

**David C. Shinstrom, M.D.**

**Karen Caley Orr, P.A.-C**

**Jennifer Utter, P.A.-C**

**Phone (360)376-7778**

**Fax (360)376-7706**

**Tax ID #20-1484437**



[www.OrcasFamilyHealthCenter.org](http://www.OrcasFamilyHealthCenter.org)

**1286 Mt Baker Rd, Suite B-102 • Eastsound, WA 98245**

501 C3 Non-Profit Rural Health Center

## Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When this notice refers to “we” or “us,” it is referring to all of the physicians in the practice and all of our employees.

This notice describes how we will use and disclose your protected health information. The policies outlined in this Notice apply to all of your health information generated by us, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Similarly, these policies apply to protected health information gathered from other organizations by any health care professional, employee, or volunteer who participates in your care.

### USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

1. In some circumstances we are permitted or required to use or disclose your protected health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:
  - a. Uses or disclosures for purposes relating to treatment, payment and health care operations:
    - i. *Treatment:* We may use or disclose your protected health information for the purpose of providing, or allowing others to provide, treatment to you or any other individual. An example would be if your physician discloses your health information to another doctor for the purposes of a consultation. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that be of interest to you.
    - ii. *Payment:* We may use and/or disclose your protected health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for payment for health care services provided to you.
    - iii. *Health Care Operations:* We may use and/or disclose your information for the purpose of our day-to-day operations and functions. We may also disclose your information to another covered entity to allow it to perform its day to day functions to the extent that we both have a relationship with you, or it we are part of an “organized health care arrangement” with the other entity, such as the hospitals where our physicians practice. For example, we may compile your protected health care information, along with that of other patients, in order to allow us to review that information and make suggestions concerning how to improve the quality of care
      1. To create material(s) at originally had any identifying information concerning you deleted from the final material(s);
      2. To create materials that have most of the identifying information about you deleted from the final materials, to allow other entities to conduct research, public health or health care operations activities;

3. When required by law;
  4. For public health purposes;
  5. To disclose information about victims of abuse, neglect, or domestic violence;
  6. For health oversight activities, such as audits or civil, administrative, or criminal investigations;
  7. For judicial or administrative proceedings;
  8. For law enforcement purposes;
  9. To assist coroners, medical examiners, or funeral directors with their official duties;
  10. To facilitate organ, eye, or tissues donation;
  11. For certain research projects that have been evaluated and approved through a research approval process that considers patients' need for privacy;
  12. To avert serious threat to health and safety;
  13. For specialized government functions, such as military, national security, criminal corrections or public benefit purposes; and
  14. For workers' compensation purposes, as permitted by law.
2. We may also disclose to your relative or close personal friends any protected health care information that is directly related to that person's involvement in the provision of, or payment for, your care. We may also use and disclose your protected health information for the purpose of locating and notifying your relatives or close personal friends of your location and general condition or death, and to the Organizations that are involved in those tasks during disaster situations. Except in emergency situations, we will inform you that we intend to share information in this way and will give you an opportunity to object.
  3. Except as described above, disclosures of you protected health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

### **YOUR RIGHTS**

1. *To Request Restrictions:* You have the right to request restrictions on the use of your protected health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request. If we do agree to a restriction, we will abide by that restriction unless you need emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact Person listed on the final page of this Notice.
2. *To Limit Communications:* You have the right to receive confidential communications about your own protected health information by alternative means or at alternative locations. This means you may, for example, designate that we contact you only via email, or at work rather than home. To request communications via alternative means or alternative locations, you must submit a written request to the Contact Person listed on the final page of this Notice. All reasonable requests will be granted.
3. *To Access and Copy Health Information:* You have the right to inspect and copy any protected health care information about you that we use to make decisions about you, other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal, or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records or to receive a copy of your records, you should submit a written request to the Contact Person listed on the final page of this Notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.
  - a. Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing access would be

reasonably likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

- b. In addition, access may be denied if (1) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else, (2) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or (3) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is ultimately denied, the reasons for that denial will be provided to you in writing.
4. *The Request Amendment:* You may request that your protected health information be amended. Your request may be denied if the information in question was not created by us (unless you show that the original source of the information is no longer available to see amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your protected health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend protected healthcare information must be submitted in writing to the Contact Person listed on the final page of this Notice.
5. *To an Accounting of Disclosures:* You have the right to an accounting of any disclosures of your protected health care information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for: (1) disclosures made for the purpose of carrying out treatment, payment or health care operations, (2) disclosures made to you, (3) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying family or friends about your whereabouts, (4) disclosures for national security or intelligence purposes, (5) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of the disclosure, (6) disclosures that occurred prior to April 14, 2003, (7) disclosures made pursuant to an authorization signed by you, (8) disclosures that are part of a limited data set, (9) disclosures that are incidental to another permissible use or disclosure, or (10) disclosures that are made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact Person listed on the final page of this Notice.
6. *To a Paper Copy of this Notice:* You have the right to obtain a paper copy of this Notice upon request.

#### **OUR DUTIES**

1. We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices.
2. We are required to abide by the terms of this Notice and to make those changes applicable to all protected health information that we maintain. Any changes to this Notice will be posted at our office and will be available from us upon request.

#### **COMPLAINTS**

You can complain to us and to the Secretary of the federal Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact Person set forth below. This Contact Person will also provide you with

further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

**DESIGNATED CONTACT PERSON**  
Aimee Johnson, 360-376-7778  
1286 Mount Baker Road, B102  
Eastsound, WA 982