When it comes to your health information, you have rights to:

We will say “yes” to all reasonable requests.
• We may say “no” to your request, but we’ll tell you why.

Choose someone to act for you
• You can ask us to limit the information we share.
• We will make sure the person has this authority and can act for you before we take any action.

Choose someone to act for you
• You can ask us to correct your medical record and other health information

Our Core Mission: We are dedicated to improving our patients’ health by providing safe, high-quality care in a compassionate and cost-effective manner.

Our Responsibilities
• We are required by law to maintain the privacy and security of your health information.
• We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
• We must follow the duties and privacy practices described in this Notice and give you a copy of it.
• We will not use or share your information other than as described above, unless you tell us we can do so in writing.

Changes to the Terms of this Notice
We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

For more information or to report a problem
• Contact the Privacy Officer or Health Information Management (509) 663-8711.

Notice of nondiscrimination
Confluence Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, sex/gender, sexual orientation, gender identity, religion, marital status, veteran or military status, or any other status protected by law.

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 509-663-8711.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Звоните 509-663-8711.

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.

Comply with the law
• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests
• We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director
• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests
We may use or share health information about you:
• For workers’ compensation claims.
• For law enforcement purposes or with a law enforcement official.
• With health oversight agencies for activities authorized by law.
• For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Special Treatment of Certain Records
• Special status at state law may apply to certain classes of health records.

Minors and Privacy
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.

Tests and/or treatment for sexually transmitted diseases for patients 14 years of age or older (RCW 70.24.110).
• Birth control services at any age (RCW 9.02.100).
• Outpatient mental health treatment for patients 13 years of age or older (RCW 71.34.530).
• Outpatient substance abuse treatment for patients 13 years of age or older, (RCW 70.96A.230).

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.

 OUR USES AND DISCLOSURES

We will use and disclose medical information about you as we:
• Treat you
• Run our organization
• Bill for your services
• Help with public health and safety issues
• Maintain quality
• Improve results
• Comply with the law
• Respond to request for information

In these cases, you have both the right and choice to tell us to:
• Share information with your family, close friends, or others involved in your care
• Share information in a health disparity relief program
• Provide disaster relief
• Tell your family and friends about your condition
• Share your health information

In the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. Our uses and disclosures of your protected health information may occur without your authorization, but only in limited situations.

YOUR RIGHTS

You have the right to:

READ IT CAREFULLY.
YOU GET ACCESS TO THIS INFORMATION.
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
INFORMATION AS WE:
Tell family and friends about your condition
Provide disaster relief
Include you in a hospital directory
Provide mental health care
Raise funds

YOUR CHOICES

You have some choices in the way that we use and share information as we:

• Correct your medical record
• Share your health information

We may and use your information as we:

Get an electronic or paper copy of your medical record
You can ask to see or get an electronic or paper copy of your medical record and other information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record
You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we’ll tell you why in writing within 21 days.

Request confidential communications
You can ask us to contact you in a specific way (for example, home or work phone number) or at a different address.

We will say “yes” to all reasonable requests.

Ask us to limit what we use or share
You can ask us not to share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information
You can ask us for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, including who we shared it with and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have already agreed to receive the notice electronically. We will provide you with a paper copy promptly.

For more information or to report a problem
• Contact the Privacy Officer or Health Information Management (509) 663-8711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 509-663-8711.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 509-663-8711.

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.

Rev. 01-18-19