

Bainbridge Island Health and Rehabilitation

NOTICE OF PRIVACY PRACTICES
Effective: 4/13/2003; Revised 10/26/15

I. 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 or have a complaint or concern, please contact our Compliance Hotline at 1-866-256-0955.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION ("PHI").

We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so.

We are legally required to protect the privacy of your health information. We call this information "Protected Health Information" or "PHI" for short, and it includes information that can be used to identify you that we have created or received about your past, present, or future health or condition; the provision of health care to you; or the payment for your care. Health Information is considered protected for 50 years after death of a patient.

We must provide you the Notice about our privacy practices that explain, how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices described in this Notice.

We reserve the right to change the terms of this Notice and/or our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in the Facility's main reception area. You can also request a copy of this Notice.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following describes the manner in which we use and disclose (or release) your medical information:

A. For Treatment: We may use medical information about you to provide you treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other healthcare personnel who are involved in taking care of you at the Facility. For example, a physician treating you for a broken leg may need to know whether you have diabetes because diabetes may slow the healing process. We may also share medical information about you to people outside of the Facility to coordinate your

medical care after you are discharged. Examples are family members, clergy, or others we use to provide services that are part of your plan of care.

B. For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company, or third-party payer. For example, we may need to give your insurance company information about your treatment for payment or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether or not your plan will cover the treatment.

C. For Healthcare Operations: Members of our medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The result will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses and healthcare students for educational purposes. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the services and billing;
- To assess your satisfaction with our services;
- To inform you about possible treatment alternatives;
- For population-based activities relating to improving health or reducing healthcare costs; and
- For conducting training programs or reviewing competence of healthcare professionals.

D. Business Associates: Some services are provided through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

E. Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. *You may restrict disclosure of information as described in this paragraph by completing the attached form and returning to the Facility.*

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

G. Marketing: The Privacy Rule defines marketing as making a communication about a product or service that encourages recipients of the communication to purchase or use their product or services. Your written consent is required before we use and/or disclose of your health information for the purpose of marketing.

H. Future Communication: We may communicate with you via newsletters, mailings, or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our facility is participating.

I. As Required by Law: We may disclose health information to the following examples of entities without a signed authorization form or written consent:

- Public health/legal authorities charged with preventing or controlling disease, injury, or disability;
- Correctional institutions (if you are in custody)
- Workers' compensation agents for the purpose of obtaining payment;
- Organ and tissue donation organizations;
- Military command authorities
- Health oversight agencies;
- Funeral directors, coroners, and medical examiners;
- National security and intelligence agencies;
- Protective services for the President and others.

J. Law enforcement /legal proceedings: we may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order. We may also inform law enforcement if the death of a patient, if we feel the death was a result of a crime.

IV. YOUR HEALTH INFORMATION RIGHTS

Although your health record is the property of the facility, you have the right to it:

A. Revocation of Authorization: You may revoke in writing a disclosure authorization at any time unless disclosure is required to effectuate payments for your health care.

B. Inspect and copy: You have the right to inspect, review and copy your medical information. Copies will be made available to you within 15 business days of receiving your request in writing. Any delay and reason for the delay in copying your information will be communicated to you in writing and copies will be made available no later than 21 business days of receiving your request in writing. You may inspect your record information available for examination during regular business hours. All requests will be reviewed by a licensed healthcare provider before you are given access. Requests may be denied as permitted by law. If you are denied access, you may select examination and copying of the record by another healthcare provider who is licensed, certified, registered, or otherwise authorized under the laws of the state of WA to treat you for the same condition as the Facility.

C. Amend: For purposes of accuracy or completeness, you may request in writing that we correct or amend your record. We will either make the requested correction/amendment and inform you if the action, inform you in writing if the information no longer exists, or inform you in writing our refusal to correct or amend the record as requested and your right to add a statement of disagreement within 10 business days of your written request. Any delay in responding to your written request for amendment will be communicated to you within 21 business days of your written request. The written communication will include when the correction or amendment will be made or denied.

D. An Accounting of Disclosure: You have the right to request an accounting of disclosures made by the Facility that are permitted by law and without a signed authorization. This excludes disclosure for purposes other than treatment, payment, or healthcare operations and those disclosures based on valid authorizations you signed and asked us to make.

E. Request Restrictions: You have the right to request restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a

limit on the medical information we disclose about you to someone involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a particular procedure or lab test. We are required to agree to your requests; however if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

F. Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or in a certain location. For example, you may ask that we communicate with you only via e-mail. We will grant requests for confidential communication at alternative locations and/or alternative means only if the request is submitted in writing and the written request includes a mailing address where you will receive bills for services. We retain the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

G. Receive a Paper Copy or Electronic Copy of this Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

To exercise any of your rights, you must provide us with a notice in writing. We have forms available that will assist you in describing your need, request or direction. Please obtain these forms from the Facility.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint by stating the violation you believe to have occurred or which is occurring and deliver it to the Facility or the Secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. *You may not be penalized for filing a complaint.*

You may also contact our Compliance Hotline at 1-866-256-0955 which is available 24 hours per day, 7 days per week.

**You may file a complaint with the
U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W. Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/caomplaints/**

VI. OTHER USES IF THIS MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorizations. You understand that we are unable to take back any disclosures we have made with your permission, and that we are required to retain our records of the care that we provided to you.

VII. FACILITY CONTACT INFORMATION

Please contact the Facility at the address and telephone number listed below: