

201 N Edison St. Suite 236

Kennewick, WA 99336

This notice describes how your medical information may be used and disclosed as well as how you can access your information.

Our Responsibilities

- ❖ Maintain the privacy of your protected health information
- ❖ Provide you with this notice of privacy protection
- ❖ Abide by the privacy policies and practices outlined in this notice

Uses and Disclosures

- ❖ Your health information may be shared with other healthcare providers if it is necessary to consult with a specialist or refer you for further diagnosis, assessment, or treatment.
- ❖ Your health information as well as billing records may be disclosed to another party, such as an insurance carrier, HMO, PPO, insurance billing service, clearing house, or your employer in order to cover the services provided to you.
- ❖ Your name, telephone number, email address, and health care information may be used to contact you regarding your account, appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you. If you are not able to receive our call, a brief message may be left on your answering machine or with a member of your household. Please advise us in writing if you wish to be contacted by alternative means or at an alternative location.
- ❖ Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

Federal law permits or requires us to use or disclose your health information without your consent or authorization in the following circumstances:

- ❖ We are providing care to you based on the orders of another health care provider
- ❖ We provide health care services to you in an emergency
- ❖ We are required by law to provide care to you and are unable to obtain your consent after attempting to do so
- ❖ There are substantial barriers to communicating with you, but in our professional judgment we believe that you intent for us to provide care
- ❖ We are ordered by the courts or another appropriate agency or by law

Notice of Privacy Practices (page 2 of 2)

Individual Rights

- ❖ Right to receive a printed copy of this notice
- ❖ Right to request certain uses and disclosures of your health information. Such requests are not automatic and require the agreement of this clinic
- ❖ Right to receive confidential communications concerning your medical condition and treatment
- ❖ Right to inspect and/or copy your protected health information for seven years from the date that the record was created or as long as the information remains in our files
- ❖ Right to amend or submit corrections to your protected health information
- ❖ Right to request a list of disclosures documenting how and to whom your protected health information has been disclosed
- ❖ Right to revoke authorization. Any use or disclosure of your protected health information requires your specific written permission. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Right to Revise Privacy Practices

- ❖ As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be changes in federal and state laws and regulations. Upon request, we will provide you with the most recent revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Complaints or comments

If you have a complaint or comment regarding our privacy notice or any aspect of our privacy practices, please contact us at: 201 N Edison St. Suite 236; Kennewick, WA 99336

Effective Date of this Notice: January 4, 2016