

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

Northwest Foot and Ankle Center respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless directed by you or required by law 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 receive your authorization to disclose this information to disclose this information for payment purposes.

In this notice we provide descriptions of the different ways we may use and disclose your information.

### **Examples of use and disclosures of protected health information for treatment, payment and health operations**

#### **For treatment**

- Information obtained by a nurse, physician, or other staff member will be recorded in your medical record and used to help decide the appropriate plan of care.
- We may also provide information to others providing you care.

#### **For payment:**

- we request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans include your diagnosis, procedures, or recommended care.

#### **For health care operations:**

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits.
- We may use and disclose your information to conduct or arrange for services including: medical quality review by your health plan; accounting, legal, risk management and insurance services; audit functions such as fraud and abuse detection and compliance programs; and quality improvement.

As another part of health care operations, we may use and disclose information to our “business associates.” Our business associates, such as transcription services, collection agency, and on call answering service, perform services on behalf of our practice. Whenever an arrangement between our practice and a business associate involves the use or disclosure of medical information about you we will have a written contract with that associate that will require an agreement to protect the privacy of your medical information.

#### **Uses and disclosures of protected health information not discussed in this notice**

We will not disclose medical information about you for any other reason not discussed in the notice without your written consent.

#### **Other permitted and required uses and disclosures that may be made without your authorization or opportunity to agree or object**

Unless the Washington State Requirements determine otherwise, we may use or disclose your health information in the certain situations without your specific permission or without giving you an opportunity to agree or object. Among these are the following:

**As required by law.**

**To avert a serious threat to health or safety.** In certain circumstances when necessary to prevent a serious threat to your health and safety or the health and safety of another person or public.

**Military and Veterans.** If you are a member of the armed forces we may disclose information about you to an appropriate government body.

**Workers' Compensation.** To comply with workers' compensation or similar laws.

**Inmates.**

**Public Health Activities:** in instances such as reporting births, deaths, child abuse and neglect, reactions with medications or products, recalls, to notify a person who may have been exposed to a disease, and notifying government authority if we believe a patient has been the victim of abuse or domestic violence.

**Health oversight activities.** For activities related to the monitoring of the health care system, government programs or compliance with civil rights laws.

**Lawsuits and Disputes.** In response to a subpoena, discovery request, or other lawful order from the court.

**Medical Examiners, Coroners, and Funeral Directors.** If authorized by the law, information may be released so they can carry his or her duties.

**Protective Service for the President, National Security and Intelligence Activities.** We may disclose your medical information to authorized officials so they may without limitation provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or conduct lawful intelligence, counter-intelligence, or other national security activities authorized by the law.

**Your Health Information Rights**

The health and billing records we create and store are the property of the health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing. We are not required to grant the request. But we will comply with any request granted.
- Request and receive from us a paper copy of the most recent Notice of Privacy Practices for protected health information.
- Have us review a denial of access to your health information.
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of you health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by other means or at another location. Please sign, dated, and give us your request in writing.
- Cancel prior authorization to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

**Our Responsibilities**

- Keep your protected health information private.
- Give you this notice
- Follow the terms in this notice

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this notice. You may receive a recent copy by calling and asking for it or by visiting our front desk to pick one up.

Effective date: February 21, 2006