

PATIENT 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. PLEASED REVIEW IT CAREFULLY.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "Medical Information"). We must follow the privacy practices that are described in this Notice which may be amended from time to time).

For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. **Permissible Uses and Disclosures Without Your Written Authorization**

In certain situations, which we describe in Section C below, we must obtain your written authorization in order to use and/or disclose your Medical Information. However, we do not need any type of authorization from you for the following uses and disclosures the examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law):

1. **Treatment:** We may use and disclose your Medical Information in order to provide treatment to you. For example, we may use Medical Information to diagnose and provide medical services to you. In addition, we may disclose Medical Information to other health care providers involved in your treatment.
2. **Payment:** We may use and disclosure your Medical Information for payment activities. For example, we may use and disclose your Medical Information so that services you receive are appropriately billed to, and payment collected from, your insurer, or to permit your health insurer to take certain actions before it approves or pays for treatment services. Medical Information
3. **Health Care Operations:** We may use and disclose your Medical Information in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. We may also provide Medical Information to our accountants, lawyers, consultants and others for operational purposes.
4. **Other Uses and Disclosures Required or Permitted by Law:** We may use and disclose your Medical Information when we are otherwise required or permitted to do so by law. For example, we may disclose Medical Information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence of the possible victim of other crimes. In addition, we may disclose Medical Information to the extent necessary to avert a serious threat to your health or safety of the health or safety of others. Other disclosures permitted or required by law include the following: Disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access Medical Information; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approval by an institutional review board; and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as otherwise authorized by law.

B. **Uses and Disclosures When You Have the Opportunity to Object**

1. **Family and Other Persons Involved in Your Care.** We may disclose your Medical Information to your family members or friends who are involved in assisting with your health care. If you are present, then we will provide you with an opportunity to object prior to such disclosure. If you are unable to either agree or object to such a disclosure, we may disclose your Medical Information to such person(s) if we determine that it is in your best interest based on our professional judgment.
2. **Fundraising.** We may use or disclose Medical Information for our fundraising activities. If you receive a fundraising request from us (or on our behalf), you may opt out of future fundraising communications.

3. **Disaster Relief Efforts.** We may use or disclose Medical Information to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.

- C. **Uses and Disclosures that Require Your Written Authorization.** Uses and disclosures other than those described in Section IA and B above will only be made with your written authorization. For example, you will need to sign an authorization form before we can send Medical Information to your life insurance company or to your attorney. You may revoke any such authorization at any time.

II. YOUR INDIVIDUAL RIGHTS

- A. **Rights to Inspect and Copy.** You may request access to your medical record and billing records maintained by use in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the costs of copying and sending you any records requested.
- B. **Right to Alternative Communications.** You may request, and we will accommodate, any reasonable written request for you to receive Medical Information by alternative means of communication or at alternative locations.
- C. **Right to Request Restrictions.** You have the right to request a restriction on Medical Information we use or disclose for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Practice Administrator as indicated below. We are not required to agree to any such restriction you may request.
- D. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of Medical Information made by us after April 13, 2015. This right applies to disclosures for purposes other than treatment, payment, or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
- E. **Right to Request Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
- F. **Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice at any time by submitting a request to our Practice Administrator at 3700 Pacific Hwy E #100, Fife, WA 98424..
- G. **Right to Receive Notification of a Breach.** Salish Cancer Center is required to notify you of any breach of your secured Medical Information according to the requirements under federal law. This notification will be provided to you in writing.
- H. **Questions or Complaints.** If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, you may contact the Salish Cancer Center staff via telephone at (253) 382-6300 or via mail at 3700 Pacific Hwy E #100, Fife, WA 98424. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

- A. **Effective Date:** This Notice is effective on April 13, 2015.
- B. **Changes to this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Medical Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice on our web site at <http://www.salishcancercenter.com> and in the waiting area of our office. You may also obtain any revised notice by contacting the Practice Administrator via telephone at (253) 382-6300 or via mail at 3700 Pacific Hwy E #100, Fife, WA 98424.

Notice updated: July 2023