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NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Updated December 20, 2004

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU
CAN GET ACCESS TO YOUR HEALTH INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

This Notice informs you of your rights with regard to the privacy of your health information at the Health District. A federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that healthcare providers take steps to maintain the privacy of your protected health information (PHI).

1. Uses and disclosures of health information that do NOT require your authorization.

We may use or disclose your PHI in a number of ways connected to: your treatment, payment for services, or administering healthcare operations of the Health District.

- **Treatment:** To a physician or others involved in your healthcare. For example, we may share your PHI with providers working at our other sites so they can provide proper care.
- **Payment:** To obtain payment for services we provide to you. For example, we may bill you or an insurer for services we provide.
- **Healthcare operations:** To administer healthcare operations. For example, we may use your PHI to: review quality assessment and improvement activities, review the competence or qualifications of healthcare professionals, evaluate practitioner and provider performance, and/or conduct training programs, accreditation, certification, licensing or credentialing activities.

We may use or disclose your PHI for legal and/or governmental purposes:

- **Public health and safety:** To protect public health and safety; to prevent or control disease, injury, or disability; to report vital statistics; or, to the extent necessary, to avert a serious threat to your health or safety or the health or safety of others.
- **Legal proceedings or law enforcement:** In the course of legal proceedings or in limited circumstances, to comply with law enforcement agencies as required by law. We may disclose to correctional institutions or law enforcement officials having lawful custody of inmates or patients under certain circumstances.

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- **Abuse or neglect:** To government agencies that receive reports regarding abuse, neglect, or domestic violence.
- **National security:** To military authorities and authorized federal officials for lawful intelligence, counterintelligence, and other national security activities.

We may also use or disclose your protected health information without your authorization in the following miscellaneous circumstances:

- **To persons involved in your care:** To a member of your family, a relative, a close friend or any other person you identify who is directly involved in your healthcare when you are not present or unable to make a healthcare decision for yourself or under emergency circumstances using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We also will use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.
- **To provide appointment reminders:** To contact you with appointment reminders such as voicemail messages, postcards, or letters unless you request "no contact" in writing.
- **Disaster relief:** To an authorized public or private entity for disaster relief purposes. For example, we might disclose your PHI to help notify family members of your location or general condition.
- **Coroners, funeral directors, and organ donation:** To coroners, funeral directors, and organ donation organizations as authorized by law.
- **Threat to health or safety:** To avoid a serious threat to your health or safety or that of others.

2. Uses and disclosures of your protected health information by the Health District that REQUIRE your authorization.

Except as listed above, we will not disclose your PHI without your written authorization. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. You may revoke your authorization in writing at any time although this will not affect information that we disclosed before you revoked the authorization.

3. Your rights regarding your protected health information.

You have the right to:

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- **Request restrictions** by asking us to limit the way we use or disclose your PHI in fulfilling treatment, payment, or other healthcare operations. Please be aware that we are not required to agree to a restriction. If we do agree to a restriction, we may not violate that restriction except in the event of an emergency.
 - **Request that we communicate with you by other means.** For example, you may ask that we send letters to an address other than your home address.
 - **Request to inspect or request a copy of your PHI.** We may ask you to make this request in writing. We may charge a reasonable fee to cover the cost of copying, labor, and postage. We may deny your request according to the provisions of this Notice. If we deny your request, we will tell you why we are denying your request.
 - **Ask us to amend your PHI.** We may ask you to make this request in writing and provide a reason for the request. If we deny your request, we will tell you in writing why we are denying your request. You may submit a written statement disagreeing with our denial.
 - **Ask for an accounting of PHI disclosures.** You may submit a written request for a period up to six (6) years from the date of the request. You may receive one accounting per year at no charge. We may charge a reasonable fee to cover the cost of copying, labor, and postage for more frequent requests.
 - **Request a paper copy of this Notice.**
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4. Changes to privacy practices.

The Health District may change the terms of this Notice at any time. If we change any of the practices described in this Notice, we will post the revised notice and make the new notice available upon request. Any changes in our privacy practices include all health information that we maintain, including health information we created or received before we made the changes.

5. Questions and complaints.

Please contact us if you want more information about our privacy practices, have questions or concerns, or would like a copy of this Notice. If you are concerned that we may have violated your privacy rights or if you disagree with a decision we made about use or disclosure of your protected health information, you may complain to us using the contact information listed here. You also may submit a written complaint to the U.S. Department of Health and Human Services.

Contact	Leslie Hopkins
Telephone:	(360) 337-5293
E-mail:	hopkil@health.co.kitsap.wa.us
Address:	345 6 th Street, Suite 300 Bremerton, WA 98337-1866

Please keep this Notice in your files for future reference.