



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At **Summit Pacific Medical Center and our Primary Care Clinics**, we are committed to treating and using personal health information about you responsibly. We are required by federal and state laws to maintain the privacy of your Protected Health Information (PHI) and to give you this notice explaining our privacy practices with regard to that information. This notice explains your rights and our legal obligations regarding the privacy of your **PHI**.

Protected Health Information is information that individually identifies you. It may be used and disclosed by your provider, our office staff, another health care provider, your health plan, your employer, or a healthcare clearing house that relates to (1) your past, present, or future physical conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your Protected Health Information:

For your Treatment: Your **PHI** may be provided to a physician or healthcare provider to whom you have been referred, to ensure they have the necessary information to diagnose, treat or provide you a service.

For Payment: Your **PHI** may be used and disclosed to enable us to bill and either collect payment from you, a health plan or a third party for the treatment and services you receive from us. As an example, we may need to give your health plan information of your treatment in order for your health plan to agree to pay for that treatment.

For Health Care Operations: We may need to use and disclose your **PHI** in order to support the business activities of this organization. These activities include, but are not limited to, the evaluation of our team members in caring for you, quality assessment, the disclosure of information to provider, nurses, medical technicians, medical students and other authorized personnel for educational and learning purposes.

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

Marketing & any purpose which required sale of your information: These disclosures require your written authorization.

Fundraising: We may contact you as part of a fundraising effort, but you have the right to opt-out of these communications.

Any other uses and Disclosures not recorded in this Notice will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation and we will no longer disclose your **PHI**, except to the extent that your provider or the organization has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights Regarding Your Protected Health Information:

The Right to Inspect and Copy: Under federal law you have the right to inspect and copy your **PHI** (we have up to 30 days to make your **PHI** available to you, fees may apply). You have a right to a Summary of your **PHI** instead of the entire record, or an explanation of the **PHI** which has been provided to you so long as you agree to this alternative form and agree to pay the associated fees.



The Right to an Electronic Copy of Electronic Medical Records: You have the right to request to be given to you or have transmitted to another individual or entity, an electronic copy of your medical records, if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format you request, however, if it is not readily producible by us we will provide it in either our standard format or in hard copy form (fees may apply).

The Right to Request Restrictions: You have the right to request a restriction or limitation on the **PHI** we use or disclose for treatment, payment, or health care operations. You may ask us not to use or disclose any part of your **PHI** and by law we must comply when the **PHI** pertains solely with a health care service for which Summit Pacific Medical Center or one of its associated clinics has been paid out of pocket in full. You also have the right to request a limit on the **PHI** we disclose about you to someone involved in your care or payment of your care. Your request must be made in writing to our HIPAA Privacy Officer with specific instructions. If we agree to the restriction, we may only be in violation of that restriction for emergency treatment purposes. By law, you may not request that we restrict the disclosure of your **PHI** for treatment purposes in an emergency situation.

The Right to Get Notice of a Breach: You have the right to be notified upon breach of any of your unsecured **PHI**.

The Right to Request Amendments: If you feel that the **PHI** we have is incorrect or incomplete, you may ask us to amend the information. A request and the reason for the requested amendment must be made in writing to the HIPAA Privacy Officer. In certain cases, we may deny your request. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy.

The Right to an Accounting of Disclosures: You have a right to receive an accounting of all disclosures except for disclosures: pursuant to an authorization, for purposes of treatment, payment, health care operations; required by law, that occurred six years prior to the date of request. Your request must be in writing and you must indicate in what form you want the list, for example, on paper or electronically. The first accounting of disclosure in any 12-month period will be free. Any additional requests within that same time period we may charge reasonable costs. You may withdraw or modify your request before the costs are incurred.

The Right to Request Confidential Communications: You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you at a specific telephone number. Your request must be made in writing with specific instructions on how and where we contact you. We will accommodate all reasonable requests and will not ask the reason for the request.

Complaints:

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated. To file a complaint with us, you must make it writing to our *HIPAA Privacy Officer* at 600 E. Main Street, Elma WA, 98541. Complaints must be submitted within 180 days of when you knew of or suspected the violation. **There will be no retaliation against you for filing a complaint.**

Contact SPMC Patient Experience Hotline: 360-346-2210

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

OCR Hotlines-Voice: 1-800-368-1019

E-mail: OCRComplaint@hhs.gov

Website: Office for Civil Rights www.hhs.gov/ocr/privacy/hipaa/complaints/



Changes to the 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 and on our website.

Effective Date of Notice: September 2013

