



# NOTICE OF PRIVACY PRACTICES

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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.**

*Effective Date: July 29<sup>th</sup>, 2013*

If you have any questions about this notice,  
please contact our Privacy Officer at 425.899.1939.

## **WHAT INFORMATION IS PROTECTED**

Medical information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental condition; the care provided; or the past, present or future payment for your healthcare.

## **WHO WILL FOLLOW THIS NOTICE**

- All departments and services of EvergreenHealth, including all employees, staff and other authorized personnel of these entities and any member of a volunteer group allowed to help you while you receive services from or at an EvergreenHealth facility.
- Members of the Medical Staff and other independent healthcare providers not employed by EvergreenHealth who provide healthcare services occurring in or at our facilities, including those we have entered into an "organized healthcare arrangement" with as authorized by law.
- All other health care professionals and their staff authorized to access your information maintained at EvergreenHealth. Your independent healthcare provider may have different privacy policies or notices regarding the use and disclosure of your medical information created in his or her office or clinic, and you should discuss such policies with that person or entity.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

**Treatment** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other authorized personnel who are involved in your health care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of EvergreenHealth also may share medical information about you in order to coordinate services you need, such as prescriptions, lab work and x-rays.

**Payment** We may use and disclose medical information about you so that we can collect payment from you, your insurance company, or another third party for the treatment and services you receive at EvergreenHealth. For example, we may need to give your health plan or health insurer information about a surgery you had so it will pay us or reimburse you for the surgery. We may also tell your health plan or health insurer about a treatment you are going to receive to obtain prior approval or to determine if your insurance plan will cover it.

**Health Care Operations** We may use and disclose medical information about you for operational purposes. These uses and disclosures are necessary to run EvergreenHealth efficiently and effectively and to make sure that all of our patients receive quality care. For example, we may use medical information to review and improve the care you receive, to provide training, to help decide the services we offer, and what rates to charge. We may also share your medical information with other individuals (such as consultants and attorneys) and

organizations that help us with our business activities. If we share your medical information with other organizations for this purpose, they must also agree to protect your privacy as required by law.

**Research** Under certain circumstances, we may use and disclose medical information about you for research purposes provided that certain steps are in place to protect your privacy. In these cases, a research review board will usually review and approve the research project to ensure that adequate privacy protections are in place. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

**Contact You** Your medical information may also be used to contact you. We may call or write you to remind you that you have an appointment or recommend possible treatment options and alternatives. We may also tell you about health-related benefits, services or health care education classes or health fairs that may be of interest to you.

**Public Health and Safety** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report vital statistics such as births or deaths
- To report suspected abuse, neglect or domestic violence to the appropriate government authority
- To report reactions to medications or problems with products
- To employers for work-related illness or injury
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

**Other Permitted Uses and Disclosures** We may also use and disclose your medical information to protect patient safety, ensure that our facilities and staff comply with government and accreditation standards, and when otherwise allowed by law. For example, we provide or disclose information:

- As required by federal, state or local laws
- To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm
- To organ procurement organizations as necessary to facilitate organ or tissue donation and transplantation
- To a health oversight agency for audits, investigations, inspections and licensure to ensure compliance with health care laws
- To coroners, medical examiners and funeral directors
- In response to a court order, subpoena, discovery request or other lawful purpose

- To law enforcement when required or allowed by law
- To worker's compensation or similar programs to process a claim
- To government officials when required for national security activities as authorized by law

**Armed Forces** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

## **USES AND DISCLOSURES WHERE YOU HAVE THE RIGHT TO OBJECT**

**Facility Directory** We may include certain limited information about you in a facility directory while you are an inpatient at Evergreen Hospital. This information includes your name, location and your general condition (such as fair, stable, or critical). We may provide this information to someone who asks for you by name. If you choose to provide your religious affiliation, we may provide your name and room number to clergy with your stated religious affiliation. If you do not want to be listed in the Facility Directory, you must notify the patient registration staff or your nurse.

**Fundraising Activities** We may release certain information to our Foundation so that it may contact you to give you the opportunity to make donations that will help further the mission of EvergreenHealth. The information released can be your name, address, phone number, date of birth, age, gender, insurance status, the dates you received treatment or services from us, the department of service, treating physician, and outcome. You may contact our Privacy Officer if you do not want our Foundation to contact you for this purpose.

**Disclosure to Family, Friends or Others** Unless you object, your healthcare provider will use his or her professional judgment to provide relevant medical information to your family member, friend, or another person. This person would be someone that you indicate has an active interest in your care or the payment for your healthcare or who may need to notify others about your location and general condition.

### **Disaster Relief Purposes**

We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by law to assist in disaster relief efforts so that your family can be notified.

## **USES AND DISCLOSURES NOT PERMITTED WITHOUT YOUR AUTHORIZATION**

**Psychotherapy Notes** We may not use or disclose psychotherapy notes without your written authorization.

**Marketing** We may not use or disclose your medical information for marketing purposes or for disclosures that constitute a sale of medical information without your written authorization.

### **Specially Protected Information**

Special state and federal laws apply to certain classes of patient health information. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

### **OUR OBLIGATIONS**

EvergreenHealth is required by law to maintain the privacy of your medical information, to notify you following a breach of unsecured medical information, and to provide you with a notice of its legal duties and privacy practices. This notice explains how your medical information may be used and/or disclosed as permitted or required by law. It also describes your rights to access and control your medical information. We are required to abide by the terms of this notice. Your medical information will not be used or disclosed except as indicated in this notice and we reserve the right to change the terms of this notice at any time. The new notice will be effective for all medical information that we maintain at the time of the change. A current copy of this notice will be posted at patient registration areas and on our website at [www.evergreenhealth.com](http://www.evergreenhealth.com).

### **YOUR RIGHTS**

*Note: You may exercise any of the rights described below, or ask questions about these rights, by contacting the Privacy Officer at 425.899.1939.*

You have the right to:

- **Request restrictions** by asking that we limit the way we use or disclose your medical information for treatment, payment or health care operations. You may also ask that we limit the information we give to someone who is involved in your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will honor your restriction unless it is an emergency. We will ask you to make your request in writing.
- **Restrict disclosure to a health plan** if the service has been paid for, by you or an individual on your behalf, in full. We are required to agree to your request and will ask that you make your request in writing.
- **Ask that we communicate with you** by another means to preserve confidentiality. For example, if you want us to communicate with you at a different address or telephone number we can usually accommodate your request if it is reasonable. We will ask that you make your request in writing.
- **Request access to or a copy of your medical information** in electronic or paper format. We will ask that you make your request specific and in writing. We may charge a reasonable fee for the cost of producing and mailing the copies. In certain situations, we

may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial.

- **Ask us to amend your medical information** in our records that you believe is incorrect or incomplete. Your request for amendment must be in writing and provide the reason for your request. In certain cases, we may deny your request. If so, we will notify you in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included with your medical information.
- **Request an accounting of disclosures** by asking us in writing for a list of the disclosures we have made of your medical information, except for disclosures for treatment, payment, healthcare operations, information provided to you, facility directory listings, and certain government functions. You may request up to the last six years and you will receive one list per year at no charge. If you request another list during the same year, we may charge you a reasonable fee.
- **Receive a paper copy of this notice** at any time. We will offer you a copy of the notice the first time you register or present for treatment or health care services at EvergreenHealth. You may also obtain a copy of the latest revision of this notice at our website, [www.evergreenhealth.com](http://www.evergreenhealth.com).

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission prior to a revocation, and that in any event we are required to retain our records of the care that we provided to you.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may contact the Privacy Officer at 425.899.1939 or submit your complaint in writing to Privacy Officer, EvergreenHealth MS #49, 12040 NE 128<sup>th</sup> Street, Kirkland, WA 98034. If we cannot resolve your concern, you may also contact the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**