



PRIVACY NOTICE

This notice describes how health information about you and/or your child may be used and disclosed, as well as how you can gain access to this information.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to present you with this notice regarding our privacy practices, our legal duties, and your rights concerning health information. Finally, we must follow the privacy practices described in this notice.

We reserve the right to change our privacy practices, and applicable law permits changing terms of the notice at any time, provided by such changes. We reserve the right to make changes in our privacy practices, and the new terms of our notice are effective for all health information we created or received before the changes were made. Prior to making a significant change in our privacy practices, we will update this notice and the new notice will be made available upon request.

You may request a copy of our privacy notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the address listed in this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you and/or your child for treatment, payment, and healthcare operations. For example:

- FOR TREATMENT
 - o We may use and disclose medical information about you and/or your child to provide you with medical treatment or services. With your written permission, we may disclose medical information to doctors, teachers, or other providers involved in your child's care.
- FOR PAYMENT
 - o We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or a third party. We may also use or disclose your and/or your child's health information to your insurance company about treatment you are planning to receive to obtain prior to approval or authorization in order to determine whether your plan will cover the treatment services.
- HEALTHCARE OPERATIONS
 - o We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, conducting training programs (including student internships), accreditation, certification, licensing, or credentialing.

YOUR AUTHORIZATION

In addition to our use of your health information for treatment, payment, and healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. We may not use or disclose your health information for any reason except as described in this notice, unless given written authorization.

PERSONS INVOLVED IN CARE

We may use or disclose health information to notify or assist in the notification of a family member, your personal representative, or another person responsible for you and your child's care, of your location, your general condition, or death. If you are present, then prior to disclosure of health information, we will provide you with an



opportunity to object to such uses or disclosure. In the event of your incapacity or emergency circumstances, we will disclose health information based on determination of our professional judgment, and only health information directly relevant will be released to those concerned. We will also use our professional judgment and experience with common practice to make reasonable inferences of your best interests in allowing a person to pick up medical supplies or forms of health information.

REQUIRED BY LAW

We may use and disclose your and/or your child's health information when we are required to do so by law.

ABUSE OR NEGLECT

We may disclose your health information to appropriate authorities if we reasonably believe that you and/or your child are a possible victim of abuse, neglect, domestic violence, or the victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to you and/or your child's health and safety, or the health and safety of others.

MARKETING HEALTH-RELATED SERVICES

We will not use your health information for marketing communications without your written authorization.

NATIONAL SECURITY

We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose information to authorized federal officials required for lawful intelligence, counter-intelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials who hold lawful custody the protected health information of inmates or patients under certain circumstances.

APPOINTMENT REMINDERS

We may use or disclose your health information to provide you with appointment reminders of for scheduling purposes, such as voicemails, postcards, or letters.

PATIENT RIGHTS

ACCESS

You have the right to inspect and/or receive copies of your and/or your child's health information with limited exceptions. If you request a copy of your health information, we may charge a reasonable fee for costs of copying, mailing, or other supplies and staff time associated with said request.

DISCLOSURE ACCOUNTING

You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities. Your request must state a time period no longer than six years. The first list you request within a twelve month period will be free of charge. Additional lists within that same period may be charged a fee for the cost and staff time.

RESTRICTIONS

You have the right to request that we place additional restrictions on our use of disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of emergency).



ALTERNATIVE COMMUNICATION

You have the right to request that we communicate with you about your health care information by alternative means, or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation as to how payments will be handled under alternative means or location requested.

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 for an amendment if it is not in writing or does not include a reason to support the request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or have questions/concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision made about access to health information, or in response to a request made to amend or restrict the use of disclosure, or to have us communicate with you by alternative means or locations, you may complain using the contact information listed below. You may also submit a written complaint to the Officer for Civil Rights. We will provide you with the address to file your complaint with the Officer for Civil Rights upon request. We support your right to privacy of health information. We will not retaliate in any way if you choose to file a complaint with the Officer for Civil Rights.

Privacy Officer: Lois Kramer
Telephone: 253-853-5155
Fax: 253-853-5150
Address: 5334 Olympic Drive, Suite 101, Gig Harbor, WA 98335

I have read the above privacy notice in full: _____ Date: _____