

Gastroenterology Associates, PLLC
Gastroenterology and Hepatology

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.

OUR PLEDGE REGARDING MEDICAL INFORMATION

Gastroenterology Associates respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give 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.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information for Treatment, Payment, and Health Care Operations.

Treatment

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.

- We may also provide information to others providing you care. This will help them stay informed about your care.

Payment

- We may request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

Health Care Operations

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may use and disclose your information to conduct or arrange for services, including:
 - medical quality review by your health plan;
 - accounting, legal, risk management, and insurance services;
 - audit functions, including fraud and abuse detection and compliance programs.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION AS FOLLOWS:

For Public Health and Safety Purposes as Allowed or Required by Federal, State, or Local 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
 - To protect public health and safety
 - To prevent or control disease, injury, or disability
 - To report vital statistics such as births or deaths.

To Report Suspected Abuse or Neglect to public authorities.

To Food and Drug Administration (FDA) relating to problems with food, supplements, and products.

To Organ Procurement Organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.

With Medical Researchers if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.

To Comply with Workers' Compensation Laws if you make a workers' compensation claim.

For Health and Safety Oversight Activities – We may share health information with the Department of Health, for example, audits, investigations, inspections, and licensure.

In the Course of Judicial/Administrative Proceedings at your request, or as directed by a subpoena or court order.

For Law Enforcement Purposes such as when we receive a subpoena, court order, or other legal process, you are the victim of a crime, or about criminal conduct at the office or endoscopy center.

To Coroners, Medical Examiners and Funeral Directors consistent with applicable law to allow them to carry out their duties.

To Correctional Institutions if you are an inmate of a correctional institution or under the custody of a law enforcement official.

For Disaster Relief Purposes - For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.

For Work-Related Conditions That Could Affect Employee Health - For example, an employer may ask us to assess health risks on a job site.

To the Military Authorities of U.S. and Foreign Military Personnel - For example, the law may require us to provide information necessary to a military mission.

For Specialized Government Functions - We may share information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

OTHER DISCLOSURES AND USES OF PROTECTED HEALTH INFORMATION

Notification of Family and Others - We may release medical information about you to a friend or family member that you have designated as being involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital, endoscopy center, or office.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy – You have the right to make an appointment to inspect, with supervision, and request a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect, with supervision, and/or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to *Gastroenterology Associates, 500 Lilly Road N.E., Suite 204, Olympia, WA 98506*. If you request a copy of the information, we may charge a fee as permitted by state law for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Gastroenterology Associates HIPAA Committee will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the office.

To request an amendment, your request must be made in writing and submitted to *Gastroenterology Associates, 500 Lilly Road N.E., Suite 204, Olympia, WA 98506*. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the office;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete.

Right to an Accounting of Disclosures – You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to *Gastroenterology Associates, 500 Lilly Road N.E., Suite 204, Olympia, WA 98506*. Your request must state a time-period that may not be longer than six years and may not include dates before April 14, 2003. 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.

Right to Request Restrictions – You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

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. To request restrictions, you must make your request in writing to *Gastroenterology Associates, 500 Lilly Road N.E., Suite 204, Olympia, WA 98506*. In your request, you must tell us (1) what

information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications – You have the right to request that we communicate with you 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.

To request confidential communications, you must make your request in writing to *Gastroenterology Associates, 500 Lilly Road N.E., Suite 204, Olympia, WA 98506*. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of The Most Current Notice – To request a copy of the most current Notice contact (360) 413-8250.

Right to Revoke an Authorization to Use or Disclose Personal Health Information – You may revoke a prior authorization to use or disclose health information by giving us a written revocation. You may request a copy of this form from our office at (360) 413-8250. Your revocation does not affect information that has already been released. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

CHANGES TO THIS NOTICE

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. A copy of our current Notice will be posted in our office and endoscopy waiting areas. The effective date is located on the first page, the in top right-hand corner.

TO ASK FOR HELP OR MAKE A COMPLAINT

If you have questions, want more information or want to report a problem about the handling of your protected health information, you may contact *Jackie Johnson, Practice Administrator, Gastroenterology Associates, 500 Lilly Road N.E., Suite 204, Olympia, WA 98506, (360) 413-8250*.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member or deliver a written complaint to *Jackie Johnson, Practice Administrator, Gastroenterology Associates, 500 Lilly Road N.E., Suite 204, Olympia, WA 98506*. You may also file a complaint with the Secretary of the Department of Health and Human Services. Their web site address is www.hhs.gov/ocr/hipaa/.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.