



## **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. Family Care Network is committed to protecting your health information. Please review carefully.**

**Family Care Network** respects your privacy. We understand that your personal health information is very sensitive. The law protects the privacy of the health information we create and obtain in providing care and services to you. Your Protected Health Information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information related to these services.

We will not use or disclose your health information to others without your authorization, except as described in this Notice of Privacy Practices (Notice) or as required by law.

**If you have any questions about this notice, need assistance or more information, please inform the receptionist.**

### **Your Protected Health Information:**

Protected Health Information is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to: (1) your past, present, and/or future physical or mental health conditions (2) the provision of health care to you (3) the past, present, or future payment for your health care.

### **Your Health Information Rights:**

The health and billing records we create and store are the property of Family Care Network. The Protected Health Information in it, however, generally belongs to you.

You have a right to:

- Receive, read, and ask questions about this Notice.
- Request and receive from us a paper copy of the most current Notice.
- Ask us to restrict certain uses and disclosures. Please make this request in writing. We have a form available for this type of request. We are not required to grant the request unless the request is to restrict disclosure of your Protected Health Information to a health plan for payment or health care operations, and the information is about an item or service for which you paid in full directly.
- Request that you be allowed to see and get a copy of your Protected Health Information. Please make this request in writing. We have a form available for this type of request.
- Request a review by Family Care Network if you were denied your request to see or get a copy of your health information. Under certain circumstances Family Care Network may not disclose health information.

- Ask us to change your health information that is inaccurate or incomplete. Please provide us this request in writing. We have a form available for this type of request. If your request is denied, you may write a statement describing why you disagree and this statement will be stored in your medical record, and included with any release of your records.
- Request a list of certain disclosures of your health information. This list will not include disclosures for treatment, payment, or health care operations. You may receive this information without charge once every 12 months. If you request this information more than once in 12 months, there is a charge.
- Ask that your health information be given to you by another confidential means of communication or at another location. Please complete a written release form that includes your date, signature, and your request.
- Cancel prior authorizations to use or disclose health information by giving us a written request to revoke the authorization. This does not affect information that has already been released. It also does not affect any action taken before we received your request. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

### **Our Responsibilities:**

#### We Are Required to:

- Keep your Protected Health Information private.
- Give you this Notice.
- Follow the terms of this Notice for as long as it is in effect.
- Notify you if we become aware of an unintentional release (breach) of your Protected Health Information.

We reserve the right to change our privacy practices and the terms of this Notice, and to make the new privacy practices and notice provisions effective for all of the Protected Health Information we maintain. If we make material changes, we will update and make available to you the revised Notice. You may receive the most recent copy of this Notice by calling and asking for it, by visiting your clinic to pick one up, or by visiting our web site [familycarenetwork.com](http://familycarenetwork.com)

### **To Ask For Help or To Make a Complaint:**

If you have questions, want more information, or want to report a concern or problem about the handling of your Protected Health Information, please inform the receptionist and they can assist you.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to the Practice Manager at your clinic or Family Care Network's Privacy Officer. You may also file a complaint with the Department of Health and Human Services Office for Civil Rights (OCR).

We respect your right to file a complaint with us or with the OCR. There will be no retaliation against you if you make a complaint.

## **How We May Use And Disclose Your Protected Health Information:**

Under the law, we may use or disclose your Protected Health Information under certain circumstances without your permission. The following categories describe the different ways we may use and disclose your health information without your permission. For each category, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within one of the categories.

**Below are examples of uses and disclosures of protected health information for treatment, payment, and health care operations.**

### **For Treatment:**

- We may contact you to remind you about appointments.
- We may use and disclose your health information to give you information about treatment alternatives or other health-related benefits and services.
- Information obtained by a nurse, physician, and other member of our health care team will be recorded in your medical record and used by members of our health care team to help decide what care may be right for you.
- We may also provide information to health care providers outside our practice who are providing you care or for a referral. This will help them stay informed about your 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 may include your diagnoses, procedures performed, or recommended care.
- We bill you or the person you tell us is responsible for paying for your care if it is not covered by your health insurance plan.

### **For Healthcare Operations:**

- We may 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 our staff.
- 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, including fraud and abuse detection and compliance programs

### **For Fundraising Communications:**

We may use certain demographic information and other health care service and health insurance status information about you to contact you to raise funds. If we contact you for fundraising, we will also provide you with a way to opt out of receiving fundraising requests in the future.

**Other ways that we may use or disclose your Protected Health Information without your authorization are as follows:**

- **Required by law:** We must make any disclosure required by state, federal, or local law.
- **Business Associates:** We contract with individuals and entities to perform jobs for us or to provide certain types of services that may require them to create, maintain, use, and/or disclose your health information. We may disclose your health information to a business associate, but only after they agree in writing to safeguard your health information. Examples include billing services, answering service, confidential shredding company and others who perform health care operations for us.
- **Individuals involved in your care or payment for your care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Minors - A person under 18 years of age.** Certain Protected Health Information of minor children cannot be disclosed to their parents or guardians, without the minor's written consent, if information is considered a Protected Health Class by Washington State law.
  - These are the Protected Health Classes:
    - Sexually Transmitted Disease/HIV (AIDS) Testing
    - Alcohol and Drug Treatment
    - Mental Health Treatment
    - Reproductive Health
- **Public health and safety purposes:** As permitted or required by law, we may disclose Protected Health Information:
  - To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
  - To public health or legal authorities:
    - To prevent or control disease, injury, or disability.
    - To protect public health and safety.
    - To report vital statistics such as births or deaths.
    - To report suspected abuse or neglect to public authorities.
- **Research:** We may disclose Protected Health Information to researchers if the research has been approved by an institutional review board or a privacy board and there are policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **Coroners, medical examiners, and funeral directors:** We may disclose Protected Health Information to funeral directors and coroners consistent with applicable law to allow them to carry out their duties.
- **Organ-procurement organizations:** Consistent with applicable law, we may disclose Protected Health Information to organ-procurement organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.

- **Food and Drug Administration (FDA):** For problems with food, supplements, and products, we may disclose Protected Health Information to the FDA or entities subject to the jurisdiction of the FDA.
- **Workplace injury or illness:** Washington State law requires the disclosure of Protected Health Information to the Department of Labor and Industries, the employer, and the payer (including a self-insured payer) “for workers compensation and for crime victims claims”. We also may disclose Protected Health Information for work-related conditions that could affect employee health; for example, an employer may ask us to assess health risks on a job site.
- **Correctional institutions:** If you are in jail or prison, we may disclose your Protected Health Information as necessary for your health and the health and safety of others.
- **Law enforcement:** We may disclose Protected Health Information to law enforcement officials as required by law, such as reports of certain types of injuries or victims of a crime, or when we receive a warrant, subpoena, court order, or other legal process.
- **Government health and safety oversight activities:** We may disclose Protected Health Information to an oversight agency that may be conducting an investigation. For example, we may share health information with the Department of Health.
- **Disaster relief:** We may share Protected Health Information with disaster relief agencies to assist in notification of your condition to family or others.
- **Military, Veteran Affairs Administration, and Department of State:** We may disclose Protected Health Information to the military authorities of U.S. and foreign military personnel; for example, the law may require us to provide information necessary to a military mission.
- **Lawsuits and disputes:** We are permitted to disclose Protected Health Information in the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.
- **National security:** We are permitted to release Protected Health Information to federal officials for national security purposes authorized by law.
- **De-identifying information:** We may use your Protected Health Information by removing any information that could be used to identify you.

**Uses And Disclosures That Require Your Authorization:**

Certain uses and disclosures of your health information require your written authorization. The following list contains the types of uses and disclosures that require your written authorization:

- **Psychotherapy notes:** If we record or maintain psychotherapy notes, we must obtain your authorization for most uses and disclosures of psychotherapy notes.
- **Marketing communications:** We must obtain your authorization to use or disclose your health information for marketing purposes other than for face to face communications with you, promotional gifts of nominal value, and communications with you related to currently prescribed drugs, such as refill reminders.
- **Sale of health information:** Disclosures that constitute a sale of your health information require your authorization.

In addition, other uses and disclosures of your health information that are not described in this Notice will be made only with your written authorization. You have the right to cancel prior authorizations for these uses and disclosures of your health information by giving us a written request revoking the authorization. Your request does not affect information that has already been released. It also does not affect any action taken before we receive your request. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

**Web Site:**

We have a web site that provides information about us. For your benefit, this Notice is on the web site at the following address: [familycarenetwork.com](http://familycarenetwork.com)

**Effective date:**

September 19, 2013

**Contact Information for Further Information:**

Angie Perez  
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