

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.

I want to protect your privacy. I understand that health information about you is very sensitive. I will not disclose your information to others unless you tell me or unless the law authorizes or requires disclosure.

Health information includes many types of information such as your physical symptoms, test results, diagnoses, treatment, care from other doctors and therapists, and billing and payment information about health care.

State and federal laws protect the privacy of the health information about you. These laws also let me use and disclose your health information for your care, for my practice and for payment of your care such as sharing information to obtain payment from your health plan.

Here are some examples of these uses and disclosures that do not require your authorization:

Caring for you

- Information I get from other health care professionals will be put in your medical record and used to decide what kind of care you need.
- I may share this information with other health care professionals to help them decide the right care for you.
- I may use your information to tell you about treatment alternatives or other health-related benefits and services.

Health care operations

- I use and disclose your information
 - To improve the quality of my services and your care.
 - To review the qualifications and performance of health care professionals.
 - To conduct training programs.
 - To remind you about appointments.
- I may use and disclose your information to your health plan so they can judge the quality of my care.
- I may use and disclose your information for accounting, legal, risk management, and insurance services for me.
- I may use and disclose your information for audits, including fraud and abuse detection and compliance programs.

Obtaining payment

- When I send a bill to a health plan, they need information from me about your care. Information given to health plans may include your diagnoses and care given or recommended.

Your Rights

You have a right to:

- Receive this Notice, read it, and ask questions about it.
- Ask me to limit how I use and disclose your information. If you want to limit the use and disclosure of information, you must put this request in writing. I am not required to grant your request; but, if I grant your request, I will follow it.
- Ask for and get a paper copy of my most current Notice of Privacy Practices at any time.
- Ask to see and get a copy of your health information. You must make this request in writing. (I have a form I can give you for this request.)
- Ask that I review a decision by me to deny you access to your health information — except in certain circumstances.
- Ask me to change your health information. You must ask for this change in writing. This written request must also give a reason why you want this change.

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- Write a statement of disagreement if I deny your request to change health information. It will be stored in your medical record and included with any release of your records.
- Get a list of disclosures of your health information. The list will not include disclosures to third-party payors (such as your health plan). You may receive this information without charge once every twelve months. I will notify you of the cost involved if you request this information more than once in twelve months.
- Ask that your health information be given to you in a particular way (such as by mail only) or at a specific place (such as calls to work rather than home). This request must be in writing, signed and dated.
- To revoke an authorization to use or disclose health information. You must do this in writing. Your revocation does not affect information that has already been released. It also does not affect any action taken before I have the signed revocation. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

To obtain help and forms about these rights please contact me during regular business hours:

Catherine Allis, LMP
(253) 278-9383

My Responsibilities

I am required to:

- Protect the privacy of your health information.
- Give you this Notice.
- Follow the terms of this Notice.

I have the right to change my privacy practices. If I make changes, I will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting my office to pick one up.

Notification of Family and Others

Unless you object, I may give health information about you to a friend or family member who is involved in your health care. I may also give information to someone who helps pay for your care. I may tell your family or friends your condition and that you are in a hospital. In addition, I may disclose health information about you to assist in disaster relief efforts. *You have the right to object to this use or disclosure of your information. If you object, I will not use or disclose it.*

I do not need your permission to use and disclose health information about you:

- For health care research that complies with laws that protect your privacy.
- To funeral directors and coroners to allow them to carry out their duties.
- To organ donation programs.
- To report suspected abuse or neglect.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- For health and safety oversight purposes such as information requested by the Washington State Department of Health.
- To comply with workers' compensation laws—if you make a workers' compensation claim.
- To an employer who hires me to evaluate work-related illnesses and injuries of employees.
- For law enforcement purposes such as when a crime is being committed or when you have been a victim of certain crimes.
- For public health and safety reasons allowed or required by law (such as disease prevention and prevention of immediate harm to the public).
- To a jail, prison or other penal institution where you are detained, as necessary for your health and the health and safety of others.

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- For judicial and administrative proceedings such as when I receive a subpoena or court order requiring the information.
- For disaster relief purposes. For example, I may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- To military authorities of U.S. and foreign military personnel. For example, the law may require me to provide information about the condition of a patient who is an active duty soldier.
- For specialized government functions. For example, I may share information as required by law for national security purposes.

For any reason not listed in this Notice, I will only use and disclosure your health information as allowed or required by law or with your written authorization.

To Ask for Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your health information, you may contact:

Catherine Allis, LMP
(253)278-9383

If you believe your privacy rights have been violated, you may discuss your concerns with me. You may also deliver a written complaint to my office. You may also file a complaint with the U.S. Secretary of Health and Human Services.

I respect your right to complain about how your information is handled. If you complain to me or to the U.S. Secretary of Health and Human Services, I will not retaliate against you.

Effective date of this Notice: January 1, 2006