

**Effective Date: April 14, 2003**

**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.**

**WHO WILL FOLLOW THIS NOTICE**

This Notice of Privacy Practices ("Notice") describes the privacy practices of Rockwood Clinic, including but not limited to:

- Rockwood Clinic facilities, including:
  - Main Rockwood Clinic
  - Rockwood Clinic Cancer Center
  - Rockwood Nephrology
  - Cheney Medical Center
  - Medical Lake Family Practice
  - Rockwood Clinic Moran Prairie
  - Rockwood Clinic North
  - Valley Rockwood Clinic
  - Rockwood Clinic Cardiology Department
  - Rockwood Clinic Eye Center
  - Rockwood Clinic Gastroenterology Department
  - Rockwood Clinic South
  - Rockwood Clinic Ambulatory Surgery Center
  - Rockwood Clinic Physical Therapy
  - Rockwood Clinic Research Department
- All physicians of Rockwood Clinic whether providing services at a Rockwood Clinic site or at a hospital or other facility
- Students/trainees engaged in educational pursuits at or through Rockwood Clinic
- All Rockwood Clinic physicians, nurses and other workforce members.

"We," "us," and "our" in this Notice refer to the parties listed above regardless of where the service was provided. This Notice does not cover the care that you may receive from independent providers outside Rockwood Clinic or actions by any health plan.

**QUESTIONS**

If you have any questions, please contact: The Privacy Officer at 509-838-2531 or 800-776-4048 or [privacyofficer@rockwoodclinic.com](mailto:privacyofficer@rockwoodclinic.com).

**SUMMARY OF THIS NOTICE**

A brief summary of this Notice follows. For more details, please read the Notice or contact the Privacy Officer.

- Use and Disclosures. We will not use or disclose your information unless you tell us to do so or unless the law allows or requires us to do so. We use and disclose your information:
  - For treatment, payment and health care operations.
  - Through a patient scheduling directory, to friends and family involved in your care, or for notification after you have had a chance to object.
  - To remind you of appointments or to give you information about treatment alternatives or health-related benefits and services.
  - As permitted or required by law.
  - For certain activities, such as: public health; reporting of abuse, neglect, or domestic violence; health oversight; lawsuits and disputes; law enforcement activities; coroner, medical examiner, or funeral director purposes; organ donation; avoidance of a serious threat to health or safety; workers' compensation; and national security.
  - With your authorization.
- Your Rights. As limited by law, you generally have the right to:
  - Inspect and copy your records.
  - Ask to amend incomplete or inaccurate information in your records.
  - Receive an accounting of certain disclosures of your health information.
  - Ask for additional privacy protections (although we do not have to agree).
  - Ask for alternative confidential communications.
  - Receive a paper copy of this Notice.
  - File a complaint without penalty.
- Our Duties. We must maintain the privacy of your health information and we must give you and follow the terms of this Notice. We may change this Notice.

## **USE AND DISCLOSURE OF YOUR HEALTH INFORMATION**

Each time you visit us, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, information from other providers and billing and payment information. We need this record to provide you with quality care and to comply with certain legal requirements. We understand that your health information is personal and we are committed to protecting health information about you. For many of the situations described below, we will use, disclose, or receive the minimum amount of health care information necessary to accomplish the intended purpose.

The following categories describe different ways we use and disclose health information and give some examples of the way we use and disclose health information. Not every use or disclosure in a category will be listed. But, the ways we are permitted to use and disclose information will fall within one of the categories.

### **Uses and Disclosures for Treatment, Payment and Operations:**

**Treatment:** We may use health information about you to give you, coordinate and manage treatment or other services. We may disclose health information about you to

doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Rockwood Clinic. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. To assist with your care outside Rockwood Clinic, we may disclose your health information to other health care providers who are not affiliated with Rockwood Clinic. For example, we may provide your health information to a hospital where you have been admitted.

**Payment:** We may use and disclose your health information to bill and collect payment from you, your insurance company, or a third party payor for the services you received. We will get your authorization to disclose this information. For example, we may need to give information about your surgery to your health plan so your health plan will pay us or reimburse you for the treatment. We also may tell your health plan about treatment you are going to receive so your plan can decide if it will cover the treatment. We also may share your information with other providers who are involved in your care for their payment purposes.

**Health Care Operations:** We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run our facilities and allow our patients to receive quality care. For example, we may use information in your health record to assess the care and outcomes in your case and others like it. The results then will be used to continually improve the quality of care for all patients that we serve. We may combine information about many patients to determine the need for new services or treatment.

We may disclose your health information to another health care provider or plan for their own health care operations as long as they have or had a relationship with you; the information is about that relationship; and the information is used for only certain purposes.

**Appointment Reminders:** We may use and disclose health information to remind you that you have an appointment with us.

**Treatment Alternatives:** We may use and disclose health information to tell you about or recommend alternative treatment therapies, providers, or settings of care.

**Health-Related Benefits and Services:** We may use and disclose health information to tell you about health-related products, benefits, or services related to your treatment, management, or coordination of your care that may be of interest to you. We may send you newsletters about general health matters and our services as well as information about health fairs, wellness programs and similar events.

**Uses And Disclosures That We May Make With Your Agreement Or Unless You Object:**

**Directory.** Unless you object, we include certain limited information about you in our clinic-scheduling directory. This information may include your name, location in a Rockwood Clinic facility and your general condition. Directory information may be released to people who ask for you by name.

**Individuals Involved in Your Care or Payment for Your Care or Notification:** We may disclose your health information to a family member, close personal friend, or any other person you identify who is involved in your care or payment for your care. Except in certain limited situations, such as an emergency or if you not are able to communicate, we first will ask you or determine if you object. We may disclose your health information that is needed for that person's involvement in your care or payment related to your care and health information to find and tell those close to you of your location or condition.

If you are not present or if you are unable to agree or object to a disclosure, we may, in our professional judgment, disclose health information in your best interests to the extent that the information is relevant to that person's involvement in your care. We may use professional judgment and experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information on your behalf.

**In the Event of a Disaster:** We may disclose medical information about you to an entity assisting in a disaster relief effort to coordinate care and so that your family can be notified about your condition and location.

**Uses and Disclosures That Do Not Require Your Authorization:**

**As Required by Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**Business Associates:** We may disclose health information to those with which we contract as business associates so that they may perform services on our behalf. Examples include translator and transcription services. We require that all business associates implement appropriate safeguards to protect your health information.

**Public Health Activities:** We may disclose your health information for public health activities. These activities generally include disclosures:

- To a public health authority authorized by law to collect information to prevent or control disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as births and deaths, or public health surveillance, investigations and interventions.
- To a public health authority or other appropriate government agency authorized by law to receive reports of actual or suspected child abuse or neglect.
- To a person responsible for federal Food and Drug Administration ("FDA") activities for purposes related to the quality, safety, or effectiveness of FDA-regulated products or activities.

- To a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition, as authorized by law.
- To an employer about an individual who works for the employer, in certain situations, such as to conduct medical surveillance of the workplace or to evaluate whether an individual has a work-related illness or injury.

**Victims of Abuse, Neglect, or Domestic Violence:** We may disclose health information about an individual we reasonably believe to be the victim of abuse, neglect, or domestic violence to a government authority authorized by law to receive such reports. We will make this disclosure if you agree to the disclosures. We also will make this disclosure if the disclosure is required by law. If the disclosure is allowed by law, then we will disclose information as long as we believe the disclosure is necessary to prevent harm to the individual or other potential victims. Also, if an individual is incapacitated, we may disclose information to a person authorized to receive such reports, if that person represents that the health information is not intended to be used against the individual and that an immediate enforcement activity depends upon the disclosure.

**Health Oversight:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes:** We may disclose health information about you in response to a court or administrative order. We also may disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if the requesting party states that it has made efforts to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement Activities:** We may release health information if asked to do so by a law enforcement official: as required by law that requires reporting of certain types of wounds; in response to a court order, subpoena, warrant, summons, grand jury subpoenas, certain administrative requests, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person (but we will give only limited information); about the victim of a crime in certain circumstances; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and/or in emergencies, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may release health information to a medical examiner or coroner as necessary, or required, to identify a deceased person or determine the cause of death. We also may release health information about individuals to funeral directors as necessary to perform their duties.

**Organ and Tissue Donations:** We may release health information to organizations that handle organ procurement or organ, eye, or tissue transplants or to an organ donation bank, as required and necessary for organ or tissue donation and transplants.

**Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. Before we use or disclose health information for research without your authorization, the project will have to be approved through a formal review process. We may use or, in limited circumstances, disclose your health information to prepare for a research project. Most of the time, we will ask for your authorization before using or disclosing your information for research.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information when we reasonably believe it is necessary to prevent a serious threat to the health and safety of you, the public, or another person. Any disclosure would be only to someone who is likely to help prevent the threat.

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose health information about you to authorized federal officials so they may protect the President, other authorized persons, or foreign heads of state or may conduct special investigations.

**Military Personnel:** If you are a member of the armed forces, we may release health information about you as required by your military command authorities. We also may release health information about foreign military personnel to the appropriate foreign military authority.

**Inmates:** If you are an inmate of a correctional institution or under custody of a law enforcement official, then we may release health information about you to the correctional institution or a law enforcement official.

**Incidental Disclosures:** Certain incidental disclosures of your medical information may occur as a by-product of permitted uses and disclosures. For example, you may inadvertently overhear a discussion about someone else's allergies in a common laboratory draw room.

**Limited Data Sets:** We may disclose limited health information, contained in a "limited data set," to certain third parties for research, public health and health care operations. Before disclosing limited data sets, we will enter into an agreement with the recipient that limits the recipient's use and disclosure of this information and prohibits the recipient from attempting to re-identify the data or from contacting you.

**De-identified Information:** We may use and disclose health information that reasonably has been "de-identified" by removing certain identifiers (such as name and address) making it unlikely that you could be identified.

**Personal Representatives:** Certain minors and incapacitated adults may have "personal representatives." These personal representatives may be able to act on the person's behalf, access the person's health information and exercise the person's privacy rights.

### **Uses and Disclosures Requiring Authorization:**

**Specially Protected Health Information:** Unless otherwise required or permitted under law, disclosure of the following health information generally requires your specific authorization:

- AIDS/HIV/ARC and sexually transmitted disease information.
- Mental health and mental illness records.
- Drug addiction, alcoholism and other substance abuse treatment records.

**Your Authorization:** Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission or authorization. If you provide us with an authorization to use and disclose your health information, then you may revoke that permission, in writing, at any time. If you revoke your authorization, then we will no longer use or disclose your health information for the reasons covered by your written authorization, except to the extent that we already have relied on your authorization. We are unable to take back any disclosures we have already made with your authorization and we are required to retain our records of the care that we provided to you.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is our property, you have the rights described below with respect to the health information:

**Right to Inspect and Copy:** You have the right to inspect and obtain copies of health information that may be used to make decisions about your care. To inspect or obtain a copy of your health information, you must submit your request in writing on our designated form to the Manager, Department of Medical Records. Rockwood Clinic may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your records in certain very limited circumstances. In most cases, if you are denied access to your health information, then you may be able to request that the denial be reviewed. We will tell you if you may request a review. If you do, someone other than the person who denied your request will review the denial. We will comply with the outcome of the review. In certain limited situations, we will have to deny you access but will not be able to give you a review.

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, then you have the right to request a reasonable amendment for as long as we keep this information. To request an amendment, you must submit your request in writing on our form to the Manager, Department of Medical Records. A request must state the reasons for requesting the amendment.

We may deny your request in certain situations. If this occurs, you will be notified of the reason for the denial. If you disagree with our denial, then you may submit a statement of disagreement or ask that your request become part of your record. In response, we may prepare a rebuttal statement. These will be made a part of your record.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your health information made by us. This accounting will not include disclosures:

- For treatment, payment, or health care operations,
- To you under your right of access to your records,
- That you authorized,
- For facility directory purposes, to persons involved in your care, or for notification purposes,
- Incidental to an otherwise permitted use or disclosure,
- As part of a limited data set,
- For national security or intelligence purposes,
- To correctional institutions or other custodial law enforcement officials, or
- That occurred before April 14, 2003.

To request this list or accounting, you need to submit your request in writing on a designated form to the Manager, Department of Medical Records. Your request must state a time period for the accounting, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. We may charge you a reasonable fee for the cost of providing subsequent lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before you are charged any of these costs.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. To request a restriction, you must make your request in writing on our designated form to the Manager, Department of Medical Records. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply.

We are not required to agree to your request. Because of technical and other limitations, we may not be able to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications regarding billing, you will need to come in person and speak to the receptionist. Please bring proof of your identity with you. To request confidential communications regarding your health information, please contact the Manager, Department of Medical Records in writing using our designated form.

We will agree to the request if it is reasonable for us to do so. Agreements for confidential communications are conditioned upon obtaining information about how payment, if any, will be handled. We may terminate our agreement to the request if payment arrangements are not honored.

**Right to a Copy of this Notice:** You have the right to receive a written version on paper of this Notice. This applies even if you agreed to receive this Notice electronically. Copies of the Notice are available at the reception areas. You also may access our website at [www.rockwoodclinic.com](http://www.rockwoodclinic.com) to receive a copy of this Notice.

## **OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION**

We are required by law to:

- Maintain the privacy of your health information
- Give you this Notice of our legal duties and privacy practices with respect to the information we collect and maintain about you and
- Follow the terms of the Notice that is currently in effect.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. The revised Notice will be effective for information we already have about you as well as any information we receive in the future. Unless required by law, the revised Notice will be effective on the new effective date of the Notice. The current Notice will be available in our registration areas or on our website. The Notice will contain an effective date.

## **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with Rockwood Clinic by contacting the Privacy Officer by calling 509-838-2531 or 800-776-4048, or by emailing [privacyofficer@rockwoodclinic.com](mailto:privacyofficer@rockwoodclinic.com). You also may contact the Privacy Officer if you have questions or concerns about this Notice or your privacy rights.

In addition, you may file a complaint with the Secretary of the Department of Health and Human Services.

***You will not be penalized for filing a complaint.***