

# Notice of Privacy Practices

## Introduction

This notice describes how Protected Health Information (PHI) may be used and disclosed and how you can get access to this information. Please review it carefully.

By law, Community Health Center of Snohomish County (CHC), is required to:

- Protect the privacy of your information
- Provide this notice about our privacy practices
- Follow the privacy practices described in this notice
- Notify you if your patient health information has been compromised

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

## Uses and Disclosures Without Your Written Authorization

Here are some examples of how we may use and share your PHI without your authorization.

**Contact You:** We may use PHI to contact you. For example, we may call, text, or send you a letter to remind you of your appointments, provide test results, let you know about treatment options, or let you know about health education events or services.

**Treatment:** We may use and disclose PHI in order to provide treatment to you. For example, we may review and use your medication history to diagnose, treat, and provide medical services to you. We may also share your PHI with other health care providers who care for you.

**Payment:** We may use or disclose PHI for the purposes of determining coverage, billing, claims management, and reimbursement. For example, we may inform your health plan about a treatment you are going to receive to determine whether the plan will cover the treatment. We may also share your PHI to request or receive payment from your health insurance plan.

**Health Care Operations:** We may use and disclose PHI to schedule, check and improve our operations and services. For example, we may use PHI to evaluate the performance of our staff and the care provided.

**Fundraising:** We may use PHI to contact you to raise money for our operations. We may also disclose PHI to a foundation that is related to us so that the foundation may contact you to raise money for its operations. Any fundraising materials sent to you will include a description of how you may opt out of receiving any further fundraising communications.

**Required or Permitted by Law:** We may use or disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may also disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Other disclosures permitted or required by law include:

- Healthcare oversight agencies for licensing and auditing
- Public health activities
- Health oversight activities
- Law enforcement when required or allowed by law
- Research when approved by an institutional review board
- Workers' compensation claims
- Military or national security agencies
- Coroners, medical examiners, and funeral directors

## Uses and Disclosures Without Your Authorization, but You Can Object

In the event of your incapacity or emergency circumstances, we will disclose PHI consistent with your prior expressed preference that is known to us, and in your best interest as determined by our professional judgment. We will also use our professional judgment and our experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions.

**Family and Other Persons Involved in Your Care.** We may use or disclose PHI to notify or assist in locating a family member or another person responsible for your care to notify them of your location, general condition, or death.

**Disaster Relief Efforts.** We may use or disclose protected PHI 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.

## Uses and Disclosures Requiring Your Written Authorization

**Psychotherapy Notes.** We must obtain your authorization for any use or disclosure of psychotherapy notes, except if our use or disclosure of psychotherapy notes is: (1) by the originator of the psychotherapy notes for treatment purposes, (2) for our own training programs in which mental health students, trainees or practitioners learn under supervision to practice or improve their counseling skills, (3) to defend ourselves in a legal proceeding initiated by you, (4) as required by law, (5) to a health oversight agency with respect to the oversight of the originator of the psychotherapy notes, (6) to a coroner or medical examiner; or (7) to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.



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**Marketing Communications.** We must obtain your written authorization before using PHI for marketing or the sale of PHI, consistent with the definitions and exceptions set forth in the Health Insurance Portability and Accountability Act (HIPAA).

**Other Uses and Disclosures.** Uses and disclosures other than those described in this Notice will only be made with your written authorization. For example, you will need to sign an authorization form before we can send PHI to your life insurance company or to your attorney. You may revoke any such authorization at any time by providing us with written notification of such revocation.

## Your Individual Rights

**Right to Inspect and Copy.** You may request access to your medical records and billing records maintained by us 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.

**Right to Alternative Communications.** You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

**Right to Request Restrictions.** You have the right to request a restriction on PHI we use or disclose for treatment, payment, or health care operations. You must request any such restriction in writing addressed to Compliance Office, 8609 Evergreen Way, Everett, WA 98208.

We are not required to agree to your request, except if your request is to restrict disclosing PHI to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.

**Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of disclosures of PHI made by us in the last six years, subject to certain restrictions and limitations.

**Right to Request Amendment.** You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by mailing a request to Community Health Center of Snohomish County, 8609 Evergreen Way, Everett, WA 98208 at any time.

**Right to Receive Notification of a Breach.** We are required to notify you if we discover a breach of your unsecured PHI, according to requirements under federal law.

## Questions or Concerns

If you want further information about your privacy rights or are concerned that your privacy rights have been violated, you may contact our **Compliance Office Privacy Line at 425-789-3774**. You may also file a written complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR).

There will be no retaliation for filing a complaint with either our practice or the OCR. The address for the OCR regional office for Washington is as follows:

### Office for Civil Rights

U.S. Department of Health and Human Services  
2201 Sixth Avenue - M/S: RX-11  
Seattle, WA 98121-1831

## Effective Date and Changes to This Notice

**Effective Date.** This Notice is effective on September 8, 2023.

**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 PHI 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 in the waiting area of our office and on our web site at [www.chcsno.org](http://www.chcsno.org). You may also obtain any revised notice by contacting Community Health Center of Snohomish County, 8609 Evergreen Way, Everett, WA 98208.