

*Effective April 1, 2006*

**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.**

At Pacific Balance, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 1, 2006 and applies to all protected health information as defined by federal regulations.

**UNDERSTANDING YOUR HEALTH RECORD**

Each time you visit our practice, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal documentation describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source of information for public health officials charged to improve the health of the state and nation,
- Source of data for our planning, and
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve.

Understanding what is in your record and how your health information is used helps to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of our practice, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request,
- Inspect and copy your health record as provided by 45 CFR 164.524
- Amend your health record as provided by 45 CFR 164.526
- Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528
- Request confidential communications of your health information as provided by 45 CFR 164.522, and
- Request a restriction on certain uses and disclosures of your health information as provided by 45 CFR 164.522 (our practice, however, is not required by law to agree to a requested restriction).

**OUR RESPONSIBILITIES**

Pacific Balance and Rehabilitation Clinic is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate your health information.

We reserve the right to change our practices and make new provisions effective for all protected health information we maintain. We will keep a posted copy of the most current notice in our facility containing the

effective date in the top right-hand corner. In addition, each time you visit our facility for treatment, you may obtain a copy of the current notice in effect upon request.

We will not use or disclose your health information in a manner other than described in the section regarding Examples of Disclosures For Treatment, Payment, and Health Operations, without your written authorization, which you may revoke as provided by 45 CFR 164.508(b)(5), except to the extent that action has already been taken.

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have any questions and would like additional information, you may contact our practice's Privacy Officer, Christopher Morrow, at 206-448-1906.

If you believe your privacy rights have been violated, you can either file a complaint with our Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our Privacy Officer or the OCR.

#### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS**

##### **We will use your health information for treatment.**

*For Example:* Information obtained by a physical therapist or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physical therapist will document in your record the actions they took and their observations. In that way, the physical therapist will know how you are responding to treatment. We will also provide other physician(s) or subsequent health care provider(s) (when applicable) with copies of various reports that should assist them in treating you.

##### **We will use your health information for payment.**

*For Example:* A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

##### **We will use your health information for regular health operations.**

*For Example:* Members of the medical staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

- **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers' Compensation:** We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Appointment Reminders:** We may contact you or a family member a the phone number you have provided to us as a reminder that you have an appointment.
- **Notification:** We may use or disclose information to notify or assist in notifying a family member or personal representative (or other person responsible for your care) of your location and general condition.
- **Communication with Family:** Health professionals, using their best judgment, may disclose to a family member, other relative, or close personal friend (or any other person you identify) health information relevant to that person's involvement in your care or payment related to your care.
- **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.