

NOTICE OF PRIVACY PRACTICES (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We encourage you to read this information. Urology Northwest, PS respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so or unless the law authorizes us or requires us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers as well as billing and payment information related to these services. Federal and state laws allow us to use and disclose your protected health information for purposes of treatment, planning and healthcare operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of use and disclosure of protected health information:

TREATMENT

- Information obtained by a medical assistant, nurse, physician or other member of your healthcare team will be recorded in your medical record and used to help decide what care may be right for you.
- We may provide information to others providing care to you. This will help them stay informed about your care.

PAYMENT

- We request payment on your behalf from your health insurance plan. Health plans and insurance companies need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed or recommended.
- You can ask us not to bill your insurance, but this means you are responsible to pay for these services based on our financial guidelines and protocols.

HEALTHCARE OPERATIONS

- We use your medical records to assess quality and improve our services
- We may use and disclose medical records to review the qualification and performance of your health care providers, staff and for training staff
- We may contact you to remind you of appointments and give you information about treatment alternatives, other health-related benefits and services such as educational talks put on by our professional team.
- We may use and disclose your information to conduct or arrange for services which may include; medical quality reviews requested by your health plan, the federal or state government, accounting or legal risk management, audit functions including fraud and abuse compliance programs at the request of the state or federal government.
- We may use your information to conduct, develop and report quality of care and quality outcomes. These reports could be in the form of presentations, papers or research projects and patient names would not be disclosed.

YOUR HEALTH INFORMATION RIGHTS

The health and billing records we create and store are the property of Urology Northwest, PS. The protected information in the records, however, generally belongs to you. You have the right to:

- Receive, read and ask questions about this notice
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing. We are not required to grant the request, but will honor all requests granted.
- Request and receive from us a copy of the most current NOTICE of PRIVACY for protected health information.
- Request that you be allowed to see or receive a copy of your protected health information in paper or electronic format. We have a form you can use to make this request.
- Ask us to change your health information. You may give this request in writing. You may write a letter of disagreement if your request is denied. The letter will be stored in your medical record and included with any release of records.
- When you request a list of disclosures we will provide it to you at no charge. The list will not include disclosures to 3rd party payers. You may receive this information at no cost to you once every 12 months.
- Ask that your health information be given to you by another means at another location, or than the address listed in your chart. This request must be made in writing, signed and dated.

- Cancel prior authorizations to use or disclose health information by giving written notice of revocation. Your revocation does not affect information already released and/or it does not affect action taken prior to obtaining the revocation. Sometimes you cannot cancel an authorization if its purpose was to obtain insurance.

For help in understanding these rights, please contact, Lindsay Freeman, Practice Administrator during normal office hours (9am-5pm) Monday through Friday at 425-275-5547.

OUR RESPONSIBILITIES

We are required to:

- Keep your protected health information private
- Give you this notice of privacy
- Follow the terms of this notice

We have the right to change our practices regarding protected health information we maintain as long as we continue to meet federal and state rules and regulations. If we make changes we will update the notice. You may receive the most recent notice by calling 425-275-5555, by picking it up at our office (6005 244th St SW Ste 111 Mountlake Terrace WA 98043) or printing it off our website at www.urologynorthwest.com.

Your right to complain:

If you have questions, want more information or want to report a problem about the handling of your protected health information you may contact:

Lindsay Freeman, Practice Administrator by calling 425-275-5547 or by email at lfreeman@urologynw.com.

If you believe your privacy rights have been violated you may discuss your concerns with any staff member, provide a written statement to Lindsay Freeman, Practice Administrator at our office or file a complaint with the US Secretary of Health and Human Services. Office of Medicare Beneficiary Ombudsman:
<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

We respect your right to file a formal complaint with the US Secretary of Health and Human Services and will not retaliate against you in any way.

You may file a complaint with the State of Washington: HSQA Complaint Intake Office
PO Box 47857 Olympia WA 98504-7857 Phone: 360-236-4700; Toll Free at 1-800-633-6828; by fax 360-236-2626 or by email at HSQAc COMPLAINTINTAKE@doh.wa.gov.

OTHER DISCLOSURES:

Notification to Family and Friends: Unless you object, we may release health information about you to a friend or family member who is involved in your care and/or someone who helps pay for your care. We may tell your family and friends about your condition and if you are hospitalized. In addition we may disclose health information about you to assist in disaster relief efforts.

Research: Urology Northwest works closely with Integrity Medical Research. You may be asked if you are interested in participating in a research study concerning your condition. If you consent your information will be shared with Integrity Medical Research. We may also share information with medical researchers preparing to conduct a research project. This may include internal quality assurance/improvement projects, quality care and care outcome audits.

Funeral Directors and Coroners: release consistent with applicable laws to allow them to carry out their duties.

Organ Procurement Organization: to persons who obtain, store or transplant organs

Food and Drug Administration (FDA): relating to problems with food, supplements and products.

Workers Compensation: To workers compensation companies, if you make a workers compensation claim.

Public Health and Safety Organization: as allowed or required by law to prevent or reduce a serious, immediate threat to the health or safety of a person or the public. To public health or legal authorities to protect public health and safety, to prevent or control disease, injury or disability and /or to report vital statistics such as births and deaths; to report abuse or neglect and to correctional institutions if you are jailed or in prison as necessary for your health and for the health and safety of others. For law enforcement purposes such as when receive a subpoena, court order or other legal process or you are a victim of a crime; for health and safety oversight; for work related conditions that could affect the health of others; to military authorities of the US and foreign military personnel; for judicial/administrative proceedings at your request of as directed by a subpoena or court order; for specialized governmental functions such as national security.

Deceased person: Based on current laws, Urology Northwest, PS will maintain the confidentiality of deceased person until they have been deceased 50 years.

Student Immunization Records: Can be released without written consent if the school requires proof of immunization before admitting the student.

Uses and disclosures of protected health information not in the notice will be made only as allowed or required by law or with your written authorization. We do not sell your information.