

NOTICE OF PRIVACY PRACTICES SUMMARY

We respect your privacy and understand that your medical information is personal and sensitive. Moreover, we are required by law to make sure that medical information that identifies you is kept private. This *Notice* summarizes how we may use or disclose your protected health information at our clinic.

SECTION 1: Use and disclosure of health information related to treatment, payment and healthcare operations.

1. **Treatment:** To provide, coordinate or manage your health care and related services.
2. **Payment:** To obtain payment for services
3. **Healthcare operations:** For our own operations such as third party business (billing, collections, record management), quality control and compliance monitoring.

SECTION 2: Other use and disclosure

1. Per your authorization
2. Legally permitted with opportunity to object
 - a. Others involved in your healthcare: family member or friend that you have identified
 - b. Medical emergency
 - c. Communication barriers
1. Legally permitted with no opportunity to object
 - a. When required by law
 - b. For public health: controlling disease, injury or disability
 - c. Health oversight and compliance monitoring: audits, investigations, inspections
 - d. Suspected abuse, neglect or domestic violence
 - e. To the FDA: report adverse events, product defects
 - f. Legal proceedings: in response to subpoena or other lawful process
 - g. Law enforcement: as required by law
 - h. Research: to institutional review board with approved research with established protocols to protect privacy
 - i. Military activity and National Security
 - j. Worker's Compensation
 - k. Coroners, funeral directors and organ donation
 - l. Inmates: release information to a correctional institution for the purpose of healthcare and/or safety

SECTION 3: Specially-protected information. Special laws may restrict the use and disclosure of medical information related to mental health conditions, substance abuse, sexually transmitted diseases and HIV / AIDS. For example, we generally do not disclose specially protected information in response to a subpoena or other compulsory process unless: 1) you provide written authorization; or 2) a court orders the disclosure and mandates the necessary safeguards to protect the information after it is released.

SECTION 4: Your Rights. You have the following rights with respect to your protected health information

1. Right to inspect and obtain a copy of your health record
2. Right to request restriction on the use or disclosure of your protected health information: Must be in writing and indicate specific restriction and to whom or in what situation, however we are not required to agree to the restriction.
3. Right to alternative communications
4. Right to amend or correct your health record if you believe it is inaccurate or incomplete
5. Right to receive an accounting of certain disclosures we have made
6. Right to receive a paper copy of this *Notice*

SECTION 5: Complaints, comments and inquiries. If you believe your privacy rights have been violated, you may report the suspected violation to us by contacting 360-352-1868 or by contacting the Secretary of Health and Human Services. We will take no punitive action against you for filing a complaint.

This notice becomes effective on **January 1st 2012.**