Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed, and how you can access this information.

Please review this document very carefully.

Mt. Shuksan Family Medicine and Dermatology (MSFMD) respects your privacy and we understand that your health information is very private. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or compels us to do so.

For treatment: Your health information may be used by our providers and staff members or disclosed to other health care professionals for the sole purpose of managing your health through evaluation, diagnostics and treatment plans.

For payment: Your health information may be used to coordinate payment from insurance companies, auto insurers, credit card companies that you use to pay for services provided, workers' compensation and potentially collection agencies for any unpaid accounts over 90 days. These payers may also need information, including but not limited to, diagnostics, procedures performed and recommended treatment plans in order to authorize payment. Services paid for without insurance may be requested by the patient to not be disclosed, unless required by law.

For health care operations: Your health information may be used in the daily operations of managing MSFMD in the form of: training new staff, measuring quality of care and performance of our health care providers, for accounting/legal and risk management services and audit functions of our business operations, and email communications regarding major changes to the practice, including but not limited to, location and provider changes.

Your Health Information Rights: All documents related to health and billing that we create are the property of MSFMD. The protected heath information in it, however, generally belongs to you. You have the right to:

- Receive, read and ask questions about this notice; Request and receive from us a paper or electronic copy of the most current Notice of Privacy Practices for Protected Health Information.
- Request us to restrict certain uses and disclosures to your personal health record. This request must be done in writing to MSFMD; we are not required to grant the request depending on the content.
- Request to see and get a copy of your protected health information. This request must be made in writing for documentation that will also be placed in your health record. For paper hard copies, applicable fees set by the state will apply. We are allowed 30 days to get this record to you by law.
- Request and receive an accounting of how and to whom your protected health information has been disclosed.

Notification to other parties: MSFMD may release your health information, with verbal/written consent:

- To a friend or family member who is/was directly involved in your medical care, or who helps pay for your care.
- We may tell your family or friend if you are in a hospital and we may disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information, if you object, we will not use or disclose it unless required by law.

We may disclose your protected health information without your authorization as follows:

- To our business associates who are involved in your care including, but not limited to: lab/pathology services, medical specialists to whom we may refer you, and pharmacy technicians.
- To funeral directors/coroners consistent with applicable law to allow them to carry out their duties.
- To the Federal Drug Administration relating to problems with food, supplements and products.
- To comply with workers' compensation laws if you initiate a workers compensation claim.

For public health and safety purposes as required by law:

- To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
- To public health or legal authorities including when there is suspected abuse or neglect; and to protect public health and safety including prevention/control of disease, injury or disability to others.
- To report vital statistics such as births or deaths.
- For law enforcement purposes including, but not limited to, subpoena, court orders or for other legal purposes.

Information breach: Your electronic health information is protected with high level encryption services. In the event of an information breach, it is our responsibility to notify you unless after completing a risk analysis, it is determined that there is a "low probability of PHI compromise", as required by law.

Our responsibilities: MSFMD is required to keep your protected health information private, give you this Notice for review, and to follow the terms of this Notice. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policy or practices may be required by changes in state or federal laws and regulations. We will then provide you with the most up to date Notice at your next office visit. Any updates to the notice will be applied to all protected health information that we maintain.

Complaints and contact person: If you have questions, need more information or want to report a problem about the handling of your protected health information, you may contact your provider in writing outlining your concerns with clear examples. Complaints will not cause any penalty to you as a patient.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.