



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

Effective Date: 9/23/13

INTRODUCTION

This Notice of Privacy Practices explains how Kennewick Public Hospital District (KPHD) including its hospital, clinics, medical staff, employees, and volunteers use and disclose your health information.

TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

KPHD may use or disclose your health information for treatment, payment and healthcare operations (TPO) without requiring that you provide a specific written authorization. For example, your health information may be:

- Used to decide what care, treatment and services you need or how well your prescribed treatment is working
- Shared with referring doctors or specialists for treatment
- Used to obtain confirmation in advance that an insurer, Workers Compensation or another third party payer will cover treatment or surgery
- Contained in a bill sent to a third party payer for payment
- Used to remind you of an appointment
- Used to contact you if the address or phone number we have for you is no longer correct
- Used to contact you to discuss other treatments that may benefit you

OTHER PURPOSES

We may also use or disclose your health information without your written permission for the following purposes:

- **Business Associates:** We may disclose your health information to business associates with whom we contract to provide services. Examples include physicians in the emergency, anesthesiology and radiology departments, outside laboratories, and a copy service that makes copies of your health information when you request it.
- **Health Oversight:** We may disclose health information to a health oversight agency or public health authority authorized by law to investigate or oversee health provider conduct or conditions.
- **Public Health Activities:** We may disclose your health information to a public health or other governmental authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, disability, neglect or abuse.
- **Food and Drug Administration Activities:** We may disclose information to an authorized agent of the Federal Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of FDA regulated products and services. For example, information may be provided to enable product recalls, repairs or replacement.
- **Law Enforcement:** When we believe it's consistent with the law and ethical standards, we may report information to appropriate law enforcement personnel: about certain types of wounds or other physical injuries; to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; to identify, locate or apprehend a suspect, fugitive, material witness or missing person; for intelligence, counter intelligence and other national security activities, and/or about the victim of a crime.
- **Inmates:** We may disclose health information to a correctional institution or law enforcement official having lawful custody of an inmate to assure the health and safety of the inmate, the health, safety, and security of others, or appropriate operations at the correctional institution.
- **Legal Proceedings:** We may disclose health information to attorneys or courts in response to a subpoena, discovery request or other lawful process.
- **Coroners and Medical Examiners:** We may disclose health information to a coroner or medical examiner to identify a deceased person or determine the cause of death.
- **Funeral Directors:** We may disclose health information to funeral directors as needed so they can perform required duties.
- **Organ Procurement Organizations:** We may use or disclose health information to an organ procurement organization for the purpose of facilitating transplantation.

- **Research:** We may use or disclose health information for research when the research is approved by an Institutional Review or Privacy Board.
- **Military:** We may disclose health information about armed forces personnel when the information is deemed necessary by the Military and the legal disclosure requirement is published in the Federal Register.
- **Fundraising:** We may disclose health information to a business associate or KPHD related foundation for the purpose of raising funds for the organization. They will provide you with information about how you can opt out of future fundraising communication.
- **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, you location and general condition
- **Hospital Directory:** Unless you notify us that you object, the hospital will use your name, location in the facility, general condition and religious affiliation for directory purposes. That means that when you are a hospital patient, this information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name. If you do not want your health information listed in the hospital directory, please tell the hospital registration staff.
- **Those Involved in Your Care or Payment:** Unless you ask us not to, we 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 for your care.

YOUR RIGHTS

The following paragraphs explain your rights with respect to your health information as well as how you may exercise those rights.

- **You have the right to review and ask for a copy of the health and billing information we maintain and use to make decisions about your care.** If the information is maintained electronically, you have a right to receive that information in an electronic format (such as secure e-mail or a travel drive). Please contact the Health Information Management Department at the hospital, the front desk staff at a KPHD Clinic, or complete and submit an authorization form on the TRIOS HEALTH web site to request, review or obtain a copy of your health record. (A fee may be charged.)
- **You have the right to request restrictions to uses and disclosures of your health information.** You may ask us to limit how we use or disclose your health information. We are required to accommodate your request when you ask us not to submit the information to your insurance carrier and you pay for the service in full. We are not required to agree to other requests and will tell you if your request cannot be honored. If we agree to your request, we will not violate the restriction unless the information is necessary to provide you with emergency treatment. You may request a restriction by contacting the KPHD Privacy Officer or completing and submitting a *Request for Restriction* form on the TRIOS HEALTH website.
- **You have the right to request we communicate with you by alternate means or locations.** You can ask us to call you at work, or to mail information to your post office box, for example. We are required to accommodate reasonable requests. You may request a restriction by contacting the Privacy Officer, discussing your need with hospital registration staff or the front desk staff at a clinic, or completing and submitting a *Request for Confidential Communications* form on the TRIOS HEALTH web site.
- **You have the right to request changes to your health information.** When you believe your health information is incorrect or incomplete, you may ask us to amend the information. To request an amendment to your record, contact KPHD's Privacy Officer or complete and submit the *Request for Amendment* form on TRIOS HEALTH's website.
- **You have the right to receive a list of the disclosures of your health information made by KPHD.** To learn more or to request such a list, contact the Privacy Officer.
- **You have a right to obtain a paper copy of the Notice of Privacy Practices.** This Notice is available in paper form in each of the KPHD lobbies, or may be obtained from the Privacy Officer, Hospital Health Information Management Department, Hospital Registration Staff, or front desk staff at any KPHD clinic.

AUTHORIZATION REQUIRED

We will not use or disclose your health information except as described in this notice without your authorization. If, and when you do provide a written authorization, you may later revoke that authorization. We will honor your revocation request to the extent we have not already acted upon it.

EXAMPLES OF AUTHORIZATIONS REQUIRED

We must obtain written authorization to use or disclose psychotherapy notes except when the information is used: to carry out treatment, payment or health care operations; for our own training programs; for oversight of the author of the notes; or to defend ourselves against legal action brought by the individual.

We must obtain written permission to use health information for marketing except when the marketing is face to face or involves a promotional gift of nominal value. If we are paid to send a marketing letter, the authorization must explain the fact we are being paid to make that communication.

We must also obtain written permission in order to sell health information.