



Effective April 14, 2003

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

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes the limits to which we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system, unless the release is required or authorized by law or regulation.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

Each patient is asked to sign a consent form referencing this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. However, the delivery of your health care services will in no way be contingent upon your signed acknowledgment. We will provide you appropriate care whether or not you sign the form.

WHO WILL FOLLOW THIS NOTICE

This notice describes Valley Medical Center (VMC) practices regarding your protected health information. As authorized in its Medical Staff Policies, Valley Medical Center has an **Organized Healthcare Arrangement** which includes all Medical Staff as participants in this Notice of Privacy Practices.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected Health Information” is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. All VMC facilities are required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by accessing the Valley Medical Center web site at www.valleymed.org/privacy, or asking for a copy at your next hospital visit or Clinic appointment.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a VMC contractor who provides care to you. We may disclose your protected health information to another physician, or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities VMC will undertake to seek approval for care and payment for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay might require that your relevant protected health information be disclosed to obtain approval for the hospital admission.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of medical students, licensing, communications about a product or service, and conducting or arranging for other health care related activities.

For example, we may disclose your protected health information to medical school students seeing patients at VMC. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third-party “business associates” who perform various activities (for example, billing, transcription services). The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about our VMC and the services we offer. We may also send you information about products or services that we believe might benefit you.

Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure.

Public Health

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, or problems and product defects and deviations.
- Track products.
- Enable product recalls.
- Make repairs or replacements.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Crimes occurring at a VMC site
- Medical emergencies (not on the VMC premises) believed to result from criminal conduct

Coroners, Funeral Directors, and Organ Donations

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaver organ, eye, or tissue donations.

Research

We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual with a subpoena or other legal request.

Military, Veterans, National Security and Other Government Purposes

If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. The Hospital may also disclose medical information to federal officials for intelligence and national security purposes, or for presidential Protective Services.

Workers' Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

Parental Access

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. Some state laws also restrict such disclosures. We will abide by all laws related to your privacy, and will only make disclosures consistent with such laws.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

VMC Patient Roster

Unless you direct us otherwise, we will use and disclose in our VMC patient roster your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people who ask for you by name. Only members of the clergy will be told your religious affiliation.

Individuals Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized

public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request or electronic message to VMC's Privacy Officer. VMC's Privacy Officer or designee will assist you with your request and can guide you in pursuing these options.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that VMC uses for making decisions about you. To request your medical information, contact Medical Records at the hospital or at your clinic. If you do so, and want copies, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You may review your records at our facility during regular business hours for no charge.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or other health care operations

VMC will endeavor to honor your requested restriction. However, if VMC reasonably believes that the restriction is not in the best interest of either party, or the VMC cannot reasonably accommodate the request VMC has the right not to agree.

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendments, we are not required to agree to the amendment. Requests for amendment to records must be made in writing to the Medical Record Manager.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for

purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, for a VMC directory, to family members or friends involved in your care. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from any VMC Clinic or at the main hospital main admitting or view it electronically at the Valley Medical Center web site at www.valleymed.org/privacy

FEDERAL PRIVACY LAWS

This VMC Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, and the Washington State "Patient Bill of Rights". These laws have also been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

COMPLAINTS

Please tell us about any problems or concerns you have with your privacy rights or how the Hospital uses or discloses your medical information. If you have a concern, please contact Valley's Privacy Officer at PrivacyOfficer@ValleyMed.Org or by telephone at (425) 656-5581. If for some reason the Hospital cannot resolve your concern, you may also file a complaint with the federal government through the Office of Civil Rights. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

CONTACT INFORMATION

You may contact the Privacy Officer for further clarification by email at PrivacyOfficer@ValleyMed.Org or by mail at:

C/O Privacy Officer
Valley Medical Center
400 South 43rd Street
P.O. Box 50010
Renton, WA 98058
(425) 656-5581

This notice is effective in its entirety as of April 14, 2003.