



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO EXPLAINS HOW YOU COULD GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW IT CAREFULLY.**

Neighborcare Health is committed to providing you with the highest quality of care in an environment that protects your privacy and the confidentiality of your health information. To that end, this notice explains our privacy practices, as well as your rights, with regard to your health information.

### **Who will follow the privacy practices in this Notice**

The privacy practices described in this Notice will be followed by all health care professionals, employees, trainees, students and volunteers of Neighborcare Health.

### **Uses and Disclosures of Health Information without Authorization**

We may use or disclose your health information without your authorization to the following individuals, or for other purposes permitted or required by law, including:

#### **Treatment**

We may use or disclose your health information as necessary to provide you treatment or services. For example, we may use your health information to provide health care to you, and we may consult with other health care providers about your treatment.

#### **Payment**

We may use and disclose your health information so that the treatment you receive at Neighborcare Health may be billed and payment collected from you, an insurance company, or another third party. For example, we may share your health information to request payment and receive payment from your health insurer, and to confirm that your health insurer will pay for your treatment.

#### **Health Care Operations**

We may use or disclose your health information to carry out certain administrative, financial, legal and quality improvement activities that are necessary to run our businesses and to support our treatment and payment activities. For example, we may use your health information to evaluate the quality of services provided

to you and to evaluate the performance of our staff providing care to you.

#### **Health Information Exchange (HIE)**

We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operations purpose. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions.

#### **Organized Health Care Arrangements**

We may participate in joint arrangements with other health care providers or health care entities whereby we may use or disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities.

Neighborcare Health is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of Neighborcare Health, OCHIN supplies information technology and related services to Neighborcare Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Neighborcare Health with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement.

Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive. The personal health information may include past, present and future medical

information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

#### **Fundraising Activities**

We may use your health information for purposes of fundraising for our organization, including releasing your information to a foundation acting on our behalf to raise money. Any communications to you about fundraising will provide you with a clear opportunity to opt out of further fundraising activities.

#### **Additional uses and disclosures of your health information without authorization**

- As required by state and federal law.
- To contact you with appointments reminders, provide test results, inform you about treatment options or advise you about other health related benefits and services.
- To third parties referred to as “business associates” that provide services on our behalf, such as billing, software maintenance and legal services.
- To disclose health care information about you to medical researchers preparing to conduct a research project.
- To prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- To the military if you are a member of the armed forces and we are authorized or required to do so by law.
- To authorized federal officials for intelligence, counterintelligence or other national security activities.
- To authorized federal officials so they may conduct special investigations

or provide protection to the U.S. President or other authorized persons.

- To law enforcement officials as authorized or required by law.
- For workers' compensation or similar programs providing benefits for work-related injuries or illnesses.
- In the event of a disaster, to organizations assisting in a disaster relief effort so that your family can be notified of your condition and location.
- To coroners, medical examiners and funeral directors, as authorized or required by law as necessary for them to carry out their duties.
- If you are an organ donor, to organizations that handle such organ procurement or transplantation or to an organ bank, as necessary to help with organ procurement, transplantation or donation.
- To governmental, licensing, auditing and accrediting agencies.
- To a correctional institution as authorized or required by law if you are an inmate or under the custody of law enforcement officials.
- To a public health authority for public health activities. Public health activities include preventing or controlling disease, injury, disability, and responding to reports of abuse, neglect or domestic violence. We may disclose your health information to a person or agency required to report adverse events, product defects or problems, biologic product deviations, or for product recalls, repairs or replacements.
- To courts and attorneys when we get a court order, subpoena or other lawful instructions from those courts or public bodies or to defend ourselves against a lawsuit brought against us

## Uses and Disclosures of Your Health Information with Authorization

### Uses and Disclosures that Require Your Written Authorization:

- Psychotherapy Notes: We will not disclose psychotherapy notes without your written authorization unless the use and disclosure is otherwise permitted or required by law.
- Marketing: We will not engage in disclosures that constitute a sale of your health information without your written authorization. A sale of protected health information occurs when we, or someone we contract with directly or indirectly, receive payment in exchange for your protected health information.

- Minors: We will follow Washington state law when using or sharing PHI of minors. Minors who receive health care services related to HIV/AIDS; STDs, mental health treatment, alcohol/drug testing, and treatment or reproductive health may request that another person receive that information on their behalf. If the minor does not give permission in writing to anyone, we will only give information to the minor.

### Other Uses and Releases

Any requests for information besides those described in this Notice will need your written permission. For example, you will need to sign a permission form before we can send PHI to your life insurance company or to your attorney. You may revoke your permission at any time by providing us with a written request.

## Your Individual Rights

### Right to Inspect and Copy Records

You may request to see your health records and billing records in order to inspect and/or request copies of the records. All requests to view records must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the cost of copying and sending records you request.

### Right to Request Amendments

You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

### Right to an Accounting of Disclosures

You may ask, in writing, for an accounting of certain types of disclosures of your health information. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services, or where you provided your written authorization to the disclosure.

To make a request for an accounting see contact information below. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

### Right to Request Restrictions

You have the right to request that we place additional restrictions on our use and disclosure of your health information, including uses and disclosures for treatment, payment, and health care operations, and to family members, friends, or others involved in your care or payment for your care. To request a restriction, you must tell your caregivers or contact the Privacy Office using the information listed at the end of this Notice. You may be asked to submit your request in writing. We are

not required to agree to your request. If we do agree, we will notify you in writing and will honor our agreement unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it.

If you or another family member or person on your behalf have paid your health care provider in full for a particular health care service or item and specifically request that we not disclose information about this health care item or service to your health plan for payment or healthcare operations purposes, we will agree to this request. We generally cannot restrict disclosure of information needed for health care treatment purposes.

### Right to Request Confidential Communications

You may request that we contact or send PHI to you in a certain way or at a certain location, such as only at work or home, or only by mail. To request a confidential communication, please write to our Privacy Official at the address below and state how or where you wish to be contacted. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

### Right to a Paper Copy of this Notice

You have the right to a paper copy of this Notice at any time. Copies of this Notice are available throughout our locations, on our website [neighborcare.org](http://neighborcare.org), or by contacting the Privacy Officer at [privacy@neighborcare.org](mailto:privacy@neighborcare.org).

### Right to Notice of Breach

You have the right to receive notifications of breaches of your health information as required by law.

### Changes to this Notice

We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website and will be available at our locations. Upon request, we will provide any revised Notice to you.

## Questions or Complaints

If you have questions about your privacy rights, or are concerned that we have violated your privacy rights, you may contact Neighborcare Health Privacy Officer at [privacy@neighborcare.org](mailto:privacy@neighborcare.org). You also have the right to complain to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

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