

Effective September 23, 2013

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

Snohomish Health District is committed to protecting your personal health information. Protected health information (PHI) includes information that we have created or received regarding your health, your health care, and payment for your health care. It includes personal information such as your name, birth date, social security number, address, and phone number.

**Special state and federal laws may require us to provide a higher level of protection for some types of Protected Health Information.** Additional protections found in state and federal law may apply to information about sexually transmitted diseases, drug and alcohol treatment records, mental health records and HIV/AIDS information. When required by law we will obtain your authorization before releasing this type of information.

### **Your rights with respect to your protected health information**

- You have the right to request limits on the way we use or disclose your health information. Your request must be in writing to our Privacy Officer and tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction; however, if you have paid for a service in full, we will not disclose information about that service to your health plan for payment if you provide a written request not to disclose the information.
- You have the right to request how we provide confidential communications to you. You may ask us to share information with you in a certain way or in a certain place. For example, you may ask us to send information to another address instead of your home address; you may also request that we call you at a special phone number. You must make this request in writing. You do not have to explain the reason for your request. We are required to follow your request, if it is reasonable.
- In most cases, you have the right to look at or get copies of your records, including a copy of your records in an electronic format. You must make the request in writing. We may charge you a reasonable fee based on copying costs. In certain situations, we may deny your request and will tell you why we are denying it. In some cases, you may have the right to ask for a review of our denial.
- You have the right to request a correction or an update of your records. You may ask us to change or add missing information if you think there is a mistake. You must make the request in writing to our Privacy Officer and provide a reason for your request. In certain cases we may deny your request, in writing. You may respond by filing a written statement of disagreement with us and ask that the statement be included in your health care record.

- You have the right to get a list of persons or agencies where your health information was sent. You must make this request in writing to our Privacy Officer. The list will not include the disclosures of your information made for the purpose of treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your written authorization.
- You have the right to get a paper or electronic copy of the most recent version of this Notice, if you request it.
- You have the right to cancel your permission for us to release your information. If you sign an authorization to use or disclose information, you can revoke that authorization at any time. This request must be made in writing to our Privacy Officer. This will not affect information that has already been used or disclosed.

### **Our responsibilities under the law**

Snohomish Health District is required by law to provide you with our Notice of Privacy Practices. This law is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this law, we must protect the privacy of your protected health information (PHI). If we update our Notice of Privacy Practices we will make it available to you. The most recent version will be posted in our facilities and on our web site at [www.snohd.org](http://www.snohd.org).

### **We are required to:**

- Keep your protected health information private except as indicated in this Notice
- Follow the terms of the Notice currently in effect
- Get your written authorization for any use or disclosure not covered in this Notice
- Notify you following a breach of unsecured PHI

### **How we may use or disclose health information about you**

Without your consent, we are permitted under federal and state law to use or disclose your protected health information for treatment, payment and health care operations.

#### **For treatment:**

- Information you give to our health care team will be documented in your medical record. The health care team may read, discuss, or share the health information among them to provide quality care and to help decide what care may be best for you.
- We may also give health information to your other health care providers. This will help them stay informed about the care we have given you.

#### **For payment:**

- The Snohomish Health District bills Medicaid and Medicare who need information about your medical care to pay your bills. This billing statement may include information that identifies you as well as your diagnosis, procedures, and supplies used.

**For health care operations:**

- We may use your health information in order to learn how to make our services better.
- We may use and share your health information to look at how our health care providers do their job and to train our staff.
- We may contact you to remind you about appointments and to give you information about different types of treatment or other health related services.
- We may also use and share your health information for the following:
  - Review by your health insurance carrier.
  - Billing and payment purposes.
  - State and federal audits.

**Other reasons for which we are permitted or required to use or disclose your protected health information without your written authorization**

- **Public health:** As required by law, we may disclose your health information for prevention and control of disease, injury or disability, reporting of birth or death, disease surveillance, and to reduce a serious or immediate threat to the health or safety of individuals or the public.
- **Law enforcement:** We may disclose information to a law officer to report a crime, an agency investigating a crime, or if you are a victim of a crime.
- **Medical research:** We may disclose information for a study that does not identify who is included in the study. The research must be set up to protect your privacy.
- **Funeral directors, medical examiners and coroners:** As authorized by law, we release information to let them do their jobs such as to identify a body or to determine the cause of death.
- **Organ donations:** After death, information may be disclosed to organizations or agencies for the purpose of organ, eye or tissue donation or transplantation.
- **U.S. Food and Drug Administration:** Information may be released to handle product recalls or problems with food, nutritional supplements, and products such as vaccinations or birth control.
- **Worker's compensation:** Information may be released to process a claim regarding a work-related injury or illness to the extent necessary to comply with related laws.
- **Suspected abuse or neglect:** We may report information to the appropriate government authority such as a social services or protective services agency.
- **Correctional facilities:** If you are in jail or prison, we may disclose information as needed to protect your health or for the health and safety of others.
- **Health and safety oversight:** We may share health information with an agency that reviews local health programs such as the Washington State Department of Health.
- **Disaster relief:** We may share health information with disaster relief agencies to let family or friends know about your condition.
- **US military authorities:** If you are a member of the military, the law may require us to provide health information necessary to carry out a military mission.
- **National security:** We may share health information for national security or special federal investigations as authorized by the National Security Act.
- **Courts or lawsuits:** Information may be released as required by a subpoena, court order, administrative tribunal, or to defend a lawsuit. Reasonable effort will be made to notify you of such request.

- **Business Associates:** These are people or agencies who help us serve you. The law says we can give them enough information to do their job. We require them to protect your information just like we do.
- **Communication with family:** We may share with a family member, or any other person you identify, health information relating to that person's involvement in your care.
- **Minors:** Minors are children under the age of 18. Parents and legal representatives may see their minor child's health information in most cases. In some cases, we are required by law to obtain the minor's permission to give the parent or legal representative access to the minor's health information such as treatment of alcohol or drug addiction (age 14 and older), sexually transmitted disease (age 14 and older) and mental health (age 13 and older).

**Other uses and disclosures require your written authorization:** Snohomish Health District does not engage in fundraising, marketing, psychotherapy treatment, or the sale of protected health information. However we are required to inform you that the use of protected health information for these purposes requires your authorization.

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

**For more information or to file a complaint please contact:**

**Privacy Officer**  
Snohomish Health District  
3020 Rucker Ave., Suite 102  
Everett, WA 98201  
Phone: (425) 339-8673

**If you believe your privacy rights have been violated, you may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, at the address below. You will not be retaliated against for filing a complaint.**

**Office for Civil Rights**  
Medical Privacy, Complaint Division  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW, HHH Building, Room 509H  
Washington D.C., 20201

Phone: 866-627-7748  
TTY: 886-788-4989  
Online: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)