

# CASCADE NATURAL MEDICINE NOTICE OF PRIVACY PRACTICES

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.

## Your Rights

When it comes to health information, you have certain rights. This section explains your rights and some of our responsibilities to help you

### **Request an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **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.

### **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.
- If you pay for a service or health care 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.

### **Request 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 to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for disclosures related to treatment, payment, healthcare operations, or disclosures you have authorized.
- We’ll provide an accounting each year for free but will need to charge a reasonable cost-based fee if you ask for another one within 12 months.

### **Request 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.

### **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**

- If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to Candace Aasan, Clinic Director at

Cascade Natural Medicine. You may also file a complaint with the U.S. Department of Health and Human Services Office of 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). If you complain, we will not retaliate against you.

### **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.

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. 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

**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 share your health information?**

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

**Treat you**

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: Let you know about health-related events or services.

**Bill for your services**

- We can share your health information to bill and get payment from health care plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

### **Pharmacy Benefit Manager**

In order to provide continuity of care in your medication prescriptions, we will download your prescription history if available from your pharmacy benefit manager through the electronic health record. You may request that we do not access this information for your health care by contacting our Clinic Director.

### **Health Information Exchange**

The electronic health record system operated by Cascade Natural Medicine may be accessed by your health care provider(s) via secure remote access or secure health information exchange processes. If you do not wish to allow authorized providers, nurses, and or other clinicians involved in your care outside of Cascade Natural Medicine to use or disclose your medical information with one another through

electronic means, you may opt-out by signing the Cascade Natural Medicine HIE Opt-Out Request Form. If you opt-out of electronically sharing your medical information, your medical information will continue to be used in accordance with this Notice and applicable law, but will not be made electronically available to health care providers outside of Cascade Natural Medicine.

### **Washington State Immunization Information Systems**

We share your immunization records with the state registry in order for all providers caring for you to have the most complete record of your immunization history. If you do not wish to participate in this registry, you may submit your request to the Immunization Information System at:

Washington State Immunization Information System

Office of Immunization and Child Profile

PO Box 47843

Olympia, Washington 98504-7843

Phone: 360-236-3595 or 1-866-397-0337

### **Other Uses and Disclosures**

#### **How else can we 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 please see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

#### **Help with public health and safety**

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 law requires 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 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.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

#### **Changes to the terms of this notice**

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The new notice will be available upon request, in our clinics, and on our website:

CascadeNaturalMedicine.com

If you have questions, need more information, or want to report a problem about the handling of your protected health information, you may contact: Clinic Director, Candace Aasan, at 425-820-7700