

☞ Gig Harbor Naturopathic Medicine, P.S. ☞
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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.

We respect your privacy and understand that your medical information is personal. We are required by law to make sure that medical information that identifies you is kept private. This *Notice of Privacy Practices* describes how we may use or disclose your protected health information at our clinic. We are required to give you this notice and to abide by its terms; however, we may change our notice at any time. **Please note that any new notice adopted will be effective for all protected health information maintained at the time of change.** You will not be notified individually if a change is made to our notice; however, you may always obtain a copy of our current notice by contacting our office at the above address or phone number.

SECTION 1: We use and disclose your protected health information to carry out your treatment, obtain payment and conduct health care operations.

Treatment means providing, coordinating, or managing your health care and any related services by one or more health care providers. This includes disclosures to other providers who are involved in your health care elsewhere.

Payment means activities such as obtaining reimbursement for services, confirming eligibility or coverage for benefits, billing or collection activities, and utilization review. Insurance companies may require that copies of your applicable medical records accompany any requests for payment of services already provided to you.

Healthcare Operations include, but are not limited to, quality assessment activities, employee reviews or training, licensing and accreditation, marketing and similar business activities necessary to running our practice. For example, we may use or disclose your protected health information, as necessary, to contact you and remind you of appointments.

SECTION 2: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

Legally Permitted/Opportunity to Object: We may use and disclose your protected health information in the following instances, but you will be given the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

1. To Others Involved in Your Healthcare: We may disclose your protected health information to notify or help notify a member of your family, a relative, a close friend or any other person you identify, to the extent the information directly relates to that person's involvement in your health care. For example, we may share information about your location, general condition or death.

2. In Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably possible after the delivery of treatment.

3. With Communication Barriers: We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances and in accordance with other applicable laws.

Legally Permitted/No Opportunity to Object: We may use or disclose your protected health information in the following situations without your consent or authorization:

1. When Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. You will be notified of any such uses or disclosures only if required by law.

2. For Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information, for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

3. For Health Oversight/Compliance Monitoring: We may disclose protected health information to an authorized health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

4. Abuse or Neglect: We may disclose your protected health information to the appropriate public authorities if we reasonably believe that you have been a victim of abuse, neglect or domestic violence, or if necessary to prevent a serious threat to your health or safety, or to the health or safety of others.

5. To the FDA: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

6. Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery request or other lawful process.

7. Law Enforcement: We may disclose protected health information for law enforcement purposes, so long as applicable legal requirements are met. Such purposes generally include: 1) those required by law; 2) limited information requests for identification and location purposes; 3) those pertaining to victims of a crime; 4) suspicion that death has occurred as a result of criminal conduct; 5) those where a crime occurs on the premises of the practice; and 6) medical emergencies where it is likely that a crime has occurred.

8. Research: We may disclose your protected health information to researchers when an institutional review board has approved their research. The institutional review board will have reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

9. Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel to authorized authorities; such as for determinations of your eligibility for benefits. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President, foreign heads of state or others legally authorized.

10. Workers' Compensation: We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

11. Coroners, Funeral Directors, and Organ Donation: We may disclose your medical information to a coroner, medical examiner or funeral director, if necessary, for them to carry out their duties should you die.

12. Inmates: We may disclose your protected health information to a correctional institution or law enforcement official only for the following purposes: 1) to enable the correctional institution or law enforcement official to provide you with necessary healthcare services; 2) to protect your own health and safety or the safety of others; and 3) for the safety and security of the correctional institution.

SECTION 3: Specially-Protected Information

Special laws may restrict the use and disclosure of medical information related to mental health conditions, substance abuse, sexually transmitted diseases and HIV/AIDS.

SECTION 4: Your Individual Rights

1. You may inspect and obtain a copy of your protected health information. We may charge a fee for copies. We may deny you access to some records as state and federal laws permit, however, if you are denied access, you may request a review or designate a health care provider with equal qualifications to receive the information instead.

2. You may request additional restrictions on the use or disclosure of your protected health information. Your request must be in writing and state the specific restriction requested and to whom or in what situation you want the restriction to apply. We are not required to agree to a restriction that you may request. However, if we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

3. You may request that you receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

4. You may request an amendment/correction to your health record. Your request must be in writing and state what information you want changed and why. In certain cases, we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us, and the statement of disagreement you provide will be released along with the information challenged whenever it is released. We may also include a letter of rebuttal, which will also be released along with the challenged information. You are entitled to a copy of any letter of rebuttal we may place in your record.

5. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures that occurred after April 14, 2003, for purposes other than treatment, payment, healthcare operations, or other specified exceptions.

If you give us authorization to use or disclose your protected health information, you may revoke such authorizations at any time, in writing, except to the extent that our clinic has already taken action on the use or disclosure permitted in the authorization.

SECTION 5: Complaints, Comments and Inquiries

If you believe your privacy rights have been violated, you may report the suspected violation to us by contacting our clinic at (253)851-7550 or by contacting the Secretary of Health and Human Services. We will take no punitive action against you for filing a complaint.

This notice becomes effective on **April 14th 2003** and remains in effect until replaced.