

NOTICE OF PRIVACY PRACTICES – Greenlake Place P.C., P.S. (Greenlake Primary Care)

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.

Greenlake Primary Care respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. This protected health information includes our notes of your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information related to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures for Protected Health Information for Treatment, Payment and Health Operations

For treatment: Information obtained by any 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. Our office will exchange pertinent information when you are hospitalized or seen by other providers, to facilitate your care. These may include your dentist and pharmacist.

For Payment: Your health insurance plans require information from us before they will pay on a claim, usually including a visit and/or procedure code, and a diagnosis code. Sometimes an insurance company may then contact you directly to offer additional services related to a particular diagnosis. They may request copies of recent chart notes to substantiate the coding used, or to verify their obligation to pay. Or they may request information from us to justify payment for a particular medication or diagnostic test.

For health care operations: We may contact you to provide appointment reminders, or to deliver test results and/or recommend tests, treatment changes or referrals. Medical records may be used to assess quality and improve services, both for review within the office, and for medical quality review by your health plan.

Your Health Information Rights:

The health and billing records we create and store are the property of Greenlake Place P. C., P.S. The protected information in it, however, generally belongs to you. You have a right to:

---Request that you be allowed to see your own chart, --usually with your doctor or ARNP present.

--Request a copy of your chart. There may be a charge, unless you are asking that records be sent to another practitioner.

---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 disclosures of your health information. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months.

---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. But we will comply with any request granted.

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

---Receive, read and ask questions about this Notice

---Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information. It is also on our web site

To ask for help or to complain: If you have questions, want more information, or want to report a problem about the handling of your protected health information, or if you believe your privacy rights have been violated, you may discuss your concerns with your practitioner, or with Sue at 206-524-5656. You may also deliver a written complaint to Sue or your practitioner at the office. You may file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file such a complaint, and will not retaliate against you if you do.

We are required to keep your protected health information private, give you this notice, and follow the terms of this notice. We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice, and make it available to you and put it on our website.

Other Disclosures and Uses of Protected Health Information

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 leave appointment reminder messages on answering machine or with other persons sharing your household. **You have the right to object to this use or disclosure of your information.** If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

--For health and safety oversight activities. For example, we are required to provide patient information to the Public Health Department regarding communicable diseases, including STDs.

--To public health or legal authorities, as required by law, to protect public health or safety, to prevent or control disease, injury or disability, or to report vital statistics such as births or deaths.

--For public health and safety purposes as allowed or required by law, to prevent or reduce a serious immediate threat to the health or safety of a person or the public.

--To the Food and Drug Administration (FDA) relating to problems with food, supplements and products

--To comply with Worker' Compensation Laws, if you make a worker's compensation claim

--To correctional institutions if you are in jail or prison, as necessary for your health and the safety of others

--For law enforcement purposes, such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime. If we receive a subpoena related to some legal proceeding, we must certify that we have sent the entire chart, unless you obtain a protective order from the court.

--To report suspected abuse or neglect to public authorities

--To funeral directors and coroners consistent with applicable law to allow them to carry out their duties.

--To organ procurement organizations (tissue donation and transplant) or persons who obtain, store or transplant organs

--For disaster relief purposes, we may share health information with disaster relief agencies to assist in notification of your condition to family or others

--Any other uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization

We may use and disclose your protected health information with your authorization as follows:

--To forward your records, if you change medical providers. In this case, you may specifically exclude release of information about mental health, substance abuse, and sexually passed infections, including AIDS, if you choose.

--To discuss your care with a mental health care provider.

--If you authorize a release of medical records to a life insurance or long-term-care insurance company, the entire chart must be sent.

--After a motor vehicle accident, a workplace injury or other liability claim, usually only pertinent notes are requested. Sometimes, though, the whole chart may be requested.

--Social Security or disability insurance companies will ask for a records release if you are applying for disability payments. They may request records periodically.

(Last update 5/28/08)