

Who Does this Notice Apply to?

This Notice has been published by Peninsula Community Health Services (PCHS). It applies to everyone who works for PCHS, including our employees, contractors, and volunteers.

Why Do We Publish this Notice?

As medical professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information we gather and use about our patients, and provide them with notices of our legal duties and privacy practices with respect to their information.

While we are committed to the privacy of your health, in order to serve them we need to gather, keep, and use records of this information. We sometimes also need to share information with other parties. This Notice is intended to let you know how we use and disclose your information.

This Notice is also to let you know about certain legal rights you have with respect to the information we hold about you. You have certain rights to review and copy our records of information about you. You may also request that we amend these records, and may ask us to account for certain disclosures we may have made of information about you.

When Is This Notice Effective?

We are required to comply with the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice, and make the new terms effective for all information to which this Notice applies. This Notice will be in effect from April 14, 2003, until the date we publish an amended Notice. If we do publish an amended Notice, we will notify you. We will publish the amended Notice in our Clinics.

What Information Does this Notice Cover?

This Notice covers all information in our written or electronic records which concerns you, your health care, and payment for your health care. It also covers information we may have shared with other organizations to help us provide your care, get paid for providing care, or manage some of our administrative operations.

If you have any questions or comments about this Notice, please contact:

Peninsula Community Health Services
PO Box 960
Bremerton, WA 98337

Our Privacy Officer is:

Barbara Malich, CEO
(360) 478-2366

Revised: October 2007



**Peninsula
Community
Health
Services**

Notice of Privacy Practices



Effective Date: April 14, 2003

Peninsula Community Health Services

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.

When Can We Use or Disclose Information About You?

Except for certain disclosures for legal purposes described below, we can only use or disclose information about you with your written authorization or consent.

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

Treatment: We may use or disclose information about you for treatment purposes to doctors, nurses, technicians, medical students or other individuals in our practice who are involved in providing you with health care. We may also disclose information about you to organizations and individuals involved in your care who are outside of our practice, such as consulting physicians, hospitals, laboratories and social workers.

For example, if we refer you to another physician or a hospital for specialty services, we will provide that physician or hospital with all clinical information that might be necessary or helpful for them to provide you with the right care. Or, if we need to send a sample of your blood to a laboratory for analysis, we will provide the laboratory with the information they need to process your blood correctly.

These are only examples, and we may use or disclose information about you to provide you with proper treatment in many other ways.

Payment: We may use or disclose information about you for payment purposes to our clerks and officers involved in billing and claims payment. We may also disclose such information to your health plan or other party financially responsible for your care, or to claims payment. We may also disclose such information to your

health plan or other party financially responsible for your care, or to claims and billing services if necessary.

For example, if you are covered by a health plan we cannot get paid for the services we provide you unless we submit information in a claim. This might include detailed clinical information, depending on the kind of plan and claim. This is only an example, and there may be many other ways in which we may use or disclose information about you in connection with payment for your care.

Health care operations: We may use or disclose information about you for operations in connection with our practice. These activities might include practice quality improvement, training of medical students, insurance underwriting, medical or legal review, and business planning or administration of our practice.

For example, we may wish to review the quality of care you received in order to help us deliver the best care we can. Or, we may audit our management practices so we can become more efficient. These are only examples, and we may use or disclose information about you for health care operations in many other ways.

We may send you information to support your health care, including appointment reminders, information about alternative treatments, and health-related services that may be of interest to you. Please advise us if you do not wish to receive such communications, and we will not use or disclose your information for such purposes.

What Legal Rights Do You Have In Connection With Your Information?

By law, you are entitled to:

- Ask us to further restrict our use and disclosure of information about you. We are not required to grant such a request, but if we do we must make sure the restrictions are implemented.
- Receive confidential communications from us, at an alternative address you provide.
- Review our records of your information.
- Obtain a copy of all or any part of our records of your information. *We may charge you a reasonable copying charge.*
- 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 determine we will not make it, you are entitled to have a statement of your disagreement included in your records. If you do include a statement of disagreement in your records, we may include a statement of explanation or response in your records as well.
- Obtain an accounting of all persons to which we have disclosed information about you, for any purpose except your treatment, payment for your treatment, or our health care operations.
- If you have provided us with an authorization for any purpose, you may revoke it at any time. You may revoke an authorization by giving us written notice at our Contact address. Your revocation will be effective as of the time we receive it, and will not apply to any uses or disclosures, which occur before that time.
- If you believe we have violated your privacy rights, you may forward us a written complaint to our Contact 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.