

P210A 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.**

NOTICE APPLIES TO

This Notice describes the practices of this office and those of:

- Any healthcare professionals authorized to enter information into your record;
- All employees, staff, and other office personnel; and
- Any volunteers, interns, or students we allow to work with you while you are a patient of this Medical Practice.

This notice applies to all facilities and entities owned, operated and/or managed by this practice. A complete listing of facilities and entities operating under this notice may be obtained by contacting the Privacy Officer at 360-455-5144.

THE DUTIES OF THIS OFFICE/ORGANIZATION

This office/organization is required by law to maintain the privacy of your personal medical information and to provide you with notice of our legal duties and privacy practices with respect to that information. We are also required to abide by the terms of our current Notice of Privacy Practices.

USE AND DISCLOSURE OF MEDICAL INFORMATION

This office/organization may use your medical information for treatment, payment, and healthcare operations purposes. The following are some examples:

- We may release your medical information to other physicians, dentists, or health care providers, such as nurses or technicians, to assist in treating you.
- We may release your medical information to your insurance company in filing a claim or in order to receive payments.
- We may also use your medical information for our healthcare operations. This includes activities involving review of our treatment and services to help us evaluate the quality of care we are providing, and evaluation of the performance of our staff in caring for you.

APPOINTMENT REMINDERS, CALL BACKS, & TREATMENT ALTERNATIVES

We may use your information to contact you for appointment reminders, to call you with the results of diagnostic tests, or to check on your condition following a visit or procedure. We may also contact you to provide you with information about treatment alternatives or health-related benefits or services.

PROVIDING CONTACT INFORMATION

By providing contact information, individuals are consenting to use their information for the stated purposes (reminder, notifications, alerts, billing, satisfaction surveys, etc).

Personal information collected may include: Name, Email address, Mobile and/or other telephone number, Address and/or Zip code, Any other details you voluntarily choose to submit.

RE-AUTHORIZATION TO COMMUNICATE WITH YOU

When using your services, your organization will periodically re-confirm consent to communicate with individuals about those services.

REVOKING AUTHORIZATION TO COMMUNICATE WITH YOUR ORGANIZATION (OPT-OUT)

Individuals may revoke (opt-out, cancel, discontinue) their consent to receive communications at any time by contacting our offices, or by responding to messages in a manner provided within the message (i.e. "you may use the "unsubscribe" link" or "reply STOP to be removed from future messages")

UNAUTHORIZED DISCLOSURE AND USE OF INFORMATION

Your organization will not sell or rent information about you. Your organization will not share or disclose personal information, or information regarding SMS text messaging, in a manner that is not compliant with applicable Federal and State Regulations (ex: HIPAA).

USE OF PERSONAL INFORMATION

Your organization uses information obtained through delivery of services and other sources you provide during Treatment, Payment and Operations and other compatible purposes, such as responding to your inquiries, facilitating and improving

your online experience, and maintaining the security and integrity of our website and messaging services. As a general policy, we use personal information and user data for internal purposes only.

FUNDRAISING

We may use your information to contact you in an effort to raise money for this organization and its operations.

OTHER DISCLOSURES

There are some disclosures of medical information that do not require your authorization. Those disclosures include any of the following:

- Those required by federal, state or local law;
- To report adverse events or defects associated with products or medications;
- For public health activities, such as the reporting of communicable diseases;
- About victims of abuse, neglect or domestic violence;
- To comply with government oversight activities, such as audits or investigations;
- For judicial or administrative proceedings;
- For law enforcement purposes, such as in the course of a crime investigation or location of a missing person;
- For organ or tissue donation purposes, if you are an organ donor;
- For specialized government functions, such as intelligence, counter-intelligence, or other national security activities; and
- For worker's compensation.

Other uses and disclosures of your medical information will be made only with your specific written authorization, which you may revoke any time by giving written notice.

YOUR RIGHTS

You have the following rights regarding the medical information we maintain about you:

- You have the **right to request restrictions** on use and disclosure of your medical information, and you have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.
We are not required to agree to the restriction, but once we do agree, we are bound by that agreement, unless the information is needed to provide you with emergency treatment.
- You have the **right to receive communication of your medical information in a private and confidential manner**, when feasible and upon request. For instance, you may want to be contacted about test results at an alternative telephone number.
- You have the **right to inspect and obtain copies your medical information**. Requests must be made in writing and an appropriate charge may be assessed for each page copied.
- You have the **right to request a change to your medical information** if you believe there is an error. You must submit a request in writing; including the information you believe should be changed and we will change your record, if appropriate. We reserve the right to deny the request to change your record, if the change is not appropriate.
- You have the **right to a list of disclosures** we have made of your medical information, excepting disclosures made for the purposes of treatment, payment, and healthcare operations. Requests must be made in writing. You may receive one listing per calendar year without charge; any additional listings may be subject to a reasonable fee.
- You have the **right to receive a paper copy of this notice** upon request.

FOR MORE INFORMATION, OR TO REPORT A PROBLEM

If you have any questions about this Notice, please contact our Privacy Officer at 360-455-5144.

If you believe that we have violated your right to privacy, you may complain to the Privacy Officer at 360-455-5144, or to the Secretary of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. There will be no retaliation for filing a complaint.

We reserve the right to change our health information practices and the terms of our Notice of Privacy Practices, and to make the changes effective for all protected health information we maintain, including health information created or received before the effective date of the changes. In the event we change our health information practices, we will post and/or personally provide a revised Notice of Privacy Practices.

EFFECTIVE DATE

This Notice is effective as of April 14, 2003

UPDATED

This notice was updated on November 7, 2024