

JOINT NOTICE OF Privacy Practices



This notice describes how Skagit Regional Health may use and disclose your medical information, and how you may get access to this information. Please review it carefully.

YOUR RIGHTS

You have the following rights regarding your medical information:

Receive an electronic or paper copy of your medical record.

- You can ask to see or receive an electronic or paper copy of your medical record and other health information we have about you. You may request this from our Health Information Management Department at 360-814-8462.
- We will provide a copy or a summary of your health information within 15 working days. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

- If you think your health information is incorrect or incomplete, you can request a by calling the Health Information Management department at 360-814-8462.
- We do have a right to deny a correction request. You will be notified in writing within 10 days if your request is denied.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests. You can ask anyone who is checking you in to help you.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care or we cannot comply with your request. You may make this request to our Privacy Officer at 360-814-6376.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, however, we will charge a reasonable, cost-based fee if you ask for another one within 12 months. You may make this request to our Health Information Management Department at 360-814-8462.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint

We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

For your treatment

We can use your information to provide care to you. Treatment disclosures may also occur when we use an electronic health system to access or exchange information with providers outside Skagit Regional Health. You have the ability to opt out. If you do, information from Skagit Regional Health will only be available to Skagit Regional Health providers. Ask your Provider's receptionist or call our Privacy Officer at 360.814.6376.

Example: For your safety and treatment, we provide all of your Skagit Regional Health records to other SRH providers. Additionally, your providers at Island Hospital and clinics as well as The Everett Clinic have access.

You can find other providers in the U.S. and worldwide who connect through our system, Epic Care Everywhere at www.epic.com/careeverywhere/

Run our organization

We can use and share your health information to run our practice, improve your care and contact you when necessary.

Example: We use health information about you to manage our operations such as staffing and/or adding services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know, in writing, if you change your mind.

- We will not withhold your information from you nor refuse to give you or your designee your information, unless legally required. There may be a cost-based fee.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING ORGANIZATIONS.

All Skagit Regional Health hospitals and clinics
Skagit Valley Regional Cancer Care Center
Cascade Imaging Associates, LLC
Skagit Digital Imaging, LLC
Skagit Radiology

You may contact our Privacy Officer at 360-814-6376 or at Privacyofficer@skagitregionalhealth.org

You may also contact the US Department of Health and Human Services Office for Civil Rights at:
200 Independence Ave. SW
Washington, D.C. 20201
877-696-6775