# **Evergreen Pediatric Clinic Notice of Privacy Practices**

This notice lays out how your health information may be used and shared. It also explains how you can get your health information.

**Evergreen Pediatric Clinic** respects your privacy. We know that your protected health information (PHI) is private. The law protects the privacy of the health information that we create and store. Your PHI may involve:

- symptoms
- test results
- diagnoses
- treatment
- health information from other doctors
- billing and payment information

We will not use or share your PHI with others without your approval, except as explained in this Notice, or as needed by law.

# 1. Your health information rights

The health and billing records we create and store belong to **Evergreen Pediatric Clinic**. But, the information in it belongs to you. You have the right to:

- Get, read, and ask questions about this Notice
- Ask us to limit how your PHI is used or shared. We do not have to do this unless it is to limit how we share your PHI with a health plan for:
  - payment
  - health care operations
  - items or care you paid for in full
- A paper copy of the most recent version of this Notice
- A copy of your PHI, which you may ask for using the correct form
- Have us review a denial of access to your PHI—except in certain events
- To ask for a change to any health information that is wrong
- A list of certain disclosures of your PHI. The list will not include disclosures for treatment, payment, or health care operations. You may get this PHI without charge once a year. If you ask for this information more than once a year, you may be charged a fee.
- Get your PHI through other private messaging or at some other location
- Cancel pre-approvals to use or share PHI by giving us a written revocation. This does not impact information that has been released before the request. It also does not impact any action taken before we get the revocation. Sometimes, you cannot cancel a pre-approval if its purpose was to get a health plan.

You may ask for any of the above in writing. You may write a statement of disagreement if your request for PHI is denied. It will be stored as a part of your health record.

For help with these rights, please call: Evergreen Pediatric Clinic-Office Manager

# 2. Our responsibilities

We must:

- keep your PHI private
- give you this Notice
- follow the terms of this Notice for as long as it is in effect
- tell you if we know of a breach of your unsecured PHI

We reserve the right to:

- change our privacy practices and the terms of this Notice
- make the new privacy practices and notice provisions effective for PHI that we store

If we make changes, we will tell you. You may ask for the most recent copy of this Notice by calling or coming to our office.

# 3. Asking for help or filing a complaint

If you have questions, want more information, or want to report a problem about how your PHI was handled, you may reach:

# Evergreen Pediatric Clinic – Office Manager 360-892-1635

If you believe your rights have been violated, you may:

- Share your issues with any of our staff
- Send a letter or e-mail to Office Manager at Evergreen Pediatric Clinic
- File a complaint with the Dept. of Health and Human Services Office for Civil Rights (OCR)

We respect your right to file a complaint with us or with the OCR. If you complain, we will not act against you.

## 4. How we may use and share your PHI

Under the law, we may **use or share your PHI** in certain events without your approval. Below are cases in which we may **use and share your PHI** for treatment, payment, and health care operations. Some ways of using and sharing PHI may not be listed.

## For treatment:

- We may reach out to you to remind you about health-related visits
- We may use and share your PHI to find other treatment options or health-related services for you
- Information taken by a provider may be saved in your health record and used by our health care team to decide what care may be right for you
- We may also share as part of a referral to other providers outside our office

#### For payment:

- We ask for payment from your health plan, which calls for sharing your PHI
- We bill you or the party in charge of your health care if the care is not covered by your health plan

#### For health care operations:

- We may use your health records to check quality levels and make our services better for patients like you
- We may use and share health records to review the skills and performance of our providers and to train our staff
- We may use and share your PHI to arrange for:
  - Medical quality review by your health plan
  - Accounting, legal, risk management, and insurance services

- Auditing, including fraud and abuse detection and compliance programs

# For fund-raising:

• We may use certain demographic information and other health care service and health plan information to reach out to you. If we call you for fund-raising, you can opt out.

# We may also share your PHI:

- With Business Associates. We hire people and groups to do jobs for us or to give us certain types of services that may call for them to create, keep, use, and/or share your health information. We may share your health information with one of these parties, but only after they agree in writing to protect your health information. Examples include:
  - Billing services
  - Accountants
  - Others who perform health care services for us
- To notify your family. Unless you object, we may tell your family or friends your state of health and that you are in a hospital. We may also give your health information to:
  - A friend or family member who is involved in your health care
  - Someone who helps pay for your care
- For public health and safety purposes as allowed or as needed by law. We may give out PHI:
  - To stop or decrease the harm of a major, urgent threat to the health or safety of a person or the public
  - To public health or legal authorities:
    - To protect public health and safety
    - To stop or control disease, injury, or disability
    - To report vital stats, such as births or deaths
    - To report suspected abuse or neglect to public authorities
- For research. We may give out PHI to researchers if the research has been approved by an IRB or a privacy board and there are rules to protect your health data.
- With coroners, medical examiners, and funeral directors. We may give out PHI to funeral directors and coroners as consistent with the law to allow them to carry out their duties.
- With organ-collection groups. We may share PHI as applicable to the law, with organ-collection groups (tissue donation and transplant) or persons who get, store, or transplant organs.
- To the Food and Drug Administration (FDA) or groups subject to the jurisdiction of the FDA in the instance of problems with food, supplements, and products.
- With correctional institutions if you are in jail or prison. We may share your PHI as necessary for your health and the health and safety of others.
- With law enforcement. We may share PHI with law enforcement as needed by law. This could involve:
  - Reports of certain types of injuries or victims of a crime, or
  - When we are given a warrant, subpoena, court order, or other legal process
- With govt. health and safety oversight activities. We may share PHI with an oversight agency, like the Dept. of Health and Human Services, that may be doing an investigation.

- For disaster relief. We may share PHI with disaster relief groups to help them notify family or others of your health status.
- Military, Veteran, and Dept. of State. We may share PHI with the military powers of the U.S. and foreign military personnel, i.e. the law may call for us to give information needed for a military mission.
- For the purposes of lawsuits and disputes. We are allowed to share PHI during judicial/admin. proceedings at your request, or as asked for by a subpoena or court order.
- For National Security measures. We are allowed to share PHI with federal officials for national security purposes required by law.
- De-identifying information. We may use your PHI by deleting any information that could be used to name you.

# 5. Uses and disclosures that call for your approval

Certain uses and disclosures of your PHI need your written approval. This list explains reasons why we may share your PHI that would need your written approval:

- **Psychotherapy Notes:** If we record or store psychotherapy notes, we must get your approval for most uses and disclosures of these notes.
- **Marketing Communications**: We must get your approval to use or share your PHI for marketing purposes other than for face-to-face communications with you, promotional gifts of small value, and communications with you about prescribed drugs.
- Sale of Health Information: Disclosures that relate to the sale of your PHI need your approval.
- Other uses and disclosures of your PHI that are not described in this Notice will be made only with your written approval. You have the right to cancel pre-approvals for these uses and disclosures of your PHI by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we get the revocation statement. In some instances, you cannot cancel an approval if its purpose was to get a health plan.

# 6. Website

This Notice is available on our website: <u>www.evergreenpediatricclinic.com</u> .

# 7. Effective date

This Notice is effective as of April 30, 2024.