

KIRKPATRICK

FAMILY CARE

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.

Effective Date: July 2007

Kirkpatrick Family Care, PS is very committed to protecting the privacy of your health information. In fact, a federal regulation known as the "HIPAA Privacy Rule" requires us to do so for any information created or kept by us. This rule also requires us to provide you with this Notice describing our legal duties and our practices concerning your health information.

I) **Our commitment to protecting health information about you:**

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. **This information is called "Protected Health Information" or "PHI."** This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. The law requires us to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that are currently in effect.

II) **How we may use and disclose your protected health information:**

Uses and disclosure for treatment, payments and health care operations: The following categories describe in detail the different ways that we may legally use and disclose PHI for treatment, payment or health care operations. The examples included within each category do not list every type of use or disclosure that may fall within the category.

- **Treatment:** We may use and disclose PHI about you to provide, coordinate, or manage your health care related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose your PHI when you need a prescription, MRI, or any other health care services. We may also disclose PHI about you for the treatment activities of another health care provider. For instance, we might send a report about your care to a physician we have referred you to so that this other physician may treat you.
- **Payment:** We may use and disclose PHI about you so that we can bill and collect payment for the treatment and services provided to you. For example, we may provide information about your treatment to your health insurance plan so that your health insurance plan will pay us or reimburse you for the treatment. We may disclose PHI to insurance companies providing you with additional coverage. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan.
- **Health Care Operations:** We may use and disclose PHI about you for our operations. We may disclose PHI to other providers or to health insurance plans for their own health care operations as allowed by law. We may also use and disclose your PHI in order to: contact you to remind you about appointments with us; tell you about alternative treatment therapies, providers, or setting of

care; and tell you about health-related products, benefits or services related to your treatment or care. We may send you newsletters about general health matters, our services, local health fairs, wellness programs and similar events. We may also disclose PHI for the health care operations of the “organized health care arrangement” or “OHCA” in which we participate, where a patient may receive health care from more than one health care provider.

Uses and disclosure that we may make unless you object: We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person’s involvement in your care or payment for your care. We may share your PHI with family and friends if you have told us it is all right to do so or if you do not stop us from doing so. There may be circumstances when we can assume based on professional judgment and experiences, which you would not object. For example, we may assume you agree to the disclosure of PHI to your spouse if your spouse comes back with you into the exam room. Also, if you are not able to approve or object to disclosures, we may make disclosures to a family member or friend that we feel are in your best interest and that relate to that person’s involvement in your care. For example, we may allow a friend to pick up your prescription, medical supplies, or other similar health information on your behalf if we feel this is in your best interest.

Other uses and disclosures we can make without your written authorization or objection: We may use and disclose PHI about you in the following circumstances without your authorizations or opportunity to agree or object, provided that we comply with certain conditions that may apply:

- **Required by the law:** We may use and disclose PHI as required by federal, state, or local law. Any disclosure must comply with the law and is limited to the requirements of the law.
- **Business Associates:** We may use and disclose PHI to “Business Associates” with which we contract to perform services on our behalf.
- **Public health activities:** We may use or disclose PHI for public health activities, including: public health authority authorized by law to collect information to prevent or control disease, injury, or disability; to report actual or suspected child abuse or neglect; for certain federal Food and Drug Administration activities; to a person who may have been exposed to a communicable disease or condition, as authorized by law; and to an employer about an employee, in certain situations.
- **Abuse, neglect, or domestic violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.
- **Health oversight activities:** We may disclose PHI to a health oversight agency for activities such as audits, investigations, inspections, licensure, disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.
- **Lawsuits and disputes:** We may use or disclose PHI about you in response to a court or administrative order, subpoena, discovery request, or other lawful process, as allowed or required by law.
- **Law enforcement:** We may use or disclose PHI if asked to do so by a law enforcement official: as required by a law that mandates certain types of reporting; in response to court orders, subpoenas, warrants, summons grand jury subpoenas, certain administrative requests, or missing persons; about the victim of a crime in certain circumstances; about a death we believe may be the result of criminal conduct; about criminal conducts on our premises; and, in emergencies, to identify, description, or location of the person who committed the crime.
- **Coroners, medical examiners, and funeral directors:** We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.
- **Organ and tissue donations:** If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.
- **Research:** We may use and disclose PHI about for research purposes under certain limited circumstances; however, most of the time we will ask for your authorization.

- **To avert serious threat to health or safety:** We may use or disclose PHI about you in limited circumstances, and only when necessary, to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to the person who is able to help prevent the threat.
- **Specialized government functions:** Under certain circumstances we may disclose PHI for certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities; for national security and intelligence activities; to help provide protective services for the President and others; and for the health and safety of inmates and others at correctional institutions or other law enforcement custodial.
- **Worker's compensation:** We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.
- **Disclosures required by the HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required, in certain cases, to disclose PHI to you upon your request to access PHI or for an accounting of certain PHI disclosures (Section III).

Other uses and disclosures of protected health information require your authorization:

- **Specifically protected information:** Unless otherwise required or permitted by law, we need your authorization to disclose PHI related to AIDS/HIV, mental health, drug addiction, alcoholism, and other substance abuse treatment, development disabilities, and/or genetic information.
- All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, ***you may revoke your authorization at any time.*** These revocations will not apply to PHI that we have already made based on your authorization. In addition, we are required to retain all records of the care that we have provided to you.

III) Your rights regarding protected health information about you:

Under federal law, you have the following rights regarding PHI about you:

- **Right to inspect and copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records we maintain. This includes your medical and billing records, but does not include psychotherapy notes or information gathered and prepared for a civil, criminal, or administrative proceeding. We may only deny your request to inspect and copy PHI in limited circumstances. To inspect and copy your PHI, please contact our office. If you request a copy of PHI about you, we may charge you a reasonable fee for copying, postage, labor, and supplies used in meeting your request.
- **Right to amend:** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our office. You must also give us a reason for your request. We may only deny your request in certain cases. If we deny your request, we will explain why. You will be given a chance to disagree with the denial by writing an addendum no longer than 250 words in length for each item that you believe is incorrect. All amendments, denials, and addendums will be attached to the record(s) of your PHI.
- **Right to receive an accounting of disclosures:** You have the right to request an "accounting" or certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years other than disclosures made: for treatment, payment, and health care operations; for use in or related to a facility directory; to family members of friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. If you would like to receive this accounting, please contact our office.
- **Right to receive confidential communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may

request that we contact you at home, rather than at work. If you would like to receive confidential communications, please contact our office. We are required to accommodate *reasonable* requests.

- **Right to a paper copy of this notice:** you have the right to receive a paper copy of this Notice at any time.
- **Right to complain:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services.

The U.S. Department of Health and Human Services
200 Independence Avenue, Sw
Washington, D.C. 20201
Telephone: 202-619-0257
Toll Free: 1-877-696-6775

To file a complaint with our office, please contact our office manager at the address and number listed in Section V. We will not retaliate or take action against you for filing a complaint.

IV) Questions:

If you have any questions about this Notice, please contact our office at the address and phone number listed in Section V.

V) Office contact information:

For all privacy-related concerns, please contact our office at the following address and phone number:

Kirkpatrick Family Care, PS
1706 Washington Way
Longview, WA 98632
360-423-9580

VI) Kirkpatrick Family Care, PS's rights reserved:

We reserve the right to make changes to this Notice. Changes will apply to PHI we may already have about you. If and when this Notice changes, we will post the updated version in our office in a prominent location. We will also provide you with a copy of the revised Notice upon request.