BASTYR
UNIVERSITY

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.

Who Will Follow This Notice

This joint notice describes the practices of:

- Any health care professional authorized to enter information in your medical record at Bastyr Center for Natural Health or at select external clinic sites* affiliated with Bastyr. This includes employees and contracted medical staff. Bastyr and its non-employee medical staff have formed an organized health care arrangement so that Bastyr and its independent providers may share your health information with each other as necessary to carry out treatment, payment, and operations. Your independent provider may have separate privacy practices for care delivered at their private offices or clinics outside Bastyr.
- All department personnel of Bastyr University that comprise Bastyr's health care component. This includes all personnel of the Bastyr Center for Natural Health, Bastyr's Research Department, and select external clinic sites* affiliated with Bastyr as well as any member of a volunteer group we allow to assist you while you are at the clinic and individuals who offer support services to Bastyr on a volunteer basis.

*You may obtain a complete list of affiliated Bastyr sites subject to this Notice by contacting the Medical Records Department at: 3670 Stone Way North; Seattle, WA 98103; [(206) 834-4151].

Our Responsibilities

Bastyr University and its clinics respect your privacy. We understand that your personal health information is very sensitive. We will not disclose information to others unless you tell us to do so, or unless the law allows us or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing 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 related to these services. Federal and state laws allow us to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

How We May Use and Disclose Medical Information About You

For Treatment: Information obtained by a licensed provider, student clinician, or other member of our healthcare team will be recorded in your medical record and used to help decide what care may be right for you. For example, your physician may need to consult with specialists about your care. Information about you would be shared with other providers to help understand your care needs.

For Payment: When we request payment from your health plan or other payers, they need information from us about your medical care such as diagnoses, procedures performed, or recommended care in order to cover the services provided to you. For example, we may need to give your health plan information about physical medicine therapy you received so your health plan will pay us or reimburse you for the procedure. We will not disclose your health information to third party payers without your authorization unless allowed to do so by law.

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For Health Care Operations: We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care. For example:

- We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may disclose information to physicians, student clinicians, medical assistants, technicians, or other clinic personnel for review and learning purposes.
- We may use and disclose your information to conduct or arrange for services, including medical quality reviews; accounting, legal, risk management and insurance services; and audit functions, including fraud and abuse detection and compliance programs.

Other Uses and Disclosures

Clinic Directory: Unless you notify us that you object, we may use your name, location in the facility, and general condition for directory purposes. Directory information may be provided to people who ask about you by name. This information also includes your appointment dates. No medical information, including your chief complaint or the nature of your care, will be disclosed as part of directory information.

Communication with Family and Friends: We may release medical information about you to a family member or friend who is involved in your care and/or helps pay for your care. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Appointment Reminders: We may contact you as a reminder that you have an appointment for treatment or medical care at our clinic.

Treatment Alternatives: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may tell you about health related benefits, services, or health care education classes that may be of interest to you.

Fundraising: We may contact you as part of a fundraising effort. If we contact you, we will also provide you with a way to opt out of receiving future fundraising requests.

Research: We may disclose information to researchers when an institutional review board has approved the research proposal and established protocols to ensure the privacy of your health information. In most circumstances, 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.

As Required By Law: We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

Special Situations

Organ and Tissue Donation: If you are an organ donor, we may release medical information as necessary to facilitate organ or tissue donation and transplantation to organizations that handle organ or tissue procurement and transplantation or to an organ donation bank.

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Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health: As required by law, we may disclose medical information about you to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at our clinic;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official necessary for your health and the health and safety of other individuals.

Your Health Information Rights

Right to this Notice: You have a right to a paper copy of this notice. You may ask us to give you a copy at any time. You may also obtain a copy of this notice at our website, www.bastyrcenter.org.

Right to Inspect and Copy: You have a right to inspect and receive a copy of certain health care information including certain medical and billing records. To obtain a copy of your records you must submit your request in writing on an official authorization form to our Medical Records Department at: 3670 Stone Way North; [(206) 834-4151], fax [(206) 834-4131]. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If you would like to schedule an appointment to view your record or if you have any questions about your right to inspect and copy your record, please contact the Medical Records Department Manager at [(206) 834-4151].

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Note: We are required to retain our records of the care that we provided to you. Although you have the right to exercise control over certain uses and disclosures of your medical information, the medical record Bastyr maintains on your care is property of Bastyr. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your medical record, you may request that the denial be reviewed. We will comply with the outcome of the review.

Right to Request Amendment: You have a right to ask that your health information be amended by sending a written request to our Medical Records Department at: 3670 Stone Way North; Seattle, WA 98103; [(206) 834-4151]. We have the right to deny this request under certain circumstances. You may write a statement of disagreement if your request is denied. This statement of disagreement will be stored in your medical record, and included with any release of your records.

Right to a List of Disclosures: You have the right to request a list of disclosures. This is a record of certain disclosures we made of medical information about you in accordance with applicable laws.

You must submit your request in writing to our Medical Records Department at: 3670 Stone Way North; Seattle, WA 98103; [(206) 834-4151] to obtain a list of disclosures. The first time you request a list within a 12 month period will be free of charge. 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 Restriction: You have a right to ask us to restrict certain uses and disclosures of your health information. You may be asked to make this request in writing. Ask your caregiver if you have questions about this. We will comply with all reasonable requests.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a specific way or location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may be asked to make your request in writing. Ask the person (or department) that gave you this notice for more information about this process. We will comply with all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Revoke Authorization: Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose health information about you under these circumstances, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and information disclosed to other party's may no longer be afforded certain protections under the law once released and might be re-disclosed to other parties without your authorization.

Changes to this Notice

We reserve the right to change this notice at any time. Any revised or changed notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our clinic and on our website (http://www.bastyrcenter.org).

Complaints

If you believe your privacy rights have been violated, you may contact Bastyr's HIPAA Compliance/ Safety Officer at: 3670 Stone Way North; Seattle, WA 98103; [(425) 602-3375]. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Effective Date of this Notice: October 12, 2006

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