

Tri-City Orthopaedic Clinic, PSC

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION.
PLEASE READ IT CAREFULLY**

Introduction:

As medical professionals, we understand that information about you and your health is sensitive and personal. We are required by law to maintain the privacy of information we gather and use. This document outlines our policies and procedures for dealing with health care information as well as the rights of our patients to access and restrict the use of the information that we gather.

What information does this cover?

Any and all information we collect that concerns you, your health care and your payment for your health care.

Why do we ask you to sign a consent form?

Without your consent we may only use your information in very limited ways. In many instances, we cannot provide treatment or obtain payment for services without some disclosure. Consequently, we ask that you sign this consent to enable a secure, limited form of sharing that best enables us to provide good health care.

When can we use or disclose information about you?

With your written consent, we can use your information for the following:

Treatment: We may use or disclose information about you for treatment purposes to doctors, nurses, technicians or other individuals who with work in our practice or who are involved in providing you with health care. Examples include consulting physicians (so that they will better understand your problems and needs), laboratories (to enable processing of laboratory specimens in a correct manner), social workers and health care agencies.

Payment: We may use or disclose information about you to our billing clerk and to those insurance plans that require us to divulge sometimes detailed health care information so that a decision about insurance coverage can be made.

Health Care Operations: We may also use or disclose your information for other purposes such as maintaining and improving our practice's quality improvement programs, obtaining insurance underwriting, medical or legal reviews and business planning or administration in our practice.

Without your written consent we are often required to disclose information about you for the following reasons:

- (1) To a public health agency, for purposes of disease control;
- (2) In case of suspected child abuse, to the appropriate governmental authority;
- (3) In cases of suspected abuse, neglect or domestic violence, to the appropriate governmental authority with your agreement (or if you are incapacitated and considered a danger to yourself or others)

- (4) To health oversight authorities, for regulatory, licensing and other legal purposes;
- (5) In litigation, subject to certain requirements controlling the terms of disclosure
- (6) To law enforcement agencies, subject to applicable legal requirements and limitations;
- (7) If you are in the United States military, national security or intelligence, or foreign service, to your authorized superiors or other authorized federal officials.

We may also use your information to support your health care, including calling with appointment reminders and results of tests or sending information about health care services that may be of interest to you. *Please advise us* if you do not wish to receive such notices or if you wish to have it disclosed in a certain manner. You should advise of this in a written notice and send it to our business address above.

What legal rights do you have in connection to your information?

By law you are entitled to:

- a) Ask us to further restrict our use and disclosure of information about you. Although we are not required to agree to all such requests, we must implement it if we agree to honor your request;
- b) Receive confidential communications from us, at an alternative address you provide to us;
- c) Review our records of your information;
- d) Obtain a copy of all or any part of our records of your information. We will charge you a copy fee of .80 per page, with a minimum of \$10 for this service.
- e) Ask us to amend your records, if you believe that they are incorrect or incomplete. We are not required to make such an amendment. If you request an amendment and we decide that we do not wish to make the amendment, you are entitled to have a statement of your disagreement included in your records. If you include such a statement, we may include a response to your statement.
- f) Obtain an accounting of all persons to whom we have disclosed information about you, for any purpose except the purposes related to your treatment, payment for your treatment or our health care operations.
- g) If you have provided us with an authorization for any purpose, you may revoke it at any time by giving us written notice.
- h) If you believe we have violated your privacy rights, you may forward a written complaint to our medical information officer at our office address. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. If you do file a complaint we are legally prohibited from retaliating against you.
- i) This policy is effective April 7, 2003 and may be changed in the future *without notice* to meet new or different disclosure requirements. At that time, our new policy will be available for your inspection. If you should have questions about these policies please ask us. We will endeavor to answer your questions.