



Peninsula Community Health Services

This notice describes:

HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR
SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS
CONCERNING YOUR INFORMATION.

Your Rights
Your Information
Our Responsibilities

Notice of Privacy Practices

Effective Date: February 11, 2026

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY IF YOU HAVE ANY QUESTIONS. CONTACT INFORMATION CAN BE FOUND AT THE END OF THIS NOTICE.

Why Do We Publish This Notice?

Peninsula Community Health Services is a community based nonprofit organization dedicated to providing comprehensive health care services to residents of Kitsap County. We offer quality low-cost care for children and adults. Our services include primary medical care, dental care, mental health counseling, pharmacy services, and health education and promotion activities. Compassionate professionals including physicians, physician assistants, nurse practitioners, pharmacists, counselors, dentists, and dental and medical assistants provide all care services at our four health centers.

At Peninsula Community Health Services, protecting your privacy is a priority. We follow policies and procedures designed to safeguard your confidential personal information. When we access your information, we do so only for our intended purpose and as is necessary for the services we provide to you. Should you have any questions about the privacy of your confidential health information, please contact our staff or our Privacy Officer at the address listed at the end of this Notice.

About This Notice:

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information?

“Protected Health Information” is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

How We May Use and Disclose Your Protected Health Information:

We may use and disclose your Protected Health Information in the following circumstances:

Treatment:

We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.

Payment:

We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

Health Care Operations:

We may use and disclose Protected Health Information for our health care operations. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes. Appointment Reminders/Treatment Alternatives/Health-Related

Benefits and Services:

We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

Minors:

We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Research:

We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

As Required by Law:

We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.

To Avert a Serious Threat to Health or Safety:

We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

Business Associates:

We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.

Organ and Tissue Donation:

If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans:

If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation:

We may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks:

We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse, Neglect, or Domestic Violence:

We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

Health Oversight Activities:

We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes:

We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes:

If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information request-

ed. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.

Law Enforcement:

We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.

Military Activity and National Security:

If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.

Coroners, Medical Examiners, and Funeral Directors:

We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.

Inmates:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Specially Protected Types of Information

Some types of information have greater protection under Washington State or federal laws. The above disclosure practices may not necessarily apply to these types of information, which include confidential HIV-related information that is protected by Washington State laws; alcohol and substance abuse treatment information that is protected under both Washington State and federal laws; and mental health treatment information that is protected under both Washington State and federal laws.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Care or Payment for Your Care:

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief:

We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

Right to Inspect and Copy:

You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to a Summary or Explanation:

We can also provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

Right to an Electronic Copy of Electronic Medical Records:

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record

will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach:

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Request Amendments:

If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the end of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an Accounting of Disclosures:

You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your Protected Health Information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell what the costs are, and you may choose to withdraw or modify your request before the costs are incurred. Any accounting of disclosures is limited to a period of six years prior to the date of the accounting request.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your Protected Health Information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. You can ask to remove or modify the restriction at any time. Except for requests involving disclosures to health plans where you have already paid “out-of-pocket” in full, we can choose to end the restriction at any time; however, we are still bound by the restriction for any Protected Health Information that we received or created while the restriction was still in place.

Out-of-Pocket-Payments:

If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications:

You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

Right to a Paper Copy of This Notice:

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address listed at the end of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your physician directly. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail.

Changes To This Notice

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted in our office and on our website. Physical copies of updated notices will be made available upon written request to the Privacy Officer, whose contact information is listed at the end of this notice.

Notice to Patients of Federal Confidentiality

Requirements under 42 CFR Part 2

Under 42 CFR Part 2, there are specific rules and protections for information related to treatment, diagnosis, or referral for a substance use disorder (“Part 2 Information”). These are in addition to your rights under HIPAA and include the following:

How We May Use and Disclose Your Part 2 Information Without Your Authorization:

MEDICAL EMERGENCIES:

Where there is not a chance to obtain your prior written consent, we may use or disclose your Part 2 Information only to the extent necessary for medical personnel to provide you with emergency medical services. Where practicable, we will seek your prior authorization for disclosures of this type.

SCIENTIFIC RESEARCH:

Part 2 Information may be used or disclosed to conduct scientific research. For this purpose, we will only disclose Part 2 Information to those who are permitted by law to conduct scientific research, and themselves comply with the rules in 42 CFR Part 2 and HIPAA.

PUBLIC HEALTH:

We may disclose records including Part 2 Information to a public health authority. Whenever we disclose information in this manner, we will first remove any personally identifying information in accordance with applicable law.

COURT ORDER:

We will not use or disclose your Part 2 Information for a civil, criminal, administrative, or legislative proceeding unless compelled to do so by court order. Before the court issues an order compelling the use or disclosure of Part 2 Information, federal law provides that you must be given notice and an opportunity to challenge the court order. A court order that compels use or disclosure of Part 2 Information

must also be accompanied by a subpoena or other compulsory process before we will disclose any such information.

CERTAIN MINORS:

We may disclose Part 2 Information to your parent or legal guardian if you are a minor under the age of thirteen (13) years old. Disclosure by a Part 2 Program of information related to treatment of minors age thirteen (13) and older requires the written consent of both the minor and a parent or legal guardian. However, if a minor may make their own medical decisions under Washington law, we will only disclose Part 2 Information to a parent, legal guardian, or other third party if provided with the minor patient's prior authorization.

DISCLOSURE OF CHILD OR VULNERABLE ADULT ABUSE AND/OR NEGLECT:

We may report to the relevant state authorities any instances of, or suspected instances of, child abuse or neglect and vulnerable adult abuse or neglect. Part 2 Information will remain protected if a report leads to civil or criminal proceedings for abuse or neglect and may only be disclosed upon receipt of a court order and subpoena authorizing disclosure of Part 2 Information.

Uses and Disclosures Under Part 2 That Require Your Prior Authorization:

We will only make uses or disclosures not described in this notice with your prior, written consent. Such consent is required before we use or disclose your Part 2 Information for any purpose not described above, including but not limited to:

DISCLOSURE TO THE CRIMINAL JUSTICE SYSTEM:

Generally, we cannot disclose Part 2 Information to the criminal justice system unless you provide prior authorization. When your participation in a Part 2 Program results from your involvement with the criminal justice system, we will disclose your Part 2 Information only to those

who are authorized to monitor you as part of a criminal proceeding against you and for whom we receive your written authorization to release such information. Your ability to revoke your consent may be limited by the terms of your agreement with the relevant authorities within the criminal justice system. For example, if a deferred sentence, plea bargain, or similar arrangement is dependent upon your participation in an alcohol or substance use disorder program, you may be required by the terms of the corresponding agreement to consent to disclosure of your Part 2 Information to the relevant public authorities to ensure compliance with the criminal justice referral.

REDISCLASURE OF PART 2 INFORMATION

Records that we disclose to a Part 2 Program, a HIPAA covered entity, or a business associate pursuant to your written authorization for treatment, payment, and healthcare operations purposes may be further disclosed by that Part 2 Program, HIPAA covered entity, or business associate without your written consent to the extent the HIPAA regulations permit such disclosure.

Your Rights as a Patient Under 42 CFR Part 2

In addition to all of the rights provided by HIPAA, patients receiving treatment, diagnosis, or referral for a substance use disorder have the following additional rights:

RIGHT TO PROVIDE A SINGLE CONSENT:

You may provide a single written consent that authorizes all future uses or disclosures of your Part 2 Information for treatment, payment, and healthcare operations purposes.

RIGHT TO REVOKE AUTHORIZATION:

You may revoke your written authorization for a use or disclosure by providing a written request to revoke your prior written authorization.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have a right to an accounting of disclosures of electronic records under 42 CFR Part 2 for the prior three (3) years, and a right to an accounting of disclosures under HIPAA as described above.

RIGHT TO A LIST OF DISCLOSURES BY AN INTERMEDIARY:

You have the right to request, in writing, a list of all disclosures made by an intermediary of your Part 2 Information for the past three (3) years.

RIGHT TO ELECT NOT TO RECEIVE FUNDRAISING COMMUNICATIONS:

You have the right to request that we do not send you any fundraising communications.

RIGHT TO RESTRICTION ON DISCLOSURES FOR SERVICES PAID IN FULL

You have a right to request and obtain restrictions on disclosures of records under 42 CFR Part 2 to your health plan for services for which you have paid out-of-pocket and in full.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have a right to obtain a paper or electronic copy of this notice from Peninsula Community Health Services upon request, and the right to discuss the notice with Peninsula Community Health Services' designated contact person (HIPAA Privacy Officer).

Duties of Peninsula Community Health Services as a Part 2 Program

Peninsula Community Health Services has the following duties as a Part 2 Program:

- We are required by law to maintain the privacy of records, to provide patients with notice of our legal duties and privacy practices with respect to records, and to notify affected patients following a breach of unsecured records;
- We are required to abide by the terms of this notice currently in effect; and
- We reserve the right to change the terms of this notice and to make the new notice provisions effective for records that we maintain. The revised notice will be posted on our website and provided to patients in paper form upon request.

Complaints under HIPAA and 42 CFR Part 2

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our Privacy Officer at the address listed at the end of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call 202-619-0257 (or toll free 877-696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. There will be no retaliation against you for filing a complaint.

Foreign Language Version

If you have difficulty reading or understanding English, you may request a copy of this Notice in Spanish.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:

Privacy Officer: Jennifer Kreidler-Moss, CEO

Mailing Address: PO Box 960, Bremerton, WA 98337

Telephone: 360-478-2366



Your Rights
Your Information
Our Responsibilities

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**Peninsula Community
Health Services**