

# ADVANCED FAMILY MEDICINE, PLLC

## HIPAA NOTICE OF PRIVACY PRACTICES

- 1. THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.**
- 2. IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

Advanced Family Medicine, PLLC is required to provide you with this Notice about privacy procedures. We must explain when, why, and how we would use and/or disclose your PHI.

By law, we are required to ensure that your PHI is kept private and to follow the privacy practices described in this Notice.

**PHI** is information created or noted by Advanced Family Medicine, PLLC that can be used to identify you. It may contain data about your past, present, or future health or condition, the provision of health care services to you, or the payment of such health care.

**Use of PHI** means that we share, apply, utilize, examine, or analyze information within the practice.

**Disclosure of PHI** is when we release, transfer, give, or otherwise reveal it to a third party outside the practice. With some exceptions, we may use or disclose the PHI necessary to accomplish the purpose for which the use or disclosure was made.

Advanced Family Medicine, PLLC reserves the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI already on file. Before any important changes are made to the policies, the Notice will be changed, and you will be given a copy of the new alterations.

### **3. USE AND DISCLOSURE OF YOUR PHI**

Some uses, or disclosures of PHI will require your prior written authorization; others will not. Information will be disclosed only to the extent that knowledge of the record or communications is essential to the purpose for which disclosure is made and only after you have been informed that the disclosure is being made. A person to whom disclosure is made may use it only for the purpose for which the disclosure was made and, according to Washington law, may or may not re-disclose any information except as provided by law.

**A) Uses and Disclosures Related to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent. We may use and disclose your PHI without your consent for the following reasons:**

- 1) For treatment:** Your PHI may be disclosed, with your written consent, for the purposes of collaborating with other professionals. To any department, agency, institution or facility that has custody of you pursuant to State statute or any court order of commitment.
- 2) For healthcare operations.** We may disclose your PHI to facilitate the efficient and correct operation of our practice. Examples: Quality Control- the evaluation of the quality of health care services that you have received or to evaluate the performance of the health care professionals who provided you with these services. We may also provide your PHI to the company attorney, to make sure that there is compliance with applicable laws.

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**3) To obtain payment for treatment.** We may use and disclose your PHI to bill and collect payment for the treatment services provided you. Example: Your PHI may be sent to your insurance company or health plan in order to get payment for the health care services provided to you. We could also provide your PHI to the billing service (Premier Medical Billing Services) that processes claims for the office.

**4) Other disclosures.** Examples: Your consent is not required if you need emergency treatment provided that attempt to get your consent after treatment is rendered. If I try to get your consent but you are unable to communicate (i.e. if you are unconscious or in severe pain) but I think that you would consent to such treatment if you could, I may disclose your PHI.

### **B) Other Uses and Disclosures That Do Not Require Consent.** These Include:

**1)** When disclosure is compelled by federal, state, or local law; judicial, board, or administrative proceedings; or law enforcement.

**2)** If disclosure is compelled by a party proceeding before court or an administrative agency pursuant to its lawful authority. (This would ordinarily involve a court-approved subpoena.)

**3)** If disclosure is required by a search warrant lawfully issues to a governmental law enforcement agency.

**4)** If disclosure is compelled by you or your guardian or legally appointed representative pursuant to Illinois law or corresponding federal statutes or regulations, such as the Privacy Rule that requires this Notice.

**5)** To avoid harm. We may disclose PHI when, in our discretion, we determine that disclosure is necessary to initiate or continue civil commitment proceedings for involuntary hospitalization or to otherwise protect you or another person against a clear, imminent risk or serious physical or mental injury or disease or death being inflicted upon you or by you on yourself or another.

**6)** If disclosure is compelled or permitted by the act that you tell us of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.

**7)** If disclosure is mandated by Washington law, such as the Child Abuse Reporting Law, the Sex Offender Registration Act, the Rights of Crime Victims and Witnesses Act, or Elder Abuse & Neglect Act.

**8)** For public health activities. Example: In the event of your death, if a disclosure is permitted or compelled, we may need to give the county coroner information about you.

**9)** For specific government functions. Examples: We may disclose PHI of military personnel and veterans under certain circumstances or in the interests of national security, as required or permitted by law, such as protecting the President of the United States.

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**10)** For appointment reminders and health related information, benefits or services that may be of interest to you.

**11)** For oversight activities authorized by law. Example: When compelled by U.S. Secretary of Health & Human Services to investigate or assess compliance with HIPAA regulations.

**12)** If disclosure is otherwise specifically required by law.

**C) Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in Sections IIIA and IIIB above, we will request your written authorization before using or disclosing any of your PHI. Even if you have signed an authorization to disclose your PHI, you may later revoke the authorization, in writing, to stop any future uses and disclosures of your PHI by Advanced Family Medicine, PLLC.

#### 4. YOUR RIGHTS REGARDING YOUR PHI

**A) The Right to See and Get Copies of Your PHI.** If you are 12 years old or older, you have the right to see and get a copy of your PHI that is in my possession, not including private psychotherapy notes. If we do not have your PHI, but know who does, we will advise you how you can get it. You will receive a response in 30 days of receiving your written request. The charge for copies of your PHI will not exceed more than \$1.17 per page first 30 pages and \$0.88 per page all additional pages.

**B) The Right to Request Limits on Uses & Disclosures of Your PHI.** You have the right to ask that use and disclosure of your PHI be limited. Any such request will be carefully considered, but we are not legally bound to agree. If we do agree to your request, you will be so notified in writing, and we will abide by the limitations except in emergency situations. You do not have the right to limit the uses and disclosures that we are legally required or permitted to make.

**C) The Right to Choose How We Send Your PHI to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). We must agree to your request providing we can give you the PHI in that format you request without undue inconvenience.

**D) The Right to Get a List of the Disclosures We Have Made.** You are entitled to a list of disclosures of your PHI that we have made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, disclosures sent directly to you or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel. Disclosure records will be held for six years. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list given to you will include disclosures made in the previous six years unless you indicate a shorter period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. The list will be provided to you at no cost, unless you make more than one request in the same year, in which case I will charge you a reasonable sum based on a set fee for each additional request.

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**E) The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, you may request correction of the existing information or addition of the missing information. Your request and the reason for your request must be made in writing. If we find that PHI is (a) correct and complete, (b) forbidden to be disclosed, (c) not part of our records, or (d) written by someone else, we must state the reasons for denial, and explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and my denial be attached to any future disclosures of your PHI. If we approve of your request, I will make the change(s) to your PHI. Additionally, we will tell you that the changes have been made and advise all others who need to know about the change(s) to your PHI.

### 5. EASTSIDE HEALTH NETWORK PARTICIPATION

Advanced Family Medicine, PLLC participates in an organized health care arrangement (“OHCA”) with other health care providers affiliated with the clinically integrated network operated by Eastside Health Network, LLC. The OHCA participants engage in certain joint quality assessment and improvement activities. As permitted by HIPAA, Advanced Family Medicine, PLLC may share the health information of its patients with the other OHCA participants for any health care operations activities of the OHCA. A list of all OHCA participants is available at: [www.eastsidehealthnetwork.com](http://www.eastsidehealthnetwork.com).

### 6. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If, in your opinion, we may have violated your privacy right, or if you object to a decision made about access to your PHI, you are entitled to file a complaint with the person listed in **Section 6** below. You may also send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. If you file a complaint about our privacy practices, we will take no retaliatory action against you.

### 7. PERSON(S) TO CONTACT FOR INFORMATION ABOUT THIS NOTICE AND/OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints about privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the practice at: Management Team at Advanced Family Medicine, PLLC., at 2007 152<sup>nd</sup> Ave NE, Redmond, WA 98052, telephone (425) 453-6838.

### 8. EFFECTIVE DATE OF THIS NOTICE

The effective date of this notice is September 27, 2019.