

N.E. WASHINGTON HEALTH PROGRAMS
Notice of Privacy Practices

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review this carefully.

N.E. Washington Health Programs (NEWHP) respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnosis, treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

Examples of Use and Disclosures of Protected Health Information (PHI) for Treatment, Payment, and Health Operations

For Treatment:

- Information received from a nurse, physician, dentist or other health care team member will be recorded in your NEWHP record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For Payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnosis, procedures performed, or recommended care.

For Health Care Operations:

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you to raise funds.
- We may use and disclose your information to conduct or arrange services, including:
 - Medical quality review by your health plan;
 - Accounting, legal, risk management and insurance services;
 - Audit functions, including fraud and abuse detection and compliance programs.

Your Health Information Rights

The health and billing records we create and store are the property of N.E. Washington Health Programs. The protected health information in it generally belongs to you. You have a right to:

- Receive, read and ask questions about this Notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant this request. We will comply with any reasonable request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information;
- Request that you be allowed to see and get a copy of your protected health information (PHI). You may make this request in writing. We have a form available to make this request.
- Have us review a denial of access to you health information- except in certain circumstances.
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. That statement will be stored in your medical record, and included with any release of your records.
- When requested, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information free of charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at a different location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

For help with these rights during business hours, please contact:

**N.E. Washington Health Programs
Attn: Privacy Officer
509 E. Main / PO Box 808
Chewelah, WA 99109
509- 935-6001 or 877-632-2894**

Our Responsibilities

We are required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this notice by calling and asking for it or by visiting any NEWHP office to pick one up.

To Ask for Help or Report Problems

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

**N.E. Washington Health Programs
Attn: Privacy Officer
509 E. Main / PO Box 808
Chewelah, WA 99109
509- 935-6001 or 877-632-2894**

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member or deliver a written complaint to the Privacy Officer at the address noted above. You may also file a complaint with the U.S. Secretary of Health and Human Services.

We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- We may release health information about you to a friend or family member who is involved in your medical/dental care. We may also give information to someone who helps pay for your care. We may tell family and friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts or in an emergency.

We may use your protected health information without your authorization as follows:

- **With Medical Researchers** - if the research has been approved and has policies and procedures to protect your privacy. We may also share information with medical researchers preparing to conduct a research project.
- **To Funeral Directors/Coroners/Organ Procurement Organizations (Tissue Donation and Transplant)** - consistent with applicable laws and regulations.
- **To the Food and Drug Administration (FDA)** - relating to problems with food, medications, or other products causing an adverse reaction. We may also share information in reporting any incident involving medical equipment that causes injury, for the purpose of assessing for manufacturing errors.
- **To Comply with Workers' Compensation Laws** - if you make a workers' compensation claim.

- **For Public Health and Safety Purposes as Allowed or Required by Law -**
 - To prevent or reduce serious, immediate threat to the health or safety of a person or the public.
 - To public health or legal authorities
 - To protect public health and safety
 - To prevent or control disease, injury, or disability
 - To report vital statistics such as birth or deaths.
- **To Report Suspected Abuse or Neglect -** to public authorities.
- **To Correctional Institutions -** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement Purposes -** such as when we receive a subpoena, court order, or other legal processes, or if you are the victim of a crime.
- **For Health and Safety Oversight Activities -** For example, we may share health information with the Department of Health.
- **For Disaster Relief Purposes -** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family and others, or for identification purposes.
- **For Work-Related Conditions that Could Affect Employee Health -** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of the U.S. and Foreign Military Personnel -** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings -** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions -** For example, we may share information for National Security purposes.
- **For Government or Private Use -** for the purpose of obtaining a grant or funding.

Other Uses and Disclosures of Protected Health Information

- Uses and disclosures not in this Notice will be made only as allowed by law or with your written authorization.

Web Site

- We have a website that provides information about us. For your benefit, this Notice is on the Web site at this address: **www.newhp.org**.

Effective Date: May 8th, 2003