



NOTICE OF PRIVACY PRACTICES

This notice describes how your protected health information (PHI) may be used and disclosed, your rights regarding access to this health information, and what our office does to ensure confidentiality and to protect your privacy. This notice is provided by Drs. Keyes and Crandell and applies to everyone who works for them, including employees, contractors and volunteers, all of whom have received training in the rules of privacy as described in the **Health Insurance Portability and Accountability Act** of 1996, commonly known as **HIPAA**. This notice is also available for review on our website. Please review this notice carefully.

Why we publish this notice:

HIPAA requires that we inform you of our legal duties and privacy policies with respect to your protected health information (PHI). We are required by law to abide by the terms of this Privacy Notice. As medical professionals, we understand that information about you and your health is sensitive and personal. We collect PHI from you through treatment, payment and related healthcare operations. Generally, we may not use or disclose your PHI without your permission. The following are the circumstances under which we are permitted by law to use or disclose your PHI.

We may use or disclose your PHI in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related healthcare operations otherwise permitted or required by law. We are also permitted to disclose your PHI within and among our work force in order to accomplish these purposes. However, even with your permission, we are still required by law to limit such uses and disclosures to the minimal amount necessary and on a need to know basis.

Treatment activities:

We may use or disclose information about you for treatment purposes to doctors, nurses, technicians or other individuals who work in our practice who are involved in providing your health care. We may also disclose information to organizations and individuals involved in your care who are outside our practice, such as consulting physicians, laboratories, home health and skilled nursing facilities. For example, if we refer you to another health care provider for specialty services we will provide that practitioner with the clinical information which we believe is necessary for them to provide care.

Payment activities:

We may use or disclose information about you for payment purposes to include our staff involved in billing, your insurance carrier or health plan or other party financially responsible for your care. For example, if you are covered by a health plan we need to provide them with information related to diagnoses and treatment in order to be reimbursed for your care.

Health Care Operations:

We may use or disclose information about your care in connection with our practice. These activities might include practice quality improvement, training of staff, insurance underwriting, medical or legal review and business planning or administration of our practice. For example, we may wish to review the care you receive in order to assist us in improving the quality of services we provide. Or we may audit our management practices so we become more efficient.

Without your consent or authorization we may disclose information about you for the following purposes:

- a) Public health activities including preventing or controlling disease, public health surveillance or investigations, and reporting adverse events.
- b) Disclosures regarding victims of abuse, neglect or domestic violence including reporting to social service or protective service agencies.
- c) Health oversight activities including audits, civil administration or criminal investigations, inspections, licensure authorities for regulatory, licensing or other legal purposes.
- d) Judicial proceedings in response to a court order, discovery request or subpoena or other lawful processes.
- e) Law enforcement requests for the purpose of identification or reporting illegal activities.
- f) Correctional institutions and other law enforcement custodial situations.
- g) For medical research purposes, subject to your authorization or approval by an institutional review board.
- h) If you are in the military, national security or intelligence, or Foreign Service your authorized superiors may review your records.

(Recent updates to NPP, outlined in Omnibus Rules)

We are prohibited from selling your PHI without written authorization from you.

We are legally obligated to notify you of any breach in security of your PHI.

You have the right to restrict disclosures of your PHI to a health plan with respect to health care for which you have paid out of pocket and in full. In addition, most health plans will inform you of the prohibition against using or disclosing genetic information for underwriting purposes.

Your Legal Rights under HIPAA with respect to your PHI:

By law you are entitled to ask us to further restrict our use and disclosure of information about you. While we are not required to grant such a request, if we agree to a restriction, we must make sure the restrictions are implemented. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

You can request that you receive confidential communication from us at an alternative address or contact you provide to us.

Your designated record includes your medical record, billing records, information about enrollment, payment, claims and case or medical management record systems. You have the right to inspect and copy your PHI with the exception of mental health records. We may ask you to submit this request in writing. In most cases we will provide this service at no cost but we reserve the right to charge a fee for the associated costs if we so choose. We may deny your request to inspect and/or copy your PHI record in certain limited circumstances. If this occurs, you may request in writing a review of our denial.

You may ask us to amend your record, if you believe them to be incomplete or incorrect. This request must be submitted in writing. We may deny your request to amend your record if:

- a) it is not part of the information which you would be permitted to inspect and/or copy or
- b) the existing information is accurate and complete.

If you request an amendment and we have denied your request, you are entitled to have a statement of your disagreement included in your records to be accompanied by a statement from us giving an explanation of such denial or response to the request.

You may obtain an accounting of all persons to which we have disclosed information about you for any purpose other than treatment, payment or health care operations.

If you provide us with an authorization for any purpose you may revoke this in writing at any time which will become effective at the time of receipt and will not apply to any uses or disclosures which occurred before that time.

If you believe we have violated your privacy rights, you may forward a written complaint to us, attention Security Officer. You may also file a formal complaint to the Secretary of the US Department of Health and Human Services (DHHS). If you do file a complaint we are legally prohibited from retaliating against you.

We may send you information to support your care, including information on treatment and health related services, lab results, and appointment information which we feel is valuable for your care. Please advise us in writing if you do not wish to receive such communications. Please submit any written requests by mailing or hand delivery to our office. Mailing address is: 123 Bjune Dr. SE, Suite 101; Bainbridge Island, WA 98110