

## **NOTICE OF PRIVACY POLICIES**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## **NOTICE OF PRIVACY POLICIES**

**FOR**

**Erin Mullins Healing Arts**

**14307 23<sup>rd</sup> Pl. NE, Seattle WA 98125**

**206-388-6907**

**Erincmullins.com**

### **Introduction**

I am committed to treating and using protected health information about you responsibly. I understand that your medical information is personal. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003 and applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Record/Information**

Each time you visit my office., a record of your visit is made. Typically, this record contains your dates services were provided, health history/symptoms, description of services provided, treatment, and a plan for future care or treatment, and a physician's referral if appropriate. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property Erin Mullins Healing Arts., the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Look at or get copies of your medical information under RCW 70.02.080. You must make your request in writing. If you request copies, we can charge you, \$19.00 clerical fees, \$0.83 for each page, and postage if you want the copies mailed to you.
- Amend your health record as provided in RCW 70.02.100.
- Obtain an accounting of disclosures of your health information for purposes other than treatment, payment, and healthcare operations and other specified exception.
- Request a restriction on certain uses and disclosures of your information as provided by

- RCW 70.02.090.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Our Responsibilities**

I am required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by terms of this notice
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative locations

I reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, I will mail a revised notice to the address you've supplied us, or if you agree, I will email the revised notice to you.

I will not use or disclose your health information without your authorization, except as described in this notice. I will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **For More Information or to Report a Problem**

If you have any questions and would like additional information you may contact Erin Mullins- 206-388-6907.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services, or with the State Dept of Health. There will be no retaliation for filing a complaint with either the Privacy Officer, The State Dept of Health, or the Office for Civil Rights. The address for the governing agencies are listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave., SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Washington State Dept. of Health  
Health Professions Quality Assurance  
1300 SE Quince St.  
PO Box 47867  
Olympia, WA 98504-7867

### **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

**For example:** Information obtained by a physician, Soma practitioner, licensed mental health counselor, licensed massage practitioner or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your practitioner will document in your record his or her expectations. In that way, the practitioner will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you at your request.

*We will use you health information for payment*

**For example:** Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include insurance billing. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Notification:* Medical information to notify or help notify: a family member, your personal representative, or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In the case of an emergency, and if you are not able to give or refuse permission, we will only share the health information that is directly necessary for your health care, according to our professional judgment to make decisions in your best interest before allowing someone medical information about you.

*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment released to your care.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

*Marketing:* We may contact you to provide appointment reminders, which will include the name of our clinic, or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Our clinic can mail reminder postcards, which contain our office address and the amount of time since your last visit.

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

*Workers Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public Health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law Enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

I keep a record of the health care services we provide you. You may ask us to see and copy the record. You may also ask me to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so.