

# Notice of Privacy Practices

**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: April 14, 2003**

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## Who Will Follow This Notice

This Notice describes our practices and that of:

- Any health care professional authorized to enter information into your chart at any of our facilities.
- Any member of a volunteer group we allow to help you while you are at our facilities.
- All of our employees and personnel including contracted or agency staff.
- Other independent health care practitioners who have agreed to follow and abide by the "joint notice of privacy practices" terms described below.

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## Joint Notice of Privacy Practices

We participate in the Mary Bridge Children's Health Alliance ("Alliance"), a network of providers specializing in pediatric health and related medical care. The Alliance and a number of other independent practitioners and facilities that participate in the Alliance network, including Mary Bridge Children's Hospital (a division of MultiCare Health System) and Tacoma General Hospital, have agreed to follow this Notice as a joint privacy practices notice in accordance with federal privacy laws. We may share your protected health information as permitted by federal and state law with the Alliance and the other providers participating in the Alliance that have agreed to follow this notice where there is a legitimate need to do so for treatment and payment purposes and for those operations activities of the Alliance that support the Alliance provider network. For more information about the Alliance and specific network participants that have agreed to follow this joint notice, please contact the Privacy Officer at (253) 848-2303.

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## Our Pledge and Responsibilities Regarding Your Protected Health Information

We understand that medical information about you and your health is personal. We are committed to protecting health information about you and are required under federal and state

law to take steps to protect this information. Under federal privacy laws, this information is called "protected health information." Protected health information includes certain information we have created or received that identifies you, including information regarding your health or payment for your health at our facility, whether by hospital personnel, your personal doctor or other practitioners involved in your care. It includes your medical records and personal information such as your name, social security number, address, and phone number.

We are required by law to:

- Take steps to protect the privacy of the medical information that identifies you;
- Provide you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

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## Uses and Disclosures of Your Protected Health Information

We use and disclose your protected health information in many ways related to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your protected health information are listed below.

### We may use or disclose your protected health information to provide you with medical treatment or services:

- To doctors, nurses, technicians, health care students or personnel who are involved in your care.
- To different departments to coordinate activities such as prescriptions, lab work and x-rays.
- To others outside our facility who may be involved in your medical care after you leave our facility, such as hospitals or others your physician or our facilities use to provide services that are part of your care.

Federal and state laws may place additional limitations on the use of your protected health information for drug or alcohol abuse, sexually-transmitted diseases or mental health treatment.

### As permitted by law, we may use or disclose your protected health information in relation to payment.

- To bill for treatment and services you receive at our facility.
- To collect payment for treatment and services you receive at our facility.
- To obtain prior approval for treatment and services from your insurance plan.

### We may use or disclose your protected health information in relation to health system operations.

- To administer or support our business activities or those of other health care organizations (as allowed by law) including providers and insurance plans.
- To other individuals (such as consultants and attorneys) and organizations that help us with our business activities. (Note: If

we share your protected health information with other organizations for this purpose, they also must agree to protect your privacy).

These uses and disclosures are necessary to operate the health system and ensure patients receive quality care. Examples could include review of treatment to evaluate staff or identify training needs, to review outcomes of care, or to send you a patient satisfaction survey.

### We may also use or disclose your protected health information in the following miscellaneous circumstances:

**Appointment Reminders** – To contact you as a reminder that you have an appointment for treatment at our facility.

**Treatment Alternatives** – To tell you about or recommend possible treatment options or alternatives.

**Health-Related Benefits and Services** – To tell you about health-related benefits, services, or medical education classes.

**Fundraising Activities** – To support fundraising efforts for our operations.

**Patient Directory** – To include limited information about you in the patient directory while you are a patient at our facility. This information may include your name, location in the facility and your general condition (e.g. fair, stable, etc.) and, with your permission, your religious affiliation. The directory information, except your religious affiliation, may be released to people who ask for you by name unless you have instructed us not to do so. Also, with your permission, we may tell members of the clergy your religious affiliation. This information helps your family and friends visit you in the facility and know your general health condition.

**Individuals Involved in Your Care** – To a caregiver who may be a friend or family member involved in your care.

**Research** – For research purposes, under certain circumstances. All research projects, however, are subject to special approval process. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are or will be involved in your care at the hospital.

**As Required By Law** – When required to do so by federal, state or local law.

### We may also use or disclose your protected health information in the following special situations:

**Organ and Tissue Donation** – To organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation, if you are an organ donor.

**Military** – As required by law, if you are a member of the armed forces.

**Workers' Compensation** – For workers' compensation or similar programs, including filing a report of accident with the state Labor & Industries Department or another worker's compensation program.

**Disaster Relief** – To an organization assisting in a disaster relief effort so that your family and friends can be notified about your general health condition and location.

**Public Health and Safety** – To agencies when necessary to prevent a serious threat to your health and safety or health and safety of the public or another person. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

**Health Oversight Activities** – To a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure.

**Lawsuits and Disputes** – In response to a court or administrative order, subpoena, discover request or other lawful process, if you are involved in a lawsuit or a dispute.

**Law Enforcement** – To law enforcement officials in limited circumstances for law enforcement purposes such as locating a suspect, fugitive, material witness, or missing person; reporting a crime; or providing information about a victim of a crime, if under certain limited circumstance, we are unable to obtain the person's agreement.

**Coroners, Medical Examiners and Funeral Directors** – To coroners, medical examiners or funeral directors as required by law and necessary to perform their duties.

**Military Activity and National Security** – To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law or in connection with providing protection to the President, other authorized personnel or foreign heads of state or to conduct special investigations.

**Correctional Facilities** – To a correctional facility or law enforcement official, if you are an inmate or under custody.

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### Other uses and disclosures of your protected health information

Other uses and disclosures of your protected health information not covered by this Notice or applicable laws will only be made with your written permission. You may revoke this permission by submitting a request in writing to our Privacy Office.

If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses or disclosures we have already made, with your permission, and that we are required to retain our records of the care that we provide to you.

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### Your rights regarding your protected health information

Unless indicated otherwise, you may exercise one of your privacy rights by submitting a written request to the Privacy Officer, 1910 Meridian Street S #A, Puyallup, WA, 98371. For more specific instructions on what information to include in your written request, contact the Privacy Officer at (253) 848-2303.

#### You have a right to:

**Request to inspect and/or copy certain protected health information that may be used to make decisions about your care.** Usually all this includes is medical and billing records, but does not include psychotherapy notes. To request an opportunity to inspect and/or copy your protected health information, contact the Privacy Officer at (253) 848-2303. You may be charged a fee for copying, mailing or other supplies associated with your request. In certain limited circumstances, we may deny your request to inspect and/or copy your protected health information. You may request that the denial be reviewed.

**Ask us to amend certain protected health information.** If you feel that information we have about you is incorrect or incomplete you can request an amendment for as long as the information is kept by or for us.

**Request an accounting of certain disclosures of protected health information we have about you listing all the disclosures we made of your protected health information to others except for the purposes of treatment, payment and health care operations identified previously.** The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Request restrictions.** You may request that we limit the way we use and disclose your protected health information. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Request Confidential Communications.** You may request confidential communications about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. You do not have to provide a reason, but the request must specify how or where you wish to be contacted.

**Receive a Paper Copy of this Notice.** You can request a copy of this Notice at any time from any of our employees.

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### Changes to this Notice

We reserve the right to change this Notice. Paper copies will be available at our facilities.

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### Questions and Complaints

If you have general questions about this Notice, please contact our Privacy Office by phone (253) 848-2303 or [dladenburg@mbcha.net](mailto:dladenburg@mbcha.net).

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer, 1910 Meridian Street S #A, Puyallup, WA, 98371. If we cannot resolve your concerns, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights, US DHHS, 2201 6th Avenue, Suite 900, Seattle, WA 98121-1831. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

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### Questions and Answers

#### What is the Notice of Privacy Practices?

The Notice of Privacy Practices informs you about how your personal and health information at our facilities may be used and disclosed, and your rights regarding that information.

#### Why am I receiving this Notice of Privacy Practices?

The Notice is required by a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We have been committed to patient privacy and confidentiality for many years, but compliance with HIPAA will make our privacy programs and information technology systems even better.

#### What am I supposed to do with the Notice?

Part of our responsibility under HIPAA is to ask for confirmation that you have received this Notice. We must request this confirmation by signature before or on the day you receive care from us. You will be asked to sign a Notice of Privacy Practices acknowledgement form at the time you receive this Notice. A parent or guardian may sign for a child under 18 years of age.

#### Who do I contact with questions or for more information?

Contact the Privacy Officer at (253) 848-2303.