

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer (509) 422- 2573.

1. RIGHT TO A COPY OF THIS NOTICE

You have a right to have a paper or electronic copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area.

2. RIGHT OF ACCESS TO INSPECT AND COPY

You have the right to inspect and receive a copy of your medical information. You may instruct us in writing to send an electronic copy of your medical records to you or a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we may charge you an applicable fee to cover the costs of the copy.

3. RIGHT TO HAVE MEDICAL INFORMATION AMENDED

You have the right to have us amend your medical information. If you believe you have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. RIGHT TO AN ACCOUNTING OF DISCLOSURES WE HAVE MADE

You have the right to receive a list or an accounting of disclosures that we have made for the previous six (6) years prior to the date you ask. If you would like to receive an accounting, you may send us a letter requesting an accounting.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. Your request may include disclosures for treatment, payment or healthcare operations.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

5. RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

- Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
- The medical information pertains solely to a healthcare item or service for which the healthcare provider involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

6. RIGHT TO REQUEST AN ALTERNATIVE METHOD OF CONTACT

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

7. RIGHT TO NOTIFICATION IF A BREACH OF YOUR MEDICAL INFORMATION OCCURS

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will

notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

8. RIGHT TO OPT-OUT OF FUNDRAISING COMMUNICATIONS

If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with us, you may bring your complaint directly to our Administrative offices, or you may mail it to the following address:

**Family Health Centers
Privacy Officer
PO Box 1340
Okanogan, WA 98840**

To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights please mail to the following address:

**Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201**

Or you may call the U.S. Department of Health and Human Services Office for Civil Rights at:

1-877-696-6775

Or you may visit U.S. Department of Health and Human Services Office for Civil Rights at:

**hhs.gov/ocr/privacy/hipaa/complaints/index.html
hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**

Or you may email your complaint to the U.S. Department of Health and Human Services Office for Civil Rights at:

OCRComplaints@hhs.gov



FAMILY
HEALTH CENTERS
YOUR FAMILY, YOUR HEALTH, YOUR CHOICE

NOTICE OF PRIVACY PRACTICES

This Notice is effective March 2022



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 protect the privacy of medical information, also known as Personal Health Information or PHI, about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. Please contact our Privacy Officer at (509) 422- 2573 to obtain a copy of our current Notice or request a copy at your clinic.

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at (509) 422- 2573.

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

1. TREATMENT

We may use and share your medical information to help manage the health care treatment you receive. We may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

2. PAYMENT

We may use and disclose medical information about you to obtain payment for healthcare services that you received. We also may disclose medical information about you to others (such as insurers and as needed to collection agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain healthcare services.

3. HEALTHCARE OPERATIONS

We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Routine entry of childhood and adult immunizations into a State wide data base called The Washington State Registry.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Resolving grievances within our organization.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.
- Help with public safety
- Comply with laws and regulations

4. PERSONS INVOLVED IN YOUR CARE

With your permission we may disclose medical information about you to a relative, close personal friend or any other person you identify, if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Privacy Officer at (509) 422- 2573.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

5. REQUIRED BY LAW

We will use and disclose medical information about you whenever we are required by law to do so. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services.

6. NATIONAL PRIORITY USES AND DISCLOSURES

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the "national priority" activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at (509) 422- 2573.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose medical information about you to a health oversight agency. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the

information to help find or identify a missing person.

- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or in response to organ, eye and tissue donation requests.
- **Workers' compensation:** We may disclose medical information about you in order to comply with workers' compensation laws.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.
- **Appointment Reminders:** We may contact you to provide appointment reminders stating the date of the appointment and the provider with whom you are scheduled. Research: We may disclose limited medical information about you for certified research purposes.
- **Change of ownership:** In the event that Family Health Centers is sold or merged with another organization, your medical information will become the property of the new owner.

7. AUTHORIZATIONS

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the signed permission of you or your personal representative. In some instances, we may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing.

If you wish to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your prior authorization.

The following uses and disclosures of medical information about you will only be made with your signed permission.

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Uses and disclosures of psychotherapy notes, records related to HIV/AIDS/STD's, genetic testing information, drug/alcohol diagnosis or treatment and referral information.
- Any other uses and disclosures not described in this Notice.