



Notice of Privacy Practices

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.

The Charis Clinic PLLC is a professional limited liability company.

The privacy of your health information is important to us. We will maintain the privacy of your health information and 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.

A federal law known as the Health Insurance Portability and Accountability Act (HIPAA) requires that we take additional steps to keep you informed about how we may use information that is gathered in order to provide health care services to you. As part of this process, we are required to provide you with the attached Notice of Privacy Practices and to request that you sign the written acknowledgment that you received a copy of the Notice. The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights.

Please take a moment to review our Notice of Privacy Practices. We also request that you sign and return the attached Acknowledgment of Receipt of Notice of Privacy Practices documenting that you received a copy of our Notice.

If you have questions about this Notice, please contact our Privacy Officer at:

The Charis Clinic

7631 212th St SW Ste 101A.

Edmonds, WA 98026

phone 206.714.4476

fax 425.732.4476

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.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures without Your Written Authorization



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Treatment: We may use and disclose protected health information (PHI) to provide, coordinate and manage your health care, including consulting between health care providers regarding your care and referrals for health care from one health care provider to another.

Payment: We may use and disclose PHI to obtain reimbursement for the treatment and services provided to you, including the determination of eligibility of coverage and other utilization review activities. We may disclose limited PHI to consumer reporting agencies relating to collection of payment owed to us.

Healthcare Operations: We may use and disclose PHI to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning and developments, management and administrative activities.

Business Associates: There may be some services provided in our organization through contacts with business Associates. This would include our billing management system, electronic claims clearing house or physician services in the emergency department and radiology. When these services are contacted, we may disclose some or all of your health information, however, we require the Business Associate to appropriately safeguard your information.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release PHI about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may release PHI to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose PHI to federal or state agencies that oversee our activities.

Required or Permitted by Law: We may disclose PHI as required or permitted by law or in response to a valid judge-ordered subpoena. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition, we may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health and safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; and disclosures to



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military or national security agencies, coroners, medical examiners, and correctional institutions as otherwise authorized by law.

Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

Lawsuits and Disputes: We may disclose PHI about you in response to a court or administrative order. We may also disclose medical information about you to in response to a subpoena, discovery request or other lawful purposes. We may disclose medical information about you in order to protect ourselves from complaints or legal action filed against us.

Inmates: If you are an inmate of a correctional institute or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official.

Abuse or Neglect: We may disclose PHI to notify the appropriate government authority if we have reasonable suspicion that a patient or other reported person related to patient has been the victim of abuse, neglect or domestic violence. We will only make this disclose if you agree or when required or authorized by law.

Coroners, Medical Examiners and Funeral Directors: We may release PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release PHI about patients of funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for such purposes as controlling disease, injury or disability.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Vaccine Adverse Event Reporting System (VAERS): We may disclose to the VAERS information relative to adverse events from vaccines.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

B. Uses and Disclosures that May be Made Without Your Authorization, But for Which You have an Opportunity to Object



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Appointment Reminders: Unless you object in writing, we may use and disclose PHI to contact you to provide appointment reminders such as voicemail messages, emails, texts, postcards, or letters.

Treatment Alternatives/Other Services: We may use and disclose PHI to tell you about or recommend possible treatment alternatives or other health care related benefits and services that may be of interest to you.

Family and Other Individuals Involved in Your Care or Payment for Your Care: We may use or disclose health information to notify, or assist in the notification (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. We may ask you to identify others to whom we may disclose your health information. If you are present, then prior to such use or disclosure of your health information, we will provide you with an opportunity to object to such disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing health information that is directly relevant to the person's involvement in your health care. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, or other similar forms of health information.

Research: We may use and disclose PHI about you for research purpose under certain limited circumstances. We will obtain a written authorization to use and disclose PHI about you for research purpose except in situations where a research project meets specific, detailed criteria **established by the HIPAA Privacy Rule to ensure the privacy of your PHI.**

C. Uses and Disclosures Requiring Your Written Authorization

1. **Marketing Communications; Sale of PHI.** We must obtain your written authorization prior to using or disclosing PHI for marketing or the sale of PHI, consistent with the related definitions and exceptions set forth in HIPAA

2. **Other Uses and Disclosures.** Uses and disclosures other than those described in Sections A and B above will only be made with your written authorization. For example, you will need to sign an authorization form before we can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time.

3. **Uses and Disclosures of Higher Confidential Information.** In addition, federal and state law requires special privacy protections for certain highly confidential information about you, including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment, and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about sexually transmitted



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infections. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. **Right to Inspect and Copy.** You may request access to your medical record and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the costs of copying and sending you any records requested.
2. **Right to Alternative Communications.** You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.
3. **Right to Request Restrictions.** You have the right to request a restriction on PHI we use or disclose for treatment, payment, or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below. We are not required to agree to any such restriction you may request, except if your request is to restrict disclosing PHI to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.
4. **Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by The Charis Clinic PLLC within the last six year. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.
5. **Right to Request Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.
6. **Right to Obtain Notice.** You have the right to obtain a paper copy of this notice by submitting a request to our Privacy Office at any time.
7. **Right to Receive Notification of a Breach.** We are required to notify you if we discover a breach of your unsecured PHI, according to requirements under federal law.
8. **Questions and Complaints**

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

We are required by law and under the HIPPA Privacy Rule to maintain the privacy of your health information. In addition, we are required to provide you with our legal duties and privacy practices with respect to information we collect and maintain about you. We must comply with the terms of this notice. We reserve the right to make changes to this notice and to make such changes effective



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for all PHI we may already have about you. If and when this notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised notice upon request to our Privacy Official.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Official at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a written complaint with the Privacy Office at The Charis Clinic PLLC, or the Secretary of the Department of Health and Human Services. We will not retaliate or take action against you for filing a complaint with the Privacy Official at The Charis Clinic PLLC.

The contact information is included below:

US Department of Health and Human Services

Office of the Secretary
200 Independence Ave. SW
Washington DC 20201
phone 202.619.0257
toll free 1.877.696.6775
<http://www.hs.gov/contacts>

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