

100% Employee Owned

Notice of Information Practices

Effective January 2010

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 are required by law to maintain the privacy of your health information, to abide by the terms of this notice, and to provide this notice to you explaining how we use your information and when we can give it out or "disclose" it to others. Your rights are also described in this notice.

The terms "medical information", "health information", or "information" in this notice include any personal information that is created or received by a health care provider or plan that relates to your physical or mental health condition, health care provided to you, or the payment for such health care. We have a right to change our privacy practices. If we do, we will give or send you a revised Notice within 60 days.

We will not use or disclose your health information without your authorization, except as described in this Notice.

How We Use or Disclose Information

We have the right to use or disclose your health information to pay for your health care and operate our business. For example, we use your health information:

- **For Treatment.** We will use and may disclose your health information to your health care team to help them provide medical care to you. Upon your discharge from Facility, we will provide your subsequent health care provider copies to assist in treating you.
- **To Obtain Payment For Services** a bill may be sent to you or a third-party payor that includes identifying information, such as your Social Security or Medicare Number, diagnosis, or supplies used in treating you.
- **For Health Care Operations.** For example, members of the Facility staff or quality improvement team may use your health information to assess care and outcomes in your case, later the Facility will use this information to improve the quality and effectiveness of the health care and services we provide.
- **To Business Associates** or third parties that the Facility contracts with to provide certain services so that such Business Associates may perform the job we have asked them to do. To protect your health information, each Business Associate must sign a contract agreeing to appropriately safeguard your information.

We may use or disclose your health information for the following purposes under limited circumstances:

- **To Persons Involved With Your Care** We may disclose health information to a family member, close personal friend, or other person you identify that is relevant to that person's involvement in or payment of your care.
- **For Health Oversight Agencies** to ensure the Facility complies with applicable laws.

- **For Notification** or assisting in notifying a family member or other person responsible for your care of your location and general condition. If we are unable to reach any of those people, we may leave a voice message for them at the phone number provided to us.
- **In a Facility Directory.** Unless you tell us not to, we will (i) list your name and room number in a Facility Directory or Room Roster; (ii) give your room number to people who ask for you by name; (iii) place your name on a name plate next to or on your door.
- **To Public Health Activities** charged with preventing or controlling disease, injury, or disability.
- **To Food and Drug Administration (FDA)** about adverse events regarding FDA regulated products or activities.
- **For Reporting Victims of Abuse, Neglect, or Domestic Violence** to protective services or other government agencies. In certain circumstances, we may not tell you that we made this disclosure if we believe telling you would place you at risk of serious harm.
- **For Law Enforcement Purposes or Judicial or Administrative Proceedings** in response to a court order, subpoena, warrant, summons, or as required by law.
- **To Coroners or Funeral Directors** to identify a deceased person, determine cause of death, carry out their duties, or as otherwise allowed by law.
- **To Organ Procurement Organizations** If you tell us of your wish to be an organ donor, we may disclose your health information as allowed by law to organ procurement organizations or other entities engaged in organ procurement, banking, or transplant for tissue donation and transplant.
- **For Threats to Health or Safety.** We may disclose your health information, if we believe in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **To Correctional Institution** or its agents necessary for your health and the health and safety of other individuals.
- **For Workers' Compensation,** including disclosures required by law that relate to workers' compensation or such other similar programs.
- **Other disclosures** of your health information as required by law or in accordance with your written authorization. You may revoke your authorization in writing at any time.

What Are Your Rights

Your medical record is the physical property of the Facility, the information in that record belongs to you. You have the following rights:

- **You have the right to ask to restrict** use or disclosure of your information to treatment,

payment, or health care operations. It is your right to restrict disclosures to family members or others involved in your care or payment for your care. If you restrict use or disclosure by revoking a prior authorization to use or disclose your health information, your restriction will not apply to past actions. Please use the Facility form for your request; ask for *HIPAA Form 1*. **Please note that while we will try to honor your request, we are not obligated to agree to any restriction.**

- **You have the right to ask to receive confidential communications** about your health information in a different manner or at another place. Please make such requests in writing to the Facility's Privacy Officer.
- **You have the right to see and obtain a copy of** your health information as contained in your medical record and provided to you within the legal time frames. You must ask in writing to inspect or receive copies of your medical record and we may charge you a copy fee. In certain circumstances, we may deny your request.
- **You have the right to ask to amend** information that we maintain about you if you believe that any information in your record is incorrect or missing. You must make this request in writing and provide a reason for the amendment; please use the form provided by the Facility.
- **You have the right to receive an accounting of** disclosures of your information made by us during the six years prior to your request. Please make these requests in writing on the form provided by the Facility; please ask for the *HIPAA Form 2*. **Please note that an accounting will not include disclosures of information:** (i) for treatment, payment, or health care operations; (ii) to you or pursuant to your authorization; (iii) to correctional institutions or law enforcement officials; and (iv) for other disclosures the federal law does not require us to provide an accounting. You may request an accounting in any 12 month period for free. We charge a reasonable cost-based fee for any additional requests in the period.
- **You have the right to a paper copy of this notice** at any time. Please ask the Facility for a copy.

For More Information or to Report a Problem, contact the Facility Privacy Officer at the Facility's phone number or EHC Management's Privacy Officer at (360)892-6628. If you believe your privacy rights were violated, you may file a concern with us by filling out the Facility's *Concern/Comment Form*. Please request this form from and return it to the Facility's Privacy Officer or the Executive Director at the Facility's address or to EHC Management's Privacy Officer at EHC Management, 4601 NE 77th Ave, Ste 300, Vancouver, WA 98662. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services (DHHS). **The Facility will not retaliate against you for filing a concern or complaint.**