



# Notice of Privacy Practices- Summary

***IMPORTANT:*** THE FOLLOWING IS A BRIEF SUMMARY OF YOUR RIGHTS AND OUR RESPONSIBILITIES AS DETAILED IN THE ATTACHED NOTICE OF PRIVACY PRACTICES (THE “NOTICE”). THIS SUMMARY IS FOR YOUR CONVENIENCE AND IS NOT A SUBSTITUTE FOR READING THE ENTER NOTICE AND DOES NOT MODIFY THE TERMS OF THE NOTICE.

1. Ferry County Health maintains a record of the health care services we provide to you.
2. You may ask us for a copy of that record.
3. There is a charge for this service.
4. In most cases, we request payment prior to release of the copies.
5. You may ask us to correct that record.
6. We will not disclose your record to others unless you direct us to do so in writing, or unless the law authorizes or compels us to do so.
7. The Health Information Department may require at least 10 days after receipt of your request to process and copy your records.



# Notice of Privacy Practices

**IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

Ferry County Health (FCH) and all associates at all locations are required by law to provide you with this Notice of Privacy Practices (Notice) so you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as *Protected Health Information (PHI)* or simply *health information*. We also promise to maintain the privacy of patients' PHI and to provide individuals with the following Notice of the legal duties and privacy practices with respect to PHI. We are required to adhere to the terms outlined in this Notice. We reserve the right to change the terms of this Notice and these new terms will affect all PHI we maintain at that time. If you have any questions about this Notice, please contact the Compliance Officer at (360) 776-9853.

## **UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you are admitted to FCH, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment.

Understanding what is in your record and how your health information is used helps you to: ensure it is accurate, better understand who may access your health information and make more informed decisions when authorizing disclosure to others.

### **In certain circumstances we may use and disclose PHI about you without your written consent:**

**For Treatment:** We will use health information about you to provide you with medical treatment or services. We will disclose PHI about you to doctors, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes might slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of FCH may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may disclose health information about you to people outside FCH who provide your medical care like nursing homes or other doctors.

**For Payment:** We will use and disclose information to other health care providers to assist in the payment of your bills. We will use it to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.

**For Health Care Operations:** We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to ensure our patients receive quality care and cost effective

services. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of our staff, contracted employees and students in caring for you.

**Business Associates:** We may use or disclose your PHI to an outside company that assists us in operating our health system. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

**Family Members and Friends:** If you agree, do not object, or we reasonably infer there is no objection, we may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances. We may disclose PHI to a family member, relative, or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual known to FCH. However, you also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

**Appointments:** We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.

**Contacting You:** We may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

**Hospital Directory:** When you are an inpatient admitted to the hospital, FCH may list certain information about you, such as your name, your location in the hospital, a general description of your condition that does not communicate specific medical information, and your religious affiliation, in a hospital directory. The hospitals can disclose this information, except for your religious affiliation, to people who ask for you by name. Your religious affiliation may be given to members of the clergy even if they do not ask for you by name. You may request no information contained in the directory be disclosed. To restrict use of information listed in the directory, please inform the admitting staff or your nurse. They will assist you in this request. In emergency circumstances, if you are unable to communicate your preference, you will be listed in the directory.

**Fundraising Activities:** We may use PHI, such as your name, address, phone number, the dates you received services, the department from which you received service, your treating physician, outcome information, and health insurance status to contact you to raise money for FCH interests. We may share this information with a foundation associated with FCH to work on our behalf. If you do not want FCH or its affiliates to contact you for fundraising and you wish to opt out of these contacts, or if you wish to opt back in to these contacts, you must call the FCH Foundation (509) 397-3435, extension 400, or email the FCH Foundation at [wchfoundation@gmail.com](mailto:wchfoundation@gmail.com).

**Required or Permitted by Law:** We may use or disclose your PHI when required or permitted to do so by federal, state, or local law.

**Public Health Activities:** We may use or disclose your PHI for public health activities permitted or required by law. For example, we may disclose your PHI in certain circumstances to control or prevent a communicable disease, injury or disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose your PHI to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law, or to a state or federal government agency to facilitate their functions. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include; audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this

information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

**Lawsuits and Other Legal Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding, or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, we may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful process.

**Abuse or Neglect:** We may disclose your PHI to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

**Law Enforcement:** Under certain conditions, we also may disclose your PHI to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (1) responding to a court order or similar process, (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person, (3) reporting suspicious wounds, burns or other physical injuries, or (4) as relating to the victim of a crime.

**To Prevent a Serious Threat to Health or Safety:** Consistent with applicable laws, we may disclose your PHI if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Coroners, Medical Examiners, County Public Health Official, and Funeral Directors:** We may release your PHI to a coroner, county public health official, or medical examiner. This may be necessary, for example, to identify a deceased person, to determine the cause of death, or identify and address preventable deaths from overdose, withdrawal, or suicide. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.

**Organ, Eye, and Tissue Donation:** We will disclose PHI to organizations that obtain, bank or transplant organs or tissues.

**Research:** FCH may use and share your health information for certain kinds of research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. In some instances, the law allows us to do some research using your PHI without your approval.

**Workers' Compensation:** We will disclose your health information reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.

**Employer Sponsored Health and Wellness Services:** We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care.

**Shared Medical Record/Health Information Exchanges:** We maintain PHI about our patients in shared electronic medical records that allow FCH associates to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to another hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you. **If you decide you do not want your health information or your minor child's health information made available through shared medical record/health information exchanges, please contact the Compliance Officer at (360) 776 9853.**

**Other Uses and Disclosures of PHI:**

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI require your written authorization.

Other uses and disclosures of your PHI not described above will be made only with your written authorization.

If you provide FCH with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information we have used or disclosed in reliance on the authorization. As part of our customer service we may occasionally send thank you notes or condolences. **If you wish to be excluded (opt-out) from receiving thank you notes or condolences, please notify the Compliance Officer at (360) 776 9853.**

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

**Right to Access to Your Own Health Information:** You have the right to inspect and copy most of your protected health information for as long as we maintain it as required by law. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee. Please contact the FCH Health Information/Medical Records Department with any questions or requests.

**Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Request Restrictions:** You have the right to request certain restrictions of our use or disclosure of your PHI. We are not required to agree to your request in most cases. However, if FCH agrees to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. FCH will agree to restrict disclosure of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid FCH for in full. For example, if a patient pays for a service completely out of pocket and asks FCH not to tell his/her insurance company about it, we will abide by this request. A request for restriction should be made in writing. To request a restriction, you must contact Health Information/Medical Records Department. We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

**Right to Request Confidential Communications:** If you believe a disclosure of all or part of your PHI may endanger you, you may request in writing we communicate with you in an alternative manner or at an alternative location. For example, you may ask all communications be sent to your work address. Your request must specify the alternative means or location for communication with you. It also must state the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger. We will accommodate a request for confidential communications that is reasonable and states the disclosure of all or part of your protected health information could endanger you.

**Out-of-Pocket-Payment.** If you paid out-of-pocket (or in other words, you have requested we not bill your health plan) in full for a specific item or service, you have the right to ask your Protected Health Information

with respect to the specific item or service, not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to be Notified of a Breach:** You have the right to be notified in the event we (or one of our Business Associates) discovers a breach of unsecured protected health information involving your medical information.

**Right to Inspect and Copy:** You have the right to receive and inspect a copy of your PHI that may be used to make decisions about your health. A request to inspect your records may be made to your nurse or doctor while you are an inpatient, or to the Health Information/Medical Records Department while an outpatient. For copies of your PHI, requests must go to the Health Information/Medical Records Department. For PHI in a designated record set maintained in an electronic format, you can request an electronic copy of such information. There may be a charge for these copies.

**Right to Amend:** If you feel PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as FCH maintains the information. Requests for amending your PHI should be made to the Health Information/Medical Records Department. The FCH personnel who maintain the information will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Right to an Accounting:** With some exceptions, you have the right to receive an accounting of certain disclosures of your PHI. A nominal fee will be charged for the record search.

**Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

*You must submit your request in writing to FCH. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. 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 of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

**Complaints:** You may submit any complaints with respect to violations of your privacy rights to the FCH Compliance Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you feel your rights have been violated. There will be no retaliation from FCH for making a complaint.

**Changes to this Notice** If we make a material change to this Notice, we will provide a revised Notice available at [www.fcphd.org](http://www.fcphd.org).

**Contact Information** Unless otherwise specified, to exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact the Compliance Officer at (360) 776-9853.

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