



## **HIPPA: Statement of Privacy Practices**

Our office is dedicated to protect the privacy rights of our patients and the confidential information entrusted to us. The commitment of each employee to ensure that your health information is never compromised is a principal concept in our practice. We may, from time to time, amend our privacy policies and practices but will always inform you of any changes that may affect your rights and preferences.

### **Protecting Your Personal Healthcare Information**

We use and disclose the information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and Washington state. This includes issues related to your treatment, payment and our health care operations. Your personal health information will never be otherwise given to anyone - even family members - without your written consent. You may give written authorization for us to disclose your information to anyone you choose for any purpose. Our office and electronic systems are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current and future patients. You can be confident that your protected health information will never be improperly disclosed or released.

### **Collecting Your Protected Health Information (PHI)**

We will only request personal information needed to provide our standard quality of care, implement payment activities, conduct normal health practice operations and comply with the law. This may include your name, address, telephone number(s), social security number, employment data, medical history, health records etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

### **Disclosure of Your Protected Health Information (PHI)**

We may disclose information as required by law. We are obligated to provide information to law enforcement and government officials under certain circumstances. We will not use your information for marketing purposes without your written consent. We may use and/or disclose your health information to communicate reminders about your appointments including voicemail or text messages. Any breach in the protection of your personal health information including unauthorized acquisition, access, use or disclosure will be fully investigated, addressed and mitigated as established by the HIPAA Privacy Rule. You have the right to and will be provided all information relating to any breach involving your personal PHI.

### **Your Rights as Our Patient**

You have the right to request copies of your healthcare information in a variety of formats and to request a list of instances in which we or our associates have disclosed your protected information for uses other than stated above. All such requests must be in writing. We may charge for your copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also notify the US Department of Health and Human Services. Please ask if you have any questions about your privacy rights or the protection of your health information.