
OVERLAKE INTERNAL MEDICINE ASSOCIATES, P.S.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND YOUR RIGHTS RELATED TO USE AND/OR DISCLOSURE. PLEASE REVIEW IT CAREFULLY.

We consider your personal health information to be very sensitive and maintaining the privacy of this information is important to us. Applicable federal and state laws require us to maintain the privacy of your protected health information (PHI). We will not use or disclose your health information to others without your authorization, except as described in this Notice or as required by law.

Please contact our Privacy Officer at (425) 454-5046, if you have any questions about this Notice.

Protected Health Information Defined

PHI is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

Uses and Disclosures Permissible Without Your Written Authorization

Under the law, we may use and disclose PHI without your written authorization under certain circumstances. The examples provided are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.

- **Treatment.** We may use and disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service. As another example, we may contact you to remind you about appointments.
- **Payment.** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

- **Health Care Operations.** We may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, or licensing. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We may use or disclose your information to conduct or arrange for services, including medical quality review by your health plan, accounting, legal, risk management, and insurance services and audit functions, including fraud and abuse detection and compliance programs.
- **Required or Permitted by Law.** We must make any disclosure required by state, federal or local law.
- **Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- **Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to provide transcription or billing services. All of our business associates must agree, in writing, to safeguard your health information, as a matter of contract with us.
- **Military, Veteran and Department of State.** We may disclose PHI to the military authorities of U.S. and foreign military personnel. For example, the law may require us to provide information necessary to a military mission.
- **Workplace Injury or Illness.** Washington State law requires the disclosure of PHI to the Department of Labor and Industries, the employer, and the payer (including a self-insured payer) for workers' compensation and for crime victims' claims. We may also disclose PHI for work-related conditions that could affect employee health. For example, an employer may ask us to assess health risks on a job site.
- **Research.** We may use or disclose PHI to researchers if the research has been approved by an institutional review board or a privacy board and there are policies to protect the privacy of your health information. We may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in the research project, as long as they do not remove or take a copy of, PHI.
- **Organ Procurement Organizations.** Consistent with applicable law, we may disclose PHI to organ procurement organizations (tissue donation and transplant) or persons who obtain, store or transplant organs.
- **Public Health Risks and Safety.** We may disclose PHI to public health or legal authorities. Examples include, disclosure to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; to prevent or control disease, injury or disability; to report vital statistics such as births and deaths; to report suspected abuse or neglect to public authorities; to prevent or reduce a serious, immediate threat to the health or safety of a person or the public.

- **Notification of Family and Others.** *Unless you object,* we may disclose to a family member, friend or other person(s) you identify, PHI that directly relates to that person's involvement in your health care. If you are present, then prior to disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also 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 medications, medical supplies, or other similar health related requests.
- **Lawsuits and Disputes.** We are permitted to disclose PHI in the course of judicial/administrative proceedings at your request or as directed by subpoena or other court order. We may also use or disclose PHI to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** We may disclose PHI to law enforcement officials as required by law or when we receive a warrant, subpoena, court order or other legal request.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner or funeral director consistent with applicable law to allow them to carry out their duties.
- **Correctional Institutions.** If you are in jail or prison, we may disclose your PHI as necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or the safety and security of the correctional institution.
- **Disaster Relief.** *Unless you can and do object,* we may disclose your PHI to disaster relief agencies that seek this information to coordinate your care or provide notification to family or others of your location or condition.
- **National Security.** We are permitted to release PHI to authorized federal officials for national security purposes that are authorized by law.

Other Uses and Disclosures Which Require Your Written Authorization

Certain uses and disclosures of your PHI require your written authorization. They are:

- **Psychotherapy Notes.** If we record or maintain psychotherapy notes, we must obtain your authorization for most uses and disclosures.
- **Marketing Communications.** We must also obtain your written authorization ("Your Marketing Authorization") prior to using PHI to send you any marketing materials. (We may, however, provide you with marketing materials in a face-to-face encounter, without obtaining Your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining Your Marketing Authorization.) In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services

and products that may be beneficial to your health and then contact you about the services and products.

- **Sale of Health Information.** Disclosures that constitute a sale of your PHI require your authorization.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may cancel your authorizations for these uses and disclosures of your PHI by submitting a written revocation. Your revocation will not affect information that was already released prior to the time your revocation was received.

Some types of information have greater protection under Washington State or federal laws. The above disclosure practices don't necessarily apply to these types of information, which include information about sexually transmitted diseases, drug and alcohol abuse treatment records, genetic information, mental health records, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

Your Rights Regarding Your Protected Health Information

- **Right to Inspect and Copy.** You may request access to your medical record and billing records maintained by us in order to inspect and request copies of the records. You may make this request in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the costs of copying and sending you requested records.
- **Right to Alternative Communications.** You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication, such as electronic or to receive it at another location.
- **Right to Notice of a Breach.** You have the right to be notified if we become aware of a breach of your unsecured PHI.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on PHI we use or disclose for treatment, payment or health care operations. We are not required to grant the request unless the request is to restrict disclosure of your PHI to a health plan for payment or health care operations and the PHI is about an item or service for which you have paid in-full, directly. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. Your request must state the specific restriction(s) requested and to whom you want the restriction to apply. We are not required to agree to any such restriction you may request.
- **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations. This accounting will be made available once in any 12-month period, for free. For additional requests within the same period, we may charge you a reasonable fee for providing the accounting.

- **Right to Request Amendment.** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. Your request, our denial, if applicable, and your statement of disagreement, if applicable will be stored in your medical records and included with any medical records release.
- **Right to Obtain Notice.** You have the right to obtain a paper copy of the most current version of this Notice of Privacy Practices.

To Ask for Help or Make a Complaint

If you have a question, want more information, want to report a problem or file a complaint you may contact our Privacy Officer at 1407 116th Avenue NE, Suite 200 Bellevue, WA 98004 or by calling (425) 454-5046. You may also file a written complaint with the Department of Health and Human Services Office for Civil Rights (OCR). We will not retaliate against you if you file a complaint with the OCR or our office.

Effective Date and Changes to This Notice

This Notice is effective on September 1, 2013. We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice. This Notice is available on our website; www.oima.org. You may also obtain any revised Notice by contacting the Privacy Officer at (425) 454-5046.