

BOTHELL WOMEN'S HEALTH
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

We keep a record of the health care services we provide for you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record and get more information about it by contacting our Office Manager.

Our *Notice of Privacy Practices* describes in more detail how your health information may be used and disclosed and how you may access your information.

Printed Patient Name: _____

Do you give us permission to leave a phone message for appointment reminders and/or lab results?

YES: Preferred Phone Number: (____) _____

NO: Please DO NOT leave messages.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

X _____ X _____
Patient or legally authorized individual signature **Date**

Printed name if signed on behalf of the patient Relationship
(Parent, legal guardian, personal representative, etc)

Per HIPAA regulations a patient is considered medically an adult as early as 13 depending on their needs. Because of this, we must have permission from the patient to discuss/share **any** medical related information including scheduling appointments. If you would like to give us permission to discuss/share any of your Personal Health Information please list their name(s) below.

Name: _____ Phone #: _____

Relationship to Patient: _____

Name: _____ Phone #: _____

Relationship to Patient: _____



Notice of Privacy Practices (NPP)

Bothell Women's Health
Lauren K. Schweizer, ARNP
Kristi B. Haldeman, ARNP

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.

I. UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit our clinic, a record of your visit is created. This record usually contains your name and other information that may identify you, your symptoms, examination and test results, diagnoses, treatment plan for future health care, and financial information. This record is sometimes referred to as your "medical chart" or "medical record".

This record allows:

- Doctors, nurses, and other health professionals to plan your treatment;
- Our clinic to obtain payment for services we provide to you, such as from insurance, or you; and
- Our clinic to measure the quality of care provided to you.

We are committed to keeping your health information confidential. We will not use or give to others your health information without your written permission, except as otherwise stated in this notice.

II. HOW WE WILL USE AND GIVE OUT YOUR HEALTH INFORMATION

a. Treatment, Payment, and Health Care Operations

We will use and give out your health information to provide you with health care treatments, to get paid for our services, and to help us operate our clinic. For example:

- We will give your health information to health care professionals not on our staff, such as doctors and/or hospital staff who are helping to care for you;
- We may send a bill to your health insurance plan or to you; and
- Our clinic may use your medical records to review our performance and make sure you receive quality health care.

b. Other Uses and Disclosures Allowed or Required by Law

We may use or give out your health information for the following purposes under limited circumstances:

- To people who are involved in your care or who help pay for your care, such as your family, your close personal friends, or any other person chosen by you, to notify them of your location, general health, and to assist you in your healthcare (such as to pick up medicine or help with follow-up care);

- To government agencies that oversee our clinic (such as license and certification inspectors);
- To government agencies that have the right to receive and collect health information (such as to control disease outbreaks);
- When ordered by a court or judge;
- To workers' compensation programs when your health problem is from a work related injury;
- When law enforcement requests information (such as to prevent danger or injury);
- To coroners and funeral directors to allow them to carry out their duties;
- To organ donor agencies (subject to applicable laws);
- To avoid a serious threat to the health or safety to yourself or others;
- To contact you about new treatments or medicines that may help you;
- To business associates of the clinic that help us perform required tasks, such as our accountants, computer consultants, and billing companies (only if the business associate agrees in writing to keep your health information confidential as required by law); and
- For any other purpose required or allowed by law.

c. Other Uses and Disclosures Requiring Your Written Permission:

Except as stated above, we will use or give out your health information only after getting your written permission on an authorization form. You may revoke your authorization at any time by notifying us in writing that you wish to do so.

III. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Subject to certain legal limits, you have rights regarding the use and disclosure of your health information, including the rights to:

- Request limits on uses of your health information
- Receive confidential communications of your health information
- Inspect and copy your health information
- Request a change to your health information
- Receive a record of how we have used and given out your health information
- Obtain a copy of this Notice of Privacy Practices

IV. QUESTIONS, CONCERNS, AND CHANGES TO THIS NOTICE:

If you have any questions or want to talk about any of the information in this Notice of Privacy Practices, please contact the Office Manager at 17921 Bothell-Everett Highway, Suite 101, Bothell, WA 98012;
Phone: 425-806-4600

If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with our clinic, submit it to the Office manager at: 17921 Bothell-Everett Highway, Suite 101, Bothell, WA 98012. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

We may change our Notice of Privacy Practices in the future, such changes will apply to your health information that we created or received before the effective date of the change. We will notify you of any changes to our Notice of Privacy Practices by posting the changed notice at our clinic.