

**The Regional Hospital for Respiratory and Complex Care
12844 Military Road South, Tukwila, WA 98168**

NOTICE OF PRIVACY PRACTICES

Effective Date: 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.

Understanding Your Health Record/Information

The Regional Hospital originates, records and maintains health information about the patient describing the health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- A source of information for applying the diagnosis and surgical information to your bill
- A means by which a third-party payer (insurance companies, governmental or private entity responsible for paying a patient's bill) can verify that services billed were actually provided
- A tool for routine health care operations, such as assessing quality and reviewing the competence of health care professionals
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- A source of data for medical research
- A source of data for facility planning and marketing
- A source of information for public health officials charged with improving the health of the nation
- Understanding what is in your record and how your health information is used helps you to:
 - * Ensure its accuracy
 - * Better understand who, what, when, where, and why others may access your health information
 - * Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the hospital, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the Notice of Privacy Practices upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524 and RCW 70.02.030
- Amend your health record as provided in 45 CFR 164.526
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528 and RCW 70.02.020
- Request communications of your health information by alternative means or at alternative locations

- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

Regional Hospital is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Chief Privacy Officer at (206) 248-4549.

If you believe your privacy rights have been violated, you can file a complaint with the Chief Privacy Officer or with The Department of Health and Human Services. There will be no retaliation for filing a complaint.

Please bring any privacy complaints you may have to the attention of the Chief Privacy Officer located in room #242 of the hospital. The person most appropriate to address your complaint will provide you with a written or verbal response in a timely manner.

A complaint may be filed with Office for Civil Rights/Department of Health and Human Services either on paper or electronically (www.hhs.gov/ocr/hipaa/). The mailing address and telephone number is:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257 or Toll Free: 1-877-696-6775

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer (insurance companies, governmental, or private entity responsible for paying your bill). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department, radiology and laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do in performing a function or activity on behalf of The Regional Hospital that involves the creation, use or disclosure of protected health information and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when 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 health information.

Deceased Individuals: We may disclose health information to funeral directors, coroner or medical examiner consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Employee benefits: We may contact you to communicate about health insurance products offered by the hospital that could enhance or substitute for existing health plan coverage. This includes communications that describe a health-related product or service, or the payment for such a product or service that is provided by the hospital or included in its plan of benefits.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Government authority: We may disclose your health information to a government authority, including a social service or protective services agency, authorized by law, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

NOPP_04/14/03