

- Seek an accounting of certain disclosures by asking us for a list of the times we or our business associates have disclosed your PHI. Your request must be in writing and give us the specific information we need in order to respond to your request. You may request disclosures made up to six years before your request. (The six-year period is limited by the regulatory date of April 14, 2003). You may receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee. These lists will not include disclosures to other organizations that might pay for your care provided by Pacific Medical Centers.
- If you have received this Notice electronically, you have the right to request a paper copy of this Notice.

Changes to privacy practices

Pacific Medical Centers may change the terms of this Notice at any time. The revised Notice would apply to all PHI that we maintain. If we change any of the practices described in this Notice, we will post the revised Notice on our public web site at www.pacificmedicalcenters.org and at Pacific Medical Centers clinics.

Questions and patient complaints

If you have any questions about this Notice or would like an additional copy, please contact the Privacy Office at 206-621-4678.

If you think that we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a written complaint with Pacific Medical Centers' Privacy Office, Pacific Medical Centers, 1200 12th Avenue South, Seattle, WA 98144. For more information on how to file a written complaint, call the Privacy Office at 206-621-4678. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services (DHHS). Our Privacy Office can provide you with the appropriate address upon request. You will not be penalized if you file a complaint about our privacy practices with us or with DHHS.



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.**



SUMMARY OF NOTICE OF PRIVACY PRACTICES

- 1. 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.** This notice briefly summarizes how we handle your health information.
- 2. How we may use and disclose your health information.** We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods. We may use or disclose your health information without your authorization for several reasons. But beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses and disclosures.
- 3. Your rights.** In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.
- 4. Our legal duty.** We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We may change our privacy policies at any time. Before we make significant change in our policies, we will change our notice and post the new notice. You can also request a copy of our notice at any time. For more information about our privacy policies, contact the Privacy Office as listed below.
- 5. Privacy complaints.** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact the office listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The Office listed below can provide you with the appropriate address upon request.

If you have any questions or complaints, please contact the Privacy Office at 206-621-4678, or write: Privacy Office, Pacific Medical Centers, 1200 12th Avenue South, Seattle, WA 98144.

If you sign an authorization, you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization.

If you would like to ask us to disclose your PHI, please contact the Health Data Services Department at your local provider site.

Your rights regarding your protected health information

Note: You may exercise any of the rights described below, or ask questions about these rights, by contacting the Privacy Office at 206-621-4678.

You have the right to:

- Request restrictions by asking that we limit the way we use or disclose your PHI for treatment, payment, or health care operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family or friend. Please note that we are not required to agree to your request. If we do agree, we will honor your limits unless it is an emergency situation.
- Ask that we communicate with you by another means. For example, if you want us to communicate with you at a different address we can usually accommodate that request. We may ask that you make your request to us in writing. We will agree to reasonable requests.
- Request to review or obtain a copy of your PHI. We may ask you to make this request in writing and we may charge a reasonable fee for the cost of producing and mailing the copies. In certain situations we may deny your request, and will tell you why we are denying it. In some cases you may have the right to ask for a review of our denial. In addition to copies, patients have a right to review their records.
- Ask us to amend PHI about you that we use to make decisions about you. Your request for an amendment must be in writing, and provide the reason for your request. In certain cases we may deny your request, in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your PHI.

- Fundraising - To contact you for Pacific Medical Centers fundraising purposes. (We would only release information such as your name, address, phone number, and dates that you received treatment or service from us.) You will be given the opportunity to instruct us to not contact you for this purpose.
- Research - For Pacific Medical Centers or another organization's research purposes provided that certain steps are taken to protect your privacy. Note: Generally in these cases a research review board will review the research project to ensure adequate privacy protections before Pacific Medical Centers uses or discloses your PHI.
- De-identify information - To "de-identify" information by removing information from your PHI that could be used to identify you.
- Coroners, funeral directors, and organ donation - To coroners, funeral directors, and organ donation organizations as authorized by law.
- Disaster relief - To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
- Threat to health or safety - To avoid a serious threat to the health or safety of yourself and others.
- Correctional facilities - If you are an inmate in a correctional facility we may disclose your PHI to the correctional facility for certain purposes, such as providing health care to you or protecting your health and safety or that of others.

Uses and disclosures of your protected health information by Pacific Medical Centers that require us to obtain your authorization

Except in the situations listed in the sections above, we will use and disclose your PHI only with your written authorization.

In some situations, federal and state laws provide special protections for specific kinds of PHI and require authorization from you before we can disclose that specially protected PHI. In these situations, we will contact you for the necessary authorization. If you have questions about these laws, please contact the Privacy Office at 206-621-4678.

Pacific Medical Centers' responsibilities

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pacific Medical Centers must take steps to protect the privacy of your "protected health information" (PHI.) PHI includes information that we have created or received regarding your health or payment for your health. It includes both your medical records and personal information such as your name, social security number, address, and phone number.

Under federal law, we are required to:

- Protect the privacy of your PHI. All of our employees and Pacific Medical Centers providers are required to maintain the confidentiality of PHI and receive appropriate privacy training.
- Provide you with this Notice of Privacy Practices explaining our duties and practices regarding your PHI.
- Follow the practices and procedures set forth in the Notice.

Uses and disclosures of your protected health information by Pacific Medical Centers that do NOT require your authorization

Pacific Medical Centers uses and discloses PHI in a number of ways connected to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your PHI without your authorization are listed below.

We may use or disclose your protected health information without your authorization as follows in relation to your health care and treatment:

- To our physicians, nurses, and others involved in your health care or preventive health care.
- To our staff to coordinate such activities as referrals or appointments.
- To other health care providers treating you who are not on our staff such as therapists, emergency room staff, and specialists. For example, if you are being treated in the ER for chest pain we may share your PHI among your primary physician, the cardiac specialist, and the emergency room physician so they can provide proper care.

We may use or disclose your protected health information without your authorization as follows in relation to payment:

- To administer your health benefits policy or contract.
- To bill your health plan or you for the care we provide.
- To pay others who provided care to you.

To other organizations and providers for payment activities unless disclosure is prohibited by law.

We may use or disclose your protected health information without your authorization as follows in relation to health care operations:

- To administer and support our business activities or those of other health care organizations (as allowed by law) including providers and plans. For example, we may use your PHI to review and improve the care you receive, to provide training, and to help decide what rates to charge.
- To other individuals (such as consultants and auditors) and organizations that help us with our business activities. (Note: If we share your PHI with other organizations for this purpose, they must agree to protect your privacy.)

We may use or disclose your protected health information without your authorization for legal and/or governmental purposes in the following circumstances:

- Required by law — When we are required to do so by state and federal law, including workers' compensation laws.
- Public health and safety — To an authorized public health authority or individual to:
 - Protect public health and safety.
 - Prevent or control disease, injury, or disability.
 - Report vital statistics such as births or deaths.
 - Investigate or track problems with prescription drugs and medical devices. (Food and Drug Administration.)
- Abuse or neglect - To government entities authorized to receive reports regarding abuse, neglect, or domestic violence.

- Oversight agencies - To health oversight agencies for certain activities such as audits, examinations, investigations, inspections, and licensures.
- Legal proceedings - In the course of any legal proceeding in response to an order of a court or administrative agency and, in certain cases, in response to a subpoena, discovery request, or other lawful process.
- Law enforcement - To law enforcement officials in limited circumstances for law enforcement purposes. For example disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.
- Military activity and national security - To the military and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the president of the United States.

We may also use or disclose your protected health information without your authorization in the following miscellaneous circumstances:

- Family and friends - To a member of your family, a relative, a close friend - or any other person you identify who is directly involved in your health care or payment of bills related to your health care- when you are either not present or unable to make a health care decision for yourself and we determine that disclosure is in your best interest. For example, we may disclose PHI to a friend who brings you into an emergency room.
- Appointment reminders - To you, to remind you in writing or by phone/voicemail that you have a health care appointment with us. These reminders may be made by postcard, phone, or voicemail unless you specifically ask us to communicate with you through a different method as described later in this Notice.
- Treatment alternatives and plan description - To communicate with you about treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you, or to describe our providers to you.