

# Notice of Privacy Practices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**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.**

## **About Us**

In this Notice, we use terms like “we”, “us” or “our” to refer to RiteCare of Washington and its staff. We share your protected health information among us to provide you with health care services, to treat you, to pay for your care and to conduct our business operations (e.g., quality assurance, compliance, and utilization review).

## **What is “Protected Health Information” or “PHI”?**

“Protected health information”, or “PHI” for short, is information that identifies who you are and relates to your past, present, or future physical or mental health condition, the provision of health care to you, or past, present, or future payment for the provision of health care for you. PHI does not include information about you that is publicly available, or that is in a summary form that does not identify who you are.

## **Purpose of this Notice**

In the course of doing business, we gather and maintain PHI about our patients. We respect the privacy of your PHI and understand the importance of keeping this information confidential and secure. This Notice describes our privacy practices and how we protect the confidentiality of your PHI. We are obligated to maintain the privacy of your PHI by implementing reasonable and appropriate safeguards. We are also obligated to explain to you by this Notice about our legal obligations to maintain the privacy of your PHI. We must follow our Notice that is currently in effect.

## **How We Protect Your PHI**

We restrict access to your PHI to those employees who need access in order to provide services to our members. We have established and maintain appropriate physical, electronic and procedural safeguards to protect your PHI against unauthorized use or disclosure. We have established a training program that employees must complete and update annually. We have also established a Privacy Officer, which has overall responsibility for developing, training, and overseeing the implementation and enforcement of policies and procedures to safeguard your PHI against inappropriate access, use and disclosure.

## **Types of Use and Disclosure of PHI We May Make Without Your Authorization**

### **Treatment; Payment; Health Care Operations**

Federal and state law allows us to use and disclose your PHI in order to provide health care services to you, as well as to bill and collect payments for the health care services provided to you. For example, we may use your PHI to authorize referrals and to review the quality of care provided by your health care provider. We may disclose your PHI to health plans or other responsible parties to receive payment for the services we provide to you.

We may also use or disclose your PHI to contact you to remind you of your appointments.

Federal and state law also allows us to use and disclose your PHI as necessary in connection with our health care operations. For example, we may use your PHI for resolution of any grievance or appeal that you file if you are unhappy with the care you have received. We may use or disclose your PHI to perform

certain business functions to our business associates, who must also agree to safeguard your PHI as required by law.

We are also allowed by law to use and disclose your PHI without your authorization for the following purposes:

1. When required by law – In some circumstances, we are required by federal or state laws to disclose certain PHI to others such as public agencies for various reasons
2. For public health activities – Such as reports about communicable diseases, defective medical devices to the FDA or work-related health issues
3. Reports about child and other types of abuse or neglect, or domestic violence
4. For health oversight activities – Such as reports to governmental agencies that are responsible for licensing physicians or other health care providers
5. For lawsuits and other legal disputes – In connection with court proceedings or proceedings before administrative agencies, or to defend us or our participation physicians in a legal dispute
6. For law enforcement purposes – Such as responding to a warrant, or reporting a crime
7. For research – To medical researchers with an approval of an institutional review board (IRB) or privacy board that oversees studies on human subjects. Researchers are also required to safeguard your PHI

To avert a serious threat to the health or safety of you or other members of the public; and in connection with services provided under workers' compensation laws.

We may disclose your PHI, without your written authorization, to your family members or other persons if they are involved in your care or payment for that care.

You, as a parent, can generally control your minor child's PHI. In some cases, however, we are permitted or even required by law to deny your access to your child's PHI, such as when your child can legally consent to medical services without your permission.

There are some types of PHI, such as HIV test results or mental health information, which are protected by stricter laws.

However, even such PHI may be used or disclosed without your written authorization if required or permitted by law.

### **Authorizations**

All other uses and disclosures of your PHI must be made with your written authorization.

You may revoke or modify your authorization at any time by writing. Please note that your revocation or modification may not be effective in some circumstances, such as when we have already taken action relying on your authorization.

### **Your Rights Regarding Your PHI**

#### **Access to Your PHI**

You have the right to review and copy your PHI we maintain. If you wish to access your PHI, please write to us. We will respond to your request and tell you when and where you can review your PHI in our possession within our normal business hours. If we provide you with a copy, we may charge a reasonable administrative fee for copying your PHI to the extent permitted by applicable law. If we deny your request for review or copy of your PHI, we will explain the reason in writing.

**Right to Amend Your PHI**

You have the right to request amendments to your PHI. If you wish to have your PHI corrected or updated, please write to us and tell us what you want changed and why. We will respond to you in writing, either accepting or denying your request. If we deny your request, we will explain why. You may also send us an addendum that is no longer than 250 words in length for each item you believe is incorrect. Please clearly indicate that you want the addendum to be included in your PHI. We will attach your addendum to the record (s) of your PHI. Your amended PHI will be available for your review upon request.

**Right to Receive an Accounting of Disclosures of Your PHI**

You have the right to request an accounting of certain disclosures that we make of your PHI. You can request an accounting by writing to us. Please note that certain disclosures, such as those made for treatment, payment, or health care operations, need not be included in the accounting we provide to you. We will respond to your request within a reasonable period of time, but no later than 60 days after we receive your written request.

**Right to Receive a Copy of This Notice**

You have the right to request and receive a paper copy of this Notice.

**Right to Request Restrictions**

You have the right to request restrictions on how we use and disclose your PHI for our treatment, payment, and health care operations. All requests must be made in writing. Upon receipt, we will review your request and notify you whether we have accepted or denied your request. Please note that we are not required to accept your request for restrictions. Your PHI is critical for providing you with quality health care. We believe we have taken appropriate safeguards and internal restriction to protect your PHI, and that additional restrictions may be harmful to your care.

**Right to Confidential Communications**

You have the right to request that we provide your PHI to you in a confidential manner. For example, you may request that we send your PHI by an alternate means (e.g., sending by a sealed envelope, rather than a post card) or to an alternate address (e.g., calling you at a different telephone number, or sending a letter to you at your office rather than your home address). We will accommodate any reasonable requests, unless they are administratively too burdensome, or prohibited by law.

**Right to Complain**

We must follow the privacy practices set forth in this Notice while in effect. If you have any questions about this Notice, wish to exercise your rights, or file a complaint, please complain to us. You may contact the Secretary of Health and Human Services as well. You also have the right to directly complain to the Secretary of the United States Department of Health and Human Service. We will not retaliate against you for filing a complaint against us.

**Rights Reserved by RiteCare of Washington**

We will use and disclose your PHI to the fullest extent authorized by law. We reserve the rights as expressed in this Notice. We reserve the right to revise our privacy practices consistent with law and make them applicable to your entire PHI we maintain, regardless of when it was received or created. If we make material or important changes to our privacy practices, we will promptly revise our Notice. Unless the changes are required by law, we will not implement material changes to our privacy practices before we revise our Notice. You may request updates to this Notice at any time.

**Effective Date**

The effective date of this Notice is May 14, 2014.

## Acknowledgement of Receipt of Notice of Privacy Practices

My signature below is acknowledgement that I have received RiteCare of Washington's Notice of Privacy Practices which allows them to use or disclose confidential information for treatment, payment or health care operations.

Signed: \_\_\_\_\_

Print name of Client/Patient: \_\_\_\_\_

Dated: \_\_\_\_\_

If not signed by the patient, please indicate relationship: \_\_\_\_\_

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