised Notice of Privacy Practices. We will post new revised copies on our webpage and have them available at our reception desk.

### ***Understanding Your Health Record / Information***

Each time you visit our office, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care

- Legal document describing care provided to you
- Means by which you or a third-party payer can verify that services billed were provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of this state and the nation
- Source of data for our future planning
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### ***Your Health Information Rights***

#### **You have a right to:**

- ▶ Inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. (We are allowed to charge a fee for this service and are allowed 30 days to comply.) Some health information is subject to law that prohibits access.
  - ▶ Request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for certain uses. Your request must be in writing.
  - ▶ Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests.
  - ▶ Request to have your physician amend your protected health information.

- ▶ Obtain an accounting of disclosures of your health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

### ***Our Responsibilities***

- ▶ Maintain the privacy of your health information
- ▶ Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
  - ▶ Abide by the terms of this notice
  - ▶ Notify you if we are unable to agree to a requested restriction, request for copy of health record, or requested amendment to the health record.
  - ▶ Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our policies and to make the new provisions effective for all protected health information we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### ***Examples of disclosures for Treatment, Payment and Health Operations.***

*(These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent to treatment)*

## **Uses and Disclosures of Protected Health Information:**

▶ **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you or to a physician you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

▶ **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits or obtaining approval for a hospital stay.

▶ **Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing, and conducting or arranging for other business activities.

We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information,

as necessary, to contact you to remind you of your appointment or to return calls to you at any phone number you provide to us. We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services, collections) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. We may use or disclose your protected health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Official to request that these materials not be sent to you.

### ***Uses and Disclosures of Protected Health Information Based upon Your Written Authorization***

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

### ***Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object***

▶ We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the

disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

▶ **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

▶ **Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

▶ **Communication Barriers:** We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

### ***Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object***

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

▶ **Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required and in compliance with the law and will be limited to the relevant requirements of the law.

▶ **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is

permitted by law to collect or receive the information.

▶ **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

▶ **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

▶ **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect or domestic violence to the governmental entity or agency authorized to receive such information

▶ **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

▶ **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

▶ **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

▶ **Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

▶ **Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

▶ **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

▶ **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services.

▶ **Workers' Compensation:** Your protected health information may be disclosed by us, as authorized to comply with workers' compensation laws and other similar legally-established programs.

▶ **Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services.

### **For More Information or to Report a Problem**

If you have questions about this **federally mandated** policy or would like additional information, you may contact our Privacy Officer, the Administrator, at 360-260-2773.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below.

Region X, Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Ave. M/S:RX-11  
Seattle, WA 98121-1831

### **Non-Discrimination Statement**

Family Wellness Center, PC (FWC) does not exclude, deny services or benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, religion, sex, sexual orientation, honorably discharged veteran or military status, disability, age, or any other basis prohibited by applicable State, federal, or local law.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, the Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, and Washington State and local laws.