

## IMPORTANT PRIVACY POLICY NOTICE

At Surgical Specialists of Spokane, we value you as a patient and share your concerns about privacy. To help you understand how we treat your personal information that we obtain from you or other sources in the course of providing you with services, this notice describes our use and protection of that information.

We are required by law to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.

We have the right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

## USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. We have listed the three ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

### **For Treatment:**

We are allowed to use medical information about you to provide you with medical treatment or services. We are allowed to disclose medical information about you to doctors, nurses, technicians or other people directly providing care for you. Examples include: physicians associated with us who need your health information to provide care for you; relaying information back to the doctor who referred you to our clinic; forwarding information to a doctor we refer you to for additional care; technicians who may need to draw your blood for testing or who may provide imaging services at our request; speech or physical therapy providers; dietitians; pharmacists.

In addition, we are allowed to use your medical information to contact you regarding appointment reminders. These reminders may be made by phone and messages left on your voicemail unless you specifically ask us to contact you through a different method.

We are allowed to release medical information about you to a member of your family, a relative, close friend or any other person you identify who is directly involved in your healthcare, or to someone who helps pay for your care.

**For Payment:**

We are allowed to use and disclose your medical information for payment purposes. Examples: we may need to give your health insurance plan information about treatments such as surgery our doctors recommend so that your health plan will pay us or repay you for any treatments that you paid for; we may also tell your health plan about a treatment you are going to receive to get approval or to determine if your plan will pay for treatment; we may share the information with physicians associated with us so they can receive payment from your insurance company.

**For Health Care Operations:**

We are permitted to use and disclose your medical information for our health care operations. This might include evaluating the performance of employees, conducting training programs, and getting accreditation, certificates, licenses and credentials we need to serve you.

**Additional Uses and Disclosures:**

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we are permitted to use and disclose medical information for the following purposes, without requiring your authorization:

**Disaster Relief:**

Medical information with a public or private organization or person who can legally assist in disaster relief efforts.

**Research in Limited Circumstances:**

Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

**Specialized Government Functions:**

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

**Court Orders and Judicial and Administrative Proceedings:**

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

### Public Health Activities

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease, or otherwise be at risk of contracting or spreading a disease or condition.

### Victims of Abuse, Neglect, or Domestic Violence

We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

### Workers Compensation

We may disclose health information when authorized and necessary to comply with laws relating to workers compensation or other similar programs.

### Health Oversight Activities

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

### Law Enforcement

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

## **YOUR INDIVIDUAL RIGHTS**

You have the right to:

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access from our office or you can request access by sending a letter to the contact person listed at the end of this notice.

**Effective July 1, 2005, if you request copies, as permitted by law we will charge you \$ .91 per page for the first 30 pages, \$ .69 per page after that, applicable sales tax, and postage if you want the copies mailed to you.**

2. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
3. Request that we communicate with you about your medical information by different means (such as by a sealed envelope rather than a postcard) or to different locations (different address or phone number). This request must be made in writing to the contact person listed at the end of this notice.
4. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
5. Request an accounting of the disclosures of your medical information for the six years before the date on which you request the accounting.
6. Request a copy of this Privacy Notice.

#### **QUESTIONS AND COMPLAINTS**

If you have any questions about this notice, please contact in writing:

Surgical Specialists of Spokane  
HIPAA Compliance Officer  
105 W 8<sup>th</sup> Avenue, Suite 7060  
Spokane WA 99204

If you think we may have violated your privacy rights, contact the person named above.

You may also submit a written complaint to the U.S. Department of Health and Human Services at the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue Ste 900  
Seattle WA 98121-1831

We will not retaliate in any way if you choose to file a complaint.

The effective date of this Notice is January 1, 2009.