

Dated 4/14/2003

## CHRISTIAN HEALTH CARE CENTER

### 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.**

If you have any questions about this notice, please contact the Privacy Officer of our facility by telephone at 360-354-4434, or in writing at 855 Aaron Drive, Lynden, WA 98264.

#### **WHO WILL FOLLOW THIS NOTICE**

We are required by law to maintain the Privacy of protected health information and to provide you with a Notice of our legal duties and the information Privacy practices followed by our Organization and its workforce members.

#### **YOUR HEALTH INFORMATION**

This notice applies to the information we have about your health, health status, and the health care services you receive from our Organization.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

**Treatment** Your health information may be used by our workforce members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, we may disclose your health information to doctors, nurses, technicians, or other workforce members who are involved in taking care of you and your health.

**Payment** We may use and disclose health information about you so that the treatment and services you receive at the Organization's facilities, or at other facilities provided by the Organization's workforce members, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**Health Care Operations** We may use and disclose health information about you in order to run the Organization and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our workforce members in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

**Appointment Reminders** We may contact you as a reminder that you have an appointment for services at our Organization.

**Treatment Alternatives** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Products and Services** We may tell you about health-related products or services that may be of interest to you.

**Fundraising by Organization** We may, from time to time, contact you about donating for purposes such as increasing the treatment capability of the Organization.

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**Opting-Out of Communications** 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, or donating funds. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

### **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:

**In the Event of a Disaster** We may disclose medical information about you to an assisting in a disaster relief effort to coordinate care and so that your family can be notified about your location and condition.

**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.

**Required By Law** We will disclose health information about you when required to do so by federal, state, or local law.

**Research** 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 Organization or its other facilities.

**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 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 Risks** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health Oversight Activities** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**Law Enforcement** 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.

**Coroners, Medical Examiners and Funeral Directors** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

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**Information Not Personally Identifiable** We may use or disclose health information about you in a way that does not personally identify you (called de-identified data) or reveal who you are.

**Opting-Out of Being Listed in Directories** Information may be provided to people who ask for you by name. We may use and disclose the following information in Organization directories: your name, location in the facility, general condition, and religion (only to clergy). You have the right in writing to object to this use and disclosure, that is to opt-out, of this use and disclosure of your information. If you object, we will not use or disclose it.

**Family and Friends** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure, and you do not raise an objection in writing. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment 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 your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

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

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

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

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy** You have the right to inspect and copy your health information, such as the medical record and billing/insurance records that we use to make decisions about your care. You must submit a written request to our Medical Records Department in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

## CHRISTIAN HEALTH CARE CENTER - NOTICE OF PRIVACY PRACTICES

**Right to Request an Amendment** If you believe health information we have about you is incorrect, or incomplete, you may ask us to amend the information. You have the right to request an amendment.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to our Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than:

- ✓ Treatment, payment, and health care operations;
- ✓ To you under your right of access to your medical records;
- ✓ That you authorized;
- ✓ For facility directory purposes, to persons involved in your care, or for notification purposes;
- ✓ Incidental to an otherwise permitted use or disclosure;
- ✓ As part of a limited data set not specifically identifying you;
- ✓ For national security or intelligence purposes;
- ✓ To correctional institutions or other custodial law enforcement officials, or
- ✓ That occurred before April 14, 2003.

To obtain this list, you must submit your request in writing to our Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***We are Not Required to Agree to Your Request.*** If we do agree we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you may complete and submit *the Request For Restriction On Use/Disclosure Of Medical Information* to our Privacy Officer.

**Right to Request Confidential Communications** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, or by mail.

To request confidential communications, you may complete and submit the *Request For Restriction On Use/Disclosure Of Medical Information And/Or Confidential Communication* to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. You may ask us to give you another copy of this notice at any time. You may also view the Notice at our Web Site, [www...](#)

## **CHRISTIAN HEALTH CARE CENTER - NOTICE OF PRIVACY PRACTICES**

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current Notice with its effective date in the top right hand corner. You are entitled to a copy of the Notice currently in effect, and may obtain an additional copy from Admitting, or our Privacy Officer.

### **COMPLAINTS**

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