



Notice of Privacy Practices

EFFECTIVE DATE: 01/01/2020

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.

If you have any questions about this notice, please contact **NORTHSHORE FAMILY PRACTICE** at **425-424-2100**.
12900 NE 180th St. Suite 100 Bothell, WA 98011.

For purposes of this Notice, Northshore Family Practice (NFP) and the pronouns “we” “us” and “our” refer to our facility and employees.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

We reserve the right to change our privacy practices, as reflected in this Notice, to revise this Notice, and to make the new provisions effective for all protected health information we maintain. Revised notices will be available in the clinic, on our website, or upon your request.

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff, and other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide “call coverage” for your health care provider.

YOUR HEALTH INFORMATION

We use and disclose health information about you for treatment, to obtain payment for treatment, for administrative purposes, to evaluate the quality of care that you receive, and for other purposes permitted by HIPAA. We are required by law to maintain the privacy of your health information, to provide you a notice of our legal duties and privacy practices with respect to that information, and to provide you with notice of a breach of you unsecured protected health information.

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office. Your health information is maintained in a medical record that is the physical property of Northshore Family Practice. We are required to abide by the terms of this Notice.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We must have your written, signed consent to use and disclose health information for the following purposes:

For Treatment

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff, or other third-party personnel who are involved in the coordination, continuation, or management of your care and health.

Personnel in our office may share information about you to disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work, and ordering imaging. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

This may include interdisciplinary conferences from other facilities involved in your care and treatment or other providers who may be able to provide information or insight in developing and coordinating your care plan. This information is necessary for other health care providers to determine what treatment you should receive.

For Payment

We may use and disclose health information about you to other for the purposes of obtaining payment for treatment and services you receive at this office. For example, we may send a bill to you or to a third-party payer, such as your insurance company. The information contained in the bill may include information that identifies you, your diagnosis, and treatment. We may also tell you health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For Health Care Operations

We may use and disclose health information about you for operational purposes, to run the office and ensure that you and our other patients are receiving quality care. For example, we may contact you to evaluate the performance of our staff, assess the quality of care and outcomes in your case and similar cases, determine what additional services we should offer, determine what we can do to become more efficient, and to train residents, medical students, nurses, advanced practitioners of nursing, physician assistants, medical assistants, and other health care professional students or interns.

Communications

We may use and disclose your information to provide appointment reminders, leave a brief message on your answering machine, or leave a message with an individual who answers the phone at your residence. We may contact you with information about treatment options or alternatives that may be of interest to you, or other health-related products or services.

Right to Revoke

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing

that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your consent at any time by giving us written notice. Your revocation will be effective when we receive it but will not apply to any uses and disclosures which occurred before that time.

If you do revoke your consent, we will not be permitted to use or disclose information for purposes of treatment, payment, or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety

We may use and disclose health 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.

We may also use or disclose your health information if we believe that the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admits to participation in a violent crime that we reasonably believe caused serious physical harm to the victim, or if you appear to have escaped from a correctional institution or other lawful custody.

Required or Permitted by Law

We may use and disclose health information about you as required or permitted by federal, state, or local law. Any disclosure made as required by law will be limited to the relevant requirements. Examples of use or disclosure as required by law include, but are not limited to:

- Judicial and administrative proceedings pursuant to legal authority
- To report information related to victims of abuse, neglect, or domestic violence
- To assist law enforcement officials in their law enforcement duties
- In the instance of a breach involving your unsecured health information; to notify you, law enforcement, and regulatory authorities as necessary of the situation, and others as appropriate to help resolve the situation
- To health oversight agencies responsible for monitoring the health care system, government programs, and compliance with civil rights laws

Law Enforcement and correctional institutions

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements.

If you are an inmate or in the custody of law enforcement, we may release your health information to correctional institutions or law enforcement for such purposes as providing care, for the health and safety of yourself or others, for law enforcement at the correctional facility, or for maintenance of safety, security, and order at the facility in accordance with state and/or federal regulations.

Research and Clinical Trials

We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the office. In cases where and institutional review board or privacy board has waived the authorization requirement, we may use and disclose your health information for research purposes without an authorization from you. Under certain circumstances, your information may also be disclosed without your authorization, to researchers conducting a research project, for research on decedents, or to researchers pursuant to a written data use agreement.

Organ and Tissue Donation

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or other tissue transplantation, or to an organ donation bank, as necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers Compensation

We may release health information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health

We may disclose health information about you for public health reasons such as:

- To report a birth or death
- To assist public health authorities to prevent or control disease, injury, or disability
- To report suspected abuse or neglect to a public health or other governmental authority that is authorized by law to receive such reports
- Reporting information to a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety, or effectiveness of FDA-regulated products or activities, such as collecting or reporting adverse events, dangerous products, and defects or problems with FDA-regulated products
- Notifying a person who may be at risk of contracting or spreading a disease, if such disclosure is authorized by law
- Reporting information to your employer for the purposes of conducting an evaluation of medical surveillance of the workplace or for the purposes of evaluating whether you have a work-related injury or illness
- Disclosing proof of immunization to your or your child's school, if the school is required by law to have such proof prior to admitting you or your child. We will obtain and document your agreement to such immunization disclosures.

Decedents, Coroners, Medical Examiners, and Funeral Directors

We may release health information to a coroner, medical examiner, or funeral director to enable them to carry out their lawful duties. Once you have been deceased for 50 years, or other such time period as specified by law, we may use and disclose your health information without regard to the restrictions set forth in this Notice.

Family, Friends, Implied Consent, Notification, and Disaster Relief

We may disclose health information about you to your family members, friends, or other persons involved in your health care or in payment for your health care if we received your verbal or written authorization to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgement, that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring them into the exam room during treatment or while treatment is being discussed (implied consent).

In situations where you are not capable of giving consent (because you are not present or due to incapacity, medical emergency, or death) we may determine that a disclosure to your family member or friend is in your best interest. In that situation, we will only disclose information relevant to the person's involvement in your care. We will ask that you complete a form to help clarify for us which of your family members or friends are likely to be involved in your healthcare or payment for your health care.

In the event of a disaster, we may use or disclose your health information to notify or assist in notifying your family, personal representative, or another person responsible for your care, of your location, condition, or death.

Business Associates

We may contract with one or more third parties in the course of our business operations. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. We require that our business associates sign a business associate agreement and agree to safeguard the privacy and security of your health information.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not disclose your health information for any purpose other than those identified in this document without your specific written Authorization. We must obtain your authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization at any time in writing. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization. However, we cannot take back any uses or disclosures already made with your Authorization.

Uses and Disclosures of Your Highly Confidential Information

Some federal and state laws require special privacy protections for certain highly confidential health information. Unless a use or disclosure is permitted or required by law, we will obtain your written consent or authorization prior to using or disclosing your highly confidential health information to third parties. Highly confidential health information includes:

- Psychotherapy notes and services
- Mental health and developmental disabilities services
- Alcohol and drug abuse prevention, treatment, and referral

- HIV/AIDS testing, diagnosis, or treatment
- STD/STI testing, diagnosis, or treatment, except as permitted by law for infection control and tracking
- Genetic testing
- Child abuse and neglect
- Abuse of an adult with disability
- Sexual assault

Media

Occasionally we host media events at our facility. The purpose of these events is to raise awareness about chronic health conditions. We will obtain your written authorization prior to releasing any media publication containing your image, voice, or statement. Your participation and authorization are completely voluntary.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding the health information we maintain about you. To exercise any of the rights below please contact the office to obtain the proper forms.

Right to Inspect and Copy

You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. All requests to inspect or copy your health information must be in writing. In certain circumstances we may deny your request, but you will be notified in writing of the reason(s) for denial and explain your rights to have the denial reviewed. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

The information that we maintain about you is stored in electronic format. If you request an electronic copy of your information, we will provide you with an electronic copy in the form and format that you request, if it is readily producible in that form and format. If it is not, we will agree with you on an alternative form and format. You may request in writing that we send your health information to another person or facility. If you request copies, we may charge a reasonable cost-based fee for the labor and supplies involved in copying the information.

Right to Amend

If you believe that the health information we have and maintain about you is incomplete or incorrect, you have the right to request an amendment. We may deny your request for an amendment and you will be notified in writing of the reason for the denial, and your right to submit a statement disagreeing with the denial.

Right to an Accounting of Disclosures

You have the right to request and accounting of disclosures. This is a list of all the disclosures we have made of medial information about you for purposes other than treatment, payment, and other healthcare operations as listed in this notice. Your request must be in writing and must state a time period no great than six (6) years prior to the date of your request.

Right to Request Restrictions

You have the right to request restrictions or limitations on the health information we use or disclose about you for treatment, payment, or health care operations. You have the right to request a limit on the health

information we disclose about you to someone involved in your care or the payment for it, like a family member or friend. We will agree to your request unless the information is needed to provide emergency treatment.

If you have paid for a service or healthcare item out-of-pocket in full, and you ask us not to share that information with your health insurer for purposes of payment, or our operations (not treatment), we will agree with your request unless a law requires us to share the information.

We are not required to agree to your request.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. We will accommodate reasonable requests and will notify you if we are unable to agree to your request. We may condition our agreement on information as to how payment will be handled and specification of an alternate address or other method of contact.

Right to Obtain a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. This notice will be available at the medical office and on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Dr. Barbara Mendrey. You will not be penalized for filing a complaint.