



# Notice of Privacy Practices

## Our Core Mission:

*We are dedicated to improving our patients' health by providing safe, high-quality care in a compassionate and cost-effective manner.*

**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 keep a record of the health care services we provide, you may ask to see and/or obtain a copy of 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. This joint notice of privacy practices applies to Confluence Health clinics, hospitals, its medical staff, and other health care providers or entities that provide services at Confluence Health facilities under organized health care arrangements.

### Your Health Information Rights

Your health information record is part of our business record; you have certain rights to your information under Washington State Law and under Federal Privacy Law. You have rights to:

- Inspect and obtain a copy of your health record; call Health Information Management to request a Release of Information or ask your provider. We charge a reasonable fee for copies, summaries, explanations, and mailing costs
- Amend your health record if we created it and we agree that it is either wrong or incomplete, or you may add a statement of disagreement to your health record if we do not agree to make the amendment. Call Health Information Management to request a Amendment of the Medical Record
- Obtain an accounting of certain disclosures of your health information
- Receive notifications whenever a breach of your unsecured protected health information occurs
- Request a restriction of uses and disclosures we would otherwise be legally permitted to make. There may be exceptions to this right if the request would endanger your health or others, or is unreasonable
- Revoke any written authorization to use or disclose health information, except to the extent that we have already acted; additionally, researchers may maintain information already collected
- Request us to contact you by alternative means or at alternative locations
- Obtain a paper copy of our Notice of Privacy Practices by asking for one, even if you have already receive one

### Our responsibilities

We are required to:

- Maintain the privacy of your health information
- Provide you with a notice that informs you of our legal duties and privacy practices with respect to the information we collect and maintain about you
- Abide by the terms of the notice currently in effect
- Have a copy of our Notice of Privacy Practices clearly posted at our sites
- Notify you in writing if we are unable to permit you to access a part or all of your record, or if we are unable to agree to an amendment you request
- Allow you to appeal certain access restrictions
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Ensure that we obtain an authorization from you before allowing any uses or disclosures of protected health information not described in this Notice of Privacy Practices

**For More Information or to Report a Problem:** If you have questions or you would like additional information, you may call the Privacy Officer (509) 665-5804 or Health Information Management (509) 663-8711.

**Notice Changes** We reserve the right to change our notice of Privacy Practices and to make any new notice of Privacy Practices effective for all protected health information we maintain. If our information practices change, we will post the new notice on our website at [www.confluencehealth.org](http://www.confluencehealth.org)

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with us by calling our Privacy Officer and you may file a complaint with the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint. We will not use or disclose your health information without your authorization, except as described in this notice, or as required by law.

### Examples of Disclosures for Treatment, Payment and Health Operations

**We will use and disclose your health information for treatment:** Treatment means providing and arranging for your health care and health-related services. Disclosures for treatment may also include coordinating your care with a third party, obtaining a consultation from another provider, or making a referral. Treatment disclosures may also occur when we use the electronic health system to access or exchange information with providers outside Confluence Health.

**Some examples:** Information obtained by a nurse, provider, or other member of your health care team will be recorded in your record and used to determine the course of your treatment. We will also provide other health care providers with copies or with electronic access of various records containing health information that could assist them in treating you.

**We will use and disclose your health information for payment. We will not disclose your health information to third party payers without authorization unless allowed to do so by law.**

Payment generally includes:

- Determining what health plan coverage you may have
- Determining whether you are eligible under a health plan or for government benefits
- Obtaining payments from you, your health plan or other payer, and determining who is responsible for what part of the costs
- Claim management and/ or payment collections
- Negotiating and settling with various insurance or benefit organizations who may share a responsibility to pay for your care
- Reviewing your health services with a payer or their agent to determine if the care or other services provided were medically necessary, including review of such services for pre-authorization, or after care was given, to determine its appropriateness or to justify charges

- Disclosing information to consumer reporting agencies related to the collection of payments
- If you are personally paying the full cost of particular service, you have the right to request that information relating to that treatment not be communicated to third party payers
- Processing payment related data

**Some examples:** When we send a claim to your insurance company, the information on or accompanying the claim includes information that identifies you, as well as your diagnosis, procedures and supplies used. We may also use your health information to assist you in obtaining warranties for health care equipment you obtain through us.

**Continuity of Care:** We may use and disclose your health information for treatment, payment, and health care operations. Additionally, individual providers who are not our employees may also obtain such information if they have or had a treatment relationship with you. It is the patient's responsibility to notify Confluence Health of any changes to previously authorized releases, including if patient has severed their relationship with an outside provider who had access to records.

### Statements with Respect to Certain Uses and Disclosures

**Appointment Reminders:** We may contact you as a reminder that you have an appointment with us, or to ask you if you would like to participate in quality assessments or research.

**Treatment Alternatives:** We may use and disclose your health information to give you information about treatment alternatives or other health related benefits and services that may be of interest to you.

### Other Permitted or Required Uses and Disclosures

**Required by law:** We must make any disclosure required by state, federal or local laws and regulations.

**Business Associates:** There are some services provided to our organization through contracts with business associates. Examples include: billing services, accountants or actuaries who may review our records. We may disclose your health information to such Business Associates so they can perform the job we've asked them to do; however, when we make such disclosures, we only provide the information needed to perform their task and we require them to safeguard your information from any unauthorized use or disclosure.

**Notifications:** Unless you notify us that you object, we may use or disclose information to notify (or assist in notifying) a family member, personal representative or another person responsible for your care, of your location in our facility and your general condition.

**Communication with family and friends:** Unless you notify us that you object our health professionals using their best judgment, may disclose health information to a family member, other relative, personal representative, close personal friend, or other person you identify, that is relevant to the person's involvement in your care or payment for your care.

Unless you notify us that you object we may include certain limited information about you while you are a patient at Confluence Health hospitals. The information may include:

- Your name
- Location
- General condition
- Religion (only to clergy)

**Professional Judgment:** We are permitted to make disclosures if you are present or if you are otherwise available prior to a disclosure of health information and you either agree to it or we reasonably infer from the circumstances that you would not object. Even if you are not present, we may make a professional judgment that certain disclosures are in your best interests. For example; we may permit someone other than you to pick up your prescription.

**Health, Safety and Disaster relief:** We are permitted to make disclosures of health information to assist in disaster relief efforts if the disclosure is to an agency authorized to assist in disaster relief. Additionally, we may make use of and disclose health information to avert a threat to the health and safety of a person or the public.

**Research:** We may disclose information to researchers with your authorization, or without your authorization in some cases if the research has been approved by an Institutional Review Board (IRB) or privacy board that has reviewed the research proposal and determined that your authorization is not required. For example, an IRB may give a researcher permission to look at historical medical data in charts without obtaining an authorization from each person if the researcher does not further disclose the identity of the person. Additionally, we may allow researchers to review files to assist them in developing research or we may contact you to ask if you would like to participate in a research study. In the course of certain kinds of research, the study sponsor, the National Institute of Health (NIH) and the Food and Drug Administration (FDA), or other government agency may access patient data for oversight and the reporting of adverse events. In addition, health information may be used or disclosed to compile "limited or de-identified data sets" that do not include your name, address, social security number or other direct identifiers. These data sets may be used for research purposes.

**Marketing:** We will not use or disclose any protected health information for marketing purposes or sell PHI without an authorization from you.

**Coroners, Medical Examiners, and Funeral Directors:** We may disclose health information to funeral directors, coroners, or medical examiners consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law we may disclose health information to organ procurement organizations or other entities engaged in obtaining, banking, or transplanting organs or tissue for the purpose of donation and/or transplant.

**Food and Drug Administration (FDA):** We may disclose to certain suppliers or other persons or entities subject to FDA jurisdiction health information relative to adverse events with respect to food, supplements, product defects or problems; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance.

**Workplace Injury or Illness:** We may disclose health information regarding workers' compensation or other similar programs established by law to address work related illness or injuries, or for medical surveillance of the workplace. We are required by Washington State law to disclose health information to the Department of Labor and Industries, the employer and the payer (including a self-insured payer) for workers' compensation or for crime victims' claims. We are also permitted to disclose information to employers regarding light-duty or a return-to-work examination related to such claims.

**Public Health:** As required or permitted by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability; or to record vital events like births or deaths; to provide health statistics; or to report acts of violence and at-risk behaviors.

**Cancer Registry:** State and federal law require us to submit case findings, medical reports, and medical records on identified cancer cases to the Department of Health. (WAC 246-102) Information collected through the cancer registry system is used by medical, research, and public health professionals to accurately monitor the incidence of cancer in the state of Washington in order to understand, control, and reduce the occurrence of cancer. There are three important reasons for maintaining a cancer registry:

**Education:** Reports of cancer registry data make it possible for doctors to find out if their treatments help patients.

**Lifetime Patient follow-up:** The Registry serves as an automatic reminder to doctors and patients to schedule regular physical exams

**Research:** Researchers use the data collected and kept in the cancer registry to study the causes, diagnosis, and treatment of cancer. Additionally, public health uses it to look for common patterns in who gets the disease and the factors that may affect the disease

**Trauma Registry:** State law requires us to submit information on the incidence, severity and causes of traumatic injuries, including brain injuries, to statewide data registry. The purpose of the registry is to improve care services. The Department of Health may use such data for research and analysis consistent with requirements for confidentiality. (RCW.70.168.090)

**Victims of Abuse, Neglect or Endangered Persons:** We may disclose health information about you to an authority authorized by law to receive such reports, if we reasonably believe you (or the person you are responsible for) are a victim of abuse, or neglect. We may also use or disclose health information if we feel the disclosure will avoid or minimize danger to the health and safety of you or someone else.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution, or its agents, health information necessary for your health and the health and safety of other individuals. Additionally, we may make disclosures related to a person in a court-monitored program.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law and/or in response to a warrant, subpoena or court order. Additionally, we are permitted to make certain disclosures to law enforcement, such as: to report a suspicious death or the victim of a crime or for the identification or location of a suspect, escapee, material witness or missing person.

**Lawsuits and Disputes:** We may disclose health information in response to a discovery request by an attorney or other lawful process.

**Government Oversight:** We may disclose health information to an oversight agency that is conducting an investigation of us as authorized by law, including: audits, inspections, disciplinary actions, as well as civil, administrative, and criminal proceedings as necessary for the oversight.

**National Security:** We are permitted to release medical information about you to federal officials for national security activities authorized by law; or to authorize federal officials so they may provide protective services to the President and/or foreign heads of state.

**Eligibility and Enrollment Data:** Government programs providing public benefits are permitted to obtain health information from us and share health information relating to your eligibility and enrollment, as well as the coordination and management of such programs. This includes Medicare and Medicaid, among other government benefit programs.

**Whistleblowers:** Under federal law your health information may be released to a public oversight agency, public health authority or attorney, provided that a workforce member or business associate of our believes in good faith that we have engaged in unlawful conduct or are potentially endangering one or more patients, workers or the public.

**Special Treatment Records:** Special state and federal protections apply to certain classes of health records. For example, additional protections may apply to mental health, alcohol and drug abuse, sexually transmitted disease and HIV records. There are exceptions set forth in each of these laws that permit disclosure without your authorization, but only in limited situations. Where a minor has the right to consent to medical treatment, he or she also has the right to control information related to that treatment. A competent minor patients' signature may be required to release information related to care of: Minors may obtain tests and/or treatment for sexually transmitted diseases if they are 14 years of age or older without consent of a parent or guardian. (RCW 70.24.110) Minors may obtain or refuse birth control services at any age without the consent of a parent, guardian or the father of the child. (RCW 9.02.100(2)) Minors may receive outpatient mental health treatment if they are 13 years of age or older without the consent of a parent or guardian. The parents will not be notified without minor consent. (RCW 71.34.530) Minors 13 years of age or older may receive outpatient substance abuse treatment, without parental consent. The provider will inform the parents that the minor is receiving outpatient treatment if the minor gives written consent or if the provider determines that the minor is not capable of making a rational choice to receive the treatment. (RCW 70.96A.096, 230)

### WEBSITE

We have a Website that provides information about us. For your benefit, this Notice of Privacy Practice is on the Website at this address: [www.confluencehealth.org](http://www.confluencehealth.org).