



## NOTICE OF PRIVACY PRACTICES

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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.

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**HealthPoint** respects your privacy. We will not give out your personal health information (PHI) to others unless you tell us to, or unless the law allows or requires us to do so. PHI is any information that identifies you and relates to your health care or payment for your health care.

We are required by law to keep your PHI private, to give you this Notice, and to follow the terms of this Notice. We have the right to change our practices and to make the changes effective for all PHI that we maintain. If we make changes to this Notice, you will receive the updated Notice at your next visit. We will also post the revised Notice in the waiting area of our clinics and on our web site at [www.healthpointchc.org](http://www.healthpointchc.org).

For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information at the end of this Notice.

### **I. USING AND RELEASING PROTECTED HEALTH INFORMATION**

**A. Without Your Written Permission.** We may use and share your health information without your written permission for the following reasons:

- 1. Treatment:** Information obtained by a nurse, physician, or other member of our health care team may be used to provide treatment to you. We may also share information with others providing you care. This will help them stay informed about your care and provide treatment to you.
- 2. Payment:** We may use or disclose PHI to determine coverage for your medical care or to request payment from your health insurance plan, or for other reasons related to billing, claims management, and reimbursement. Information shared for these reasons may include your diagnoses, procedures performed, or future recommended care.
- 3. Health Care Operations:** We may use and share PHI for our health care operations, such as quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff.
- 4. Required or Permitted by Law:** We may share PHI when we are required or permitted to do so by law. For example, we may disclose PHI to proper authorities if we believe that you are a possible victim of abuse, neglect, or domestic violence. We may also share PHI if necessary to stop a serious threat to the health or safety of you or others. Other reasons we may disclose information could include: public health activities; requests from state or federal agencies; law enforcement; court order or other lawful process; approved research; workers' compensation claims; military or national security agencies, coroners, medical examiners, and correctional institutions.

**B. Contacting You and Your Visits with HealthPoint.** By providing HealthPoint with your cell phone number, you authorize HealthPoint to use that cell phone number to reach you or leave you a voice message. We may also use your email address and cell phone number to send you text messages and emails. We will ask you to provide separate consent for emails and text messages. HealthPoint may ask if you are able to participate in a telehealth (audio/video) visit. There is a consent process as part of each telehealth visit.

**C. Without Your Permission, But You May Object.**

**1. Fundraising:** We may use PHI to contact you in an effort to raise money for our operations. We may also disclose PHI to a foundation that is related to us so that the foundation may contact you in an effort to raise money for its operations. Any fundraising communications with you will explain how you may opt out of receiving any further fundraising communications.

2. **Family and Other Persons Involved in Your Care.** We may use or disclose PHI to notify, or help to notify, a family member, your representative, or another person responsible for your care of your location, your general condition, or your death. If you are present, we will give you an opportunity to object. In the case of medical emergency, we will disclose PHI based on your preferences, if known to us, and in your best interest.

3. **Disaster Relief Efforts.** We may share your protected PHI with a public or private entity authorized by law or its charter to assist in disaster relief efforts for coordinating notification of family members of your location, general condition, or death.

**D. With Your Written Permission.**

1. **Psychotherapy Notes.** If we maintain any psychotherapy notes about you, we must have your written permission to use or disclose psychotherapy notes, unless the psychotherapy notes are used or disclosed:

- (1) By the creator of the psychotherapy notes for treatment purposes,
- (2) For our own training programs in which mental health students, trainees or practitioners learn to improve their counseling skills,
- (3) To defend ourselves in a legal proceeding initiated by you,
- (4) To a health oversight agency for oversight of the creator of the psychotherapy notes,
- (5) To a coroner or medical examiner; or
- (6) To prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

2. **Minors.** We follow Washington State law when using or sharing PHI of minors. Minors who receive health care services related to HIV/AIDS, sexually transmitted diseases, mental health treatment, alcohol/drug testing and treatment, or reproductive health may maintain the privacy of information about the services in some circumstances, or they may request that another person receive information about their care.

3. **Marketing Communications: Sale of PHI.** We must have your written permission before using or sharing PHI for marketing or the sale of PHI, consistent with the related definitions and exceptions set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**Other Uses and Disclosures.** Any uses and disclosures besides those described in this Notice will only be made with 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, except to the extent we have already taken action in reliance on your permission.

**II. YOUR INDIVIDUAL RIGHTS**

A. **Right to Inspect and Copy.** You may request to see your PHI in records maintained by HealthPoint 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.

B. **Right to Alternative Communications.** We will accommodate reasonable written requests by you to receive PHI by alternative means of communication or at alternative locations.

C. **Right to Request Restrictions.** You have the right to limit PHI we use or share for treatment, payment, or health care operations. You must request limitations in writing addressed to the HealthPoint Privacy Officer at **955 Powell Ave SW, Renton, WA 98057**. We are not required to agree to limitations you request, **unless** your request is to limit disclosing PHI to a health plan for payment or health care operations and that PHI directly relates to a health care item or service that you or another person or entity on your behalf paid in full, and the disclosure is not otherwise required by law.

D. **Right to Accounting of Disclosures.** You may request in writing an accounting of disclosures of PHI made by us in the last six years, subject to certain restrictions and limitations.

E. **Right to Request Amendment:** 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.

F. **Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to the HealthPoint Privacy Officer at **955 Powell Ave SW, Renton, WA 98057** at any time.

G. **Right to Receive Notification of a Breach.** We are required to notify you if we discover a breach of your unsecured PHI, according to requirements under federal law.

H. **Questions and Complaints.** If you have questions about your privacy rights, or are concerned that we have violated your privacy rights, you may contact HealthPoint's Privacy Officer at (425) 277-1311. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office.

### III. **EFFECTIVE DATE**

A. **Effective Date.** This Notice is effective on **January 2<sup>nd</sup>, 2022.**