

NOTICE OF PRIVACY PRACTICES

Effective Date: March 20, 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

Southwest Medical Group (SMG) respects your privacy. Southwest Medical Group staff understands that your personal health information is very sensitive. Your protected health information (PHI) includes your symptoms, test results, diagnoses, and treatment, health information from other providers, and billing and payment information relating to these services.

We will not disclose your health information to others without your authorization, except as described in this Notice, or as required by law (Federal law 45 CFR 164.500-528).

Your Health Information Rights

The health and billing records we create and store are the property of SMG. The PHI in it; however, generally belongs to you. You have a right to:

- Receive, read and ask questions about this Notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request unless the request is to restrict disclosure of your PHI to a health plan for payment or health care operations and the PHI is about a service or treatment for which you paid directly.
- Request/receive from us a paper copy of the most current **Notice of Privacy Practices** ("Notice").
- Request that you be allowed to see and get a copy of your PHI. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information-except in certain circumstances.
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of certain disclosures of health information. The list will not include disclosures for treatment, payment or health care operations. You may receive this information without charge every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.

- Cancel prior authorizations to use or disclose health information by giving us written revocation. Your revocation does not affect information that has already been released. It does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

Examples of Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations:

For Treatment:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- SMG may also provide information to others providing you care. This will help them stay informed about your care.

For Payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.
- We bill you or the person you tell us is responsible for paying for your care if it is not covered by your health insurance plan.

For Health Care Operations:

- We may use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may use and disclose your information to conduct or arrange for services, including:
 - medical quality review by your health plan
 - accounting, legal, risk management, and insurance services
 - audit functions, including fraud and abuse detection and compliance programs.

Statements about Certain Uses and Disclosures

- ✓ We may contact you to remind you about appointments
- ✓ We may use and disclose your health information to give you information about treatment alternatives or other health-related benefits and services.
- ✓ We may contact you to raise funds. If we contact you for fund raising, we will also provide you with a way to opt out of receiving fund-raising requests in the future.

Other Ways We May Use or Disclose Your PHI Without Your Authorization

Required by Law - We must make any disclosure required by state, federal, or local law.

Business Associates – We contract with individuals and entities to perform jobs for us to provide certain types of services that may require them to create, maintain, use and/or disclose your health information. We may disclose your health information to a business associate, but only after they agree in writing to safeguard your health information. Examples include billing services, accountants, and others who perform health care operations for use.

Notification of Family and Others – Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family your condition and that you are in a hospital.

Public Health and Safety Purposes - As permitting or required by law, we may disclose PHI:

- To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
- To protect public health or legal authorities.
- To protect public health and safety.
- To prevent or control disease, injury or disability.
- To report vital statistics such as births or deaths.
- To report suspected abuse or neglect to public authorities.

Research – We may disclose PHI to researchers if the research has been approved by an institutional review board or a privacy board and there are policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.

Coroners, Medical Examiners and Funeral Directors – We may disclose PHI to funeral directors and coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations – Consistent with applicable law, we may disclose PHI to organ procurement organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.

Food and Drug Administration (FDA) – For problems with food, supplements and products, we may disclose PHI to the FDA or entities subject to the jurisdiction of the FDA.

Workplace Injury or Illness – Washington State law requires the disclosure of PHI to the Department of Labor and Industries, the employer, the payer (including self-insured payer) for workers' compensation and for crime victim claims. We may also disclose PHI for work-related conditions that could affect employee health. For example, an employer may ask us to assess health risks on a job site.

Correctional Institutions - If you are in jail or in prison, we may disclose you PHI as necessary for your health and the health and safety of others.

Law Enforcement – We may disclose PHI to law enforcement officials as required by law, such as reports of certain types of injuries to victims of a crime, when we receive a subpoena, court order, or other legal process.

Government Health and Safety Oversight Activities - We may disclose PHI to an oversight agency that may be conducting an investigation. For example; we may share health information with the Department of Health.

Disaster Relief – We may share PHI with disaster relief agencies to assist in notification of your condition to family or others.

Military, Veteran, and Department of State – We may disclose PHI to the military authorities of U.S. and foreign military personnel. For example, the law may require us to provide information necessary to a military mission.

Lawsuits and Disputes – We are permitted to disclose PHI in the course of judicial/administrative proceedings at your request, or as directed by the subpoena or court order.

National Security – We are permitted to release PHI to federal officials for national security purposes authorized by law.

De-Identifying Information – We may use your PHI by removing any information that could be used to identify you.

Southwest Medical Group Responsibilities We are Required To:

- ✓ Keep your PHI private
- ✓ Give you this Notice
- ✓ Follow the terms of this Notice

We reserve the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by visiting one of our offices, by accessing our website at www.sw-health.org, or by calling (360)750-8040.

For more information or to Report a Problem

If you have questions, would like more information, or want to report a problem about the handling of your protected health information, you may contact: SMG Privacy Officer at 360-750-8040

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer of Southwest Medical Group at 312 SE Stonemill Drive Suite 160. Vancouver WA 98684. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of Department of Health and Human Services: Office of Civil Rights, 200 Independence Ave., S.W., Room 531H, Washington, D.C. 20201. Your treatment will not be affected by any complaint.