



Yakima Neighborhood Health Services
 12 South 8th St, PO Box 2605
 Yakima WA 98907-2605
 Phone (509) 454-4143 Fax (509) 454-3651
 www.ynhs.org

**Privacy Practices – Acknowledgement
 Effective September 2014**

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our Health Care Information department at the clinic, or the Chief Operating Officer (Privacy Officer) if you have a specific concern or would like more information about our Privacy Practices.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the YNHS' Notice of Privacy Practices.

Patient Name _____ DOB _____ MRN _____

 Signature of patient or authorized representative _____ Date

 Printed name if signed on behalf of patient Relationship (parent, legal
 guardian, personal representative, etc.)

Staff Comments (if needed) _____

This form will be retained in your medical record



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NOTICE OF PRIVACY PRACTICES

IMPORTANT: 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.

Yakima Neighborhood Health Services (YNHS) and all associates at all locations are required by law to maintain the privacy of patients' Protected Health Information (PHI) and to provide individuals with the following Notice of the legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and these new terms will affect all PHI that we maintain at that time.

In certain circumstances we may use and disclose PHI about you without your written consent:

For Treatment: We may use health information about you to provide you with medical treatment or services. We will disclose PHI about you to doctors, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes might slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of YNHS may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may disclose health information about you to people outside YNHS who provide your medical care like nursing homes or other doctors.

For Payment: We may use and disclose information to health plans or other entities to assist in the payment of your bills. We may use it to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.

For Health Care Operations: We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of our staff, contracted employees and students in caring for you.

Business Associates: We may use or disclose your PHI to outside companies that assist us in operating our health system. They perform various services for us, including, but not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential in the same way we do.

Family Members and Friends: If you agree, do not object, or we reasonably infer that there is no objection, we may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are



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incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances. We may disclose PHI to a family member, relative, or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual that are known to YNHS. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

Appointments: We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.

Contacting you: We may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

Fundraising Activities: We may use PHI, such as your name, address, phone number, the dates you received services, the department from which you received service, your treating physician, outcome information, and health insurance status to contact you to raise money for YNHS interests. We may share this information with a foundation associated with YNHS to work on our behalf. If you do not want YNHS or its affiliates to contact you for our fundraising and you wish to opt out these contacts, or if you wish to opt back in to these contacts, please call YNHS at 509-454-4143 and speak with the Privacy Officer.

Required or Permitted by Law: We may use or disclose your PHI when required or permitted to do so by federal, state, or local law.

Public Health Activities: We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI in certain circumstances to control or prevent a communicable disease, injury or disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose your PHI to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law or to a state or federal government agency to facilitate their functions. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

Lawsuits and Other Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by law). If certain conditions are met, we may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful process.



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Abuse or Neglect: We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your protected health information to a governmental entity authorized to receive such information.

Law Enforcement: Under certain conditions, we may disclose your PHI to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (1) responding to a court order or similar process; (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; (3) reporting suspicious wounds, burns or other physical injuries; or (4) as relating to the victim of a crime.

To Prevent a Serious Threat to Health or Safety: Consistent with applicable laws, we may disclose your PHI if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Coroners, Medical Examiners and Funeral Directors: We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.

Organ, Eye and Tissue Donation: We may disclose PHI to organizations that obtain, bank or transplant organs or tissues.

Research: YNHS may use and share your health information for certain kinds of research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process to ensure the appropriate privacy protections.

Workers' Compensation: We may disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.

Employer Sponsored Health and Wellness Services: We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We may use the PHI to provide your medical treatment or services and may disclose the information about you to others who provide you medical care.

Shared Medical Record/Health Information Exchanges: We maintain PHI about our patients in shared electronic medical records that allow the YNHS providers to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide your care. For example, if you are admitted on an emergency basis to another hospital that participates in a health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you.



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Other Uses and Disclosures of PHI

Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization.

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide YNHS with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization and privacy laws may no longer protect such information.

Your Rights Regarding Your PHI:

The Right to Access and Copy Your Own Health Information: You have the right to inspect and copy most of your protected health information for as long as we maintain it as required by law. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee. Please contact the YNHS Health Information/Medical Records Department with any questions or requests.

Right to Request Restrictions: You have the right to request certain restrictions of our use or disclosure of your PHI. We are not required to agree to your request in most cases. But if YNHS agrees to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. YNHS will agree to restrict disclosure of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid YNHS for in full. For example, if a patient pays for a service completely out of pocket and asks YNHS not to tell his/her insurance company about it, we will abide by this request. A request for restriction should be made in writing. To request a restriction you must contact Health Information/Medical Records Department. We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

Right to Request Confidential Communications: You may request in writing that we communicate with you in a particular way.. For example, you may ask that all communications be sent to your work address, rather than your home. We will accommodate a request for confidential communications that is reasonable.

Right to be Notified of a Breach: You have the right to be notified in the event that we (or one of our Business Associates) discovers a breach of unsecured protected health information involving your medical information.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as YNHS maintains the information. Requests for amending your PHI



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should be made to the Health Information/Medical Records Department. The YNHS personnel who maintain the information will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to an Accounting: With some exceptions, you have the right to receive an accounting of certain disclosures of your PHI. A nominal fee may be charged for the record search.

Complaints: You may submit any complaints with respect to violations of your privacy rights to the YNHS Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by accessing <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> if you feel that your rights have been violated. There will be no retaliation from YNHS for making a complaint.

Changes to this Notice If we make a material change to this Notice, we will provide a revised Notice available at www.ynhs.org. Revised notices will also be available at YNHS sites.

Contact Information To exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact the YNHS Privacy Officer at 509-454-4143, unless otherwise specified in this Notice.

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