

1530 N 115<sup>th</sup> St. #302  
Seattle, WA 98133  
T: 206-355-6781  
F: 206-365-0663

13433 NE 20<sup>th</sup> St. #D  
Bellevue, WA 98005  
T: 425-451-4301  
F: 425-957-1406

15228 Woods Creek Rd. SE  
Monroe, WA 98272  
T: 206-355-6781  
F: 425-957-1406

## NOTICE OF PRIVACY PRACTICES

**This notice describes how information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.**

We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. We comply with Federal and State regulations and where Washington State law is more restrictive, exceed HIPPA regulations.

### How We May Use and Disclose Medical Information About You

**For Treatment:** Information obtained by a nurse, physician or other member of our healthcare team will be recorded in your medical record and used to help decide what care may be right for you. For example, your doctor may need to consult with specialists about your care. Information about you would be shared with them to help understand your care needs.

**For Payment.** We request payment from your health plan or other payers. They need information from us about your medical care such as diagnosis, procedures performed, or recommended care. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery.

**For Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example, we may use medical information to assess quality and improve services; for review and learning purposes and to conduct or arrange for services, including: Medical quality review; Accounting, legal, risk management and insurance services; and audit functions, including fraud and abuse detection and compliance programs.

### Your Health Information Rights

You have a right to a **paper copy of this notice** at any time.

**You have a right to inspect and receive a copy of certain health care information** including certain medical and billing records. You must submit your request in writing to our Patient Care Coordinator at: 1530 N. 115<sup>th</sup> Street, Suite 207, Seattle, WA 98133 (206-523-7246). If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We are not required to grant your request. If you are denied access to your medical record, you may request in writing that the denial be reviewed. We will comply with the outcome of the review.

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**You have a right to ask that your health information be amended,** by giving a written request to our Patient care coordinator. We have the right to deny this request under certain circumstances. You may write a statement of disagreement if your request is denied. This statement of disagreement will be stored in your medical record, and included with any release of your records.

**You have the right to request a list of disclosures.** This is a record of certain disclosures we made of medical information about you in accordance with law. You must submit your request in writing to our Patient Care Coordinator. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**You have a right to ask us to restrict certain uses and disclosures of your health information.** You are asked to make this request in writing. Ask your caregiver if you have questions about this. We will comply with all reasonable requests.

**You have the right to request that we communicate with you about medical matters** in a specific way or location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may be asked to make your request in writing. Ask the person that gave you this notice for more information about this process. We will comply with all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Other Uses and Disclosures**

**Communication with Family and Friends.** Unless you object, we may release medical information about you to a family member or friend who is involved in your care and/or helps pay for your care. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Appointment Reminders.** We may contact you as a reminder that you have or had an appointment for treatment or medical care with us.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may tell you about health related benefits, services, or health care education classes that may be of interest to you.

**Research.** We may disclose information to researchers when an institutional review board has approved the research proposal and established protocols to ensure the privacy of your health information. In most circumstances, we will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

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### Special Situations

We may use and disclose your protected health information without your authorization to the following:

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health.** As required by law, we may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Law enforcement or corrections official necessary to your health and the health and safety of others:** In response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the clinic. In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime. To report suspected abuse or neglect.

**Funeral directors and coroners** consistent with applicable law, allow them to carry out their duties.

**Authorized federal officials** for intelligence, counterintelligence, and other national security activities authorized by law.

### Changes to this Notice

We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. You may obtain the most recent copy by calling or requesting a copy when you are visiting our office.

### To ask for help or complain

If you believe your privacy rights have been violated, you may speak to any of our staff. or your can contact our Patient Care Coordinator in writing. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. **The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

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### **Other uses and disclosures of your health information not covered by this notice**

Uses and disclosures not covered or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose health information about you under these circumstances, **you may revoke that permission, in writing, at any time.** If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

If you have any questions about this notice please contact us at 206-355-6781.

Effective Date: April 14, 2003, revised January 23, 2010