

Military

If you are a member of the armed forces, we may disclose your medical information as required by military command authorities.

Worker's compensation

We may disclose medical information about you for workers' compensation or similar programs, to the extent authorized by law. These programs provide benefits for work-related injuries or illness.

Public health activities

We may disclose your medical information to public health agencies as required or authorized by state law to support health activities. This generally includes, but is not limited to, the following:

- To prevent or control disease, injury or disability;
- To report births and deaths
- To report reactions to medications or problems with products and to enable product recalls, repair or replacement;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
- To notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect. We will only make this disclosure if the patient agrees or when required by law.

Protective services for the President and others

We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or for foreign heads of state or conduct special investigations.

Inmate

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to the correctional institution or law enforcement official.

Other uses of medical information

All other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the purposes identified in your written revocation, unless we have already acted in reliance on your authorization.

8-2013

You have rights with regards to how we use your medical information:

Right to request limits on uses or disclosures of PHI

You have the right to ask that we limit how your information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. In most cases we are not required to agree to a restriction. Upon your written request we are required to restrict disclosure of your information to a payer (e.g. insurance company) if you make full payment for the service at the time of service. If we agree to a restriction you can ask us verbally to remove the restriction at any time.

Right to choose how we communicate with you

We will agree to reasonable request. To carry out the request, we may also ask you for another address or another way to contact you, for example, mailing to a post office box. Requests must be made in writing to NWMA office manager.

Right to see and get copies of your records

In most cases, you have the right to review or get copies of your records. You must make the request in writing and you may be charged a fee for the cost of copying your records.

Right to request a correction or update of your records

You may ask us to change (amend) information in your records if you think there is a mistake. In certain cases, we may deny your request for a change. If we deny your request, you have the right to file a statement with NWMA office manager, stating that you disagree. We may prepare a response to your statement and will provide you with a copy of this response.

Right to get a list of disclosures

You may ask us for an accounting of disclosures we made of your medical information to the extent the law requires.

Right to get a paper copy of this Notice

You may ask us for a paper copy of this notice at any time.

Right to revoke permission

If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

Northwest Medical Associates

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.

We are required, by law to:

- Keep your health information private;
- Provide you with this Notice of Privacy Practices;
- Act according to the terms of this notice
- Notify you in the event your protected health information is breached.

We will not:

- Sell your protected health information (PHI), Except as authorized by law, without your Consent;
- Use your PHI to solicit you for fundraising activities;
- Use your PHI for any purposes related to marketing.

We may at any time, make changes to the terms of this notice. When we make changes we will:

- Apply the changes to all of the PHI we maintain;
- Update the notice posted in our office;
- Update the notice posted on our website;
- Offer a copy of the updated notice at check-in during your next patient appointment.

If you have any questions about this notice Please contact us:

Northwest Medical Associates
222 NE Park Plaza Dr, Suite 100
Vancouver, WA 98684
360-254-8025

You can also contact The US Department of Health and Human Services, Office of Civil Rights at (206) 615-2290 If you want to file a complaint or to report a problem with how we have used or disclosed information about you. We will not retaliate against you for filing a complaint.

How we may use or disclose your Medical information:

For treatment

We may use your medical information to provide you with medical treatment or services. Example we may disclose your medical information to doctors, nurses, technicians, health care students, or other care providers outside NWMA who are involved with your care.

For payment

We may use and disclose your medical information for the purposes of receiving payment on your behalf. For example, we may need to give your insurance company information about your care or we may need to notify your insurance company about a treatment you are about to receive in order to determine if your insurance will cover the treatment.

For Health Care Operations

We may use and disclose your medical information for our health care operations. For example, we may use your medical information to evaluate the quality and competence of our physicians, nurses and other health care workers or we may disclose your medical information to our administrators in order to resolve a complaint you may have filed.

Appointment reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment.

Treatment alternatives

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-related benefits and services

We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Serious and imminent threat to health or safety

We may use and disclose medical information about you when necessary to prevent a serious and imminent threat to your health or safety or the health or safety of the public.

Research

Under certain circumstances, we may use and disclose your medical information for research purposes. For example, a research study may be conducted to determine the recovery rates of patients who receive physical therapy verses those who do not receive physical therapy.

Individuals involved in your care or payment for your care

Unless you object, we may share or discuss information with your family, friends, or others involved in your care or payment for your care. Your health care provider can only discuss the information that the person involved needs to know about your care or payment for your care. If you object to this kind of disclosure please let your provider know.

Disaster relief effort

Unless you object, we may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort to coordinate care. We may share patient information as necessary to identify, locate and notify family members, guardians or anyone else responsible for your care, location, general condition or death.

Health oversight activities

We may disclose your medical information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections and licensure. These activities are necessary for the government to protect public health, monitor government programs, and comply with civil rights laws.

Lawful subpoena or court order

If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court order or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. In most circumstances, we will not disclose your medical information until efforts have been made to notify you of the requests or to obtain an order protecting the information requested.

Law enforcement

We may disclose your medical information if asked to do so by a law enforcement official or otherwise designated individual, including (but not limited to) the following:

- In response to a court order, criminal subpoena, warrant or other lawful process;
- Limited information for the purpose of identifying or locating a suspect, fugitive, material witness or missing person;
- About the victim of a crime, under certain limited circumstances;
- About criminal conduct;

- About criminal conduct at the facilities;
- In emergency circumstances to report a crime; the location of the crime or crime victim; or the identity, description or location of the person who committed the crime to the extent the law requires.

Coroners, medical examiners and funeral directors

We may disclose medical information to a coroner, medical examiner or funeral director to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

National security and intelligence activities

We may disclose your medical information or authorized federal official for intelligence, counterintelligence, and other national security activities authorized by law.

Limited data set information

We may disclose limited medical information to third parties for purpose of research, public health and health care operations. This limited data set will not include any information which could be used to identify you directly. As required by Law. We will disclose your medical information when required to do so by federal, state or local law. For example, we are required to report child abuse, crimes committed with a deadly weapon, and animal bites to the appropriate state, county, or law enforcement authority.

Incidental disclosures

Certain incidental disclosures of your medical information occur as a byproduct of lawful and permitted use and disclosure of your medical information. For example, patients in a waiting room may over hear the name of another patient. We will take all reasonable precautions to protect your privacy.

Disclosures to Business Associates

In certain circumstances, we may need to share your medical information with a business associates (e.g., computer system vendor) so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring it to protect the privacy of your medical information.

Organ and tissue donation

If you are an organ donor, we may disclose your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation or transplantation.