

## Notice of Privacy Practices

During your treatment with Northwest Geriatrics doctors, nurses and caregivers may gather information about your medical history and current health information. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Northwest Geriatrics.

Northwest Geriatrics is committed to protecting patient privacy. We are required by law to provide you with this Notice of Privacy Practices and to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect/ and notify you in the event there is a breach of any unsecure protected health information about you.

### **I. When We May Use and Disclose your Medical Information With Your Written Authorization**

- With your authorization- For any purpose other than the ones described below, we may use or disclose your health information only when you have given us your written authorization.
- Marketing- We will obtain your written authorization before using your health information to send marketing materials.
- Highly confidential information – There are additional protections for certain confidential health information. For example: psychotherapy notes, diagnosis, prognosis or treatment for alcohol or drug dependency, HIV testing or results, may require a special authorization.

### **II. When We May Use and Disclose Your Medical Information Without Your Written Authorization**

- Payment – We may use or disclose your information to obtain payment for services provided to you.
- Treatment – We may disclose your information to another healthcare provider so they can treat you; or to provide information about treatment alternatives.
- Healthcare operations – This includes your information for certain activities that are necessary to operate the practice and ensure that patients receive quality care. For example, we may use your information to review the performance of staff.
- Reminders – To remind you of appointments or other information about new or alternative treatment or other healthcare services for the purposes of care coordination.
- As required by law – We will disclose your medical information if we are required to do so by federal, state or local law.
- Business Associates – We may disclose information about you to our business associates so they can perform the services that we have contracted them to do for us. For example we may disclose your information to attorneys, collection and accreditation organizations.
- Public health activities - We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- Research – We may use and disclose your medical information for research purposes either with your specific, written authorization or if the research has been approved and reviewed for privacy. Researchers may review your health information in a limited manner to determine if the study or participants are appropriate
- Special Circumstances – We may use and disclose your medical information in these special circumstances:
  - Organ and tissue donation
  - Health oversight activities (as required or allowed by law)
  - Judicial and administrative proceedings
  - Workers compensation
  - Coroners, medical examiners and funeral directors
  - National security and intelligence activities
  - Law enforcement

**III. Disclosures We Make Unless You Object**

- To others involved in your care – We may provide information to family friends or other people involved in your healthcare or payment for your healthcare

**IV. Your Rights Regarding Your Medical Information**

- Right to inspect and copy your health information – You may request access to your health information to review or request copies of the information. This usually includes medical and billing records maintained by Northwest Geriatrics.
- Right to requested restrictions to the use or disclosure of your health information – You have the right to request restrictions on the use or disclosure of your medical record to your health plan for payment or health care operations if you have paid in full for the treatment out-of-pocket. This request must be in writing and identify what information you want to limit, how you want to limit the use and/or disclosure, and to whom you want the limits to apply.
- Right to request to correct or amend your health information – You may ask us to correct your health information. We will consider all requests and may deny your request for legitimate reasons, for example, if we determine that the record is accurate and complete. To request a correction you must send in a written request to the address below.
- Right to request confidential communications – You can request that we communicate with you about medical matters in a certain way.
- Right to be notified of a breach – We will notify you in the event of a breach of your protected health information.
- Right to receive an accounting of disclosures of your records – You can request a list of certain disclosures we have made for your health information. This information will not include disclosures for treatment, payment, healthcare operations, disclosures you have authorized and certain other disclosures. To request this list of disclosures you must submit your request in writing to the address below and must state the time period for which you would like the accounting.
- Right to a paper copy of this notice – You have the right to receive a paper copy of this notice and may ask for a copy at any time by contacting our office at (206) 275-3588. This notice is also available on our website: [www.nwgeriatrics.com](http://www.nwgeriatrics.com).

**V. Changes to 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. If the terms of this notice are changed, Northwest Geriatrics will provide you with a revised notice upon request and will post the revised notice [www.nwgeriatrics.com](http://www.nwgeriatrics.com).

**VI. Complaints or Questions**

If you have any questions about this Notice or wish to file a privacy complaint, please contact our office at (206) 275-3588 or by sending a letter to:

Northwest Geriatrics  
ATTN: Privacy Officer  
PO Box 1526  
Mercer Island WA 98040

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1-877-696-6775

Or on-line at:

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)