

Privacy Practice Policy

Patient Information, Patient Rights, YVFWC's Responsibilities

1. This notice describes how patient medical information may be used and disclosed and how the patient can access this information.
2. This notice also applies to YVFWC Part 2 programs.
3. Please read this notice carefully.

Patient Rights

1. **Health Information and Patient Rights**
 - a. This section explains patient rights and some of YVFWC's responsibilities to help each patient.
2. **Obtaining a Medical Record Copy**
 - a. Inquire to see or obtain an electronic or paper copy of your medical record and/or other health information YVFWC has on file about you as a patient of YVFWC.
 - b. YVFWC will provide a copy or a summary of the patient's health information, usually within 15 days of your request.
 - i. YVFWC may charge a reasonable cost fee.
3. **Amending a Patient Record**
 - a. As a patient of YVFWC, you can ask YVFWC to amend health information you think is incorrect or incomplete.
 - b. YVFWC will review the request.
 - i. If we say "no" to the request, we will tell you why within 60 days.
4. **Request Confidential Communications**
 - a. As a patient of YVFWC, you can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - i. We will say yes to all reasonable requests.
5. **Ask YVFWC to Limit what is Shared**
 - a. As a patient of YVFWC, you can ask us not to use or share certain health information for treatment or our operations.
 - i. YVFWC is not required to agree to the request and may say "no" if it would affect patient care.
 - b. If services or health items are paid for out of pocket, in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - i. YVFWC will say "yes" unless a law requires us to share that information.
6. **Get a List of whom YVFWC has Shared Information**
 - a. As a patient of YVFWC, you can ask for a list of the times YVFWC has shared your health information for six years prior to the date you ask, who YVFWC shared it with, and why.
 - i. YVFWC will include all the disclosures except those about treatment, payment, health care operation, and certain disclosures (such as those you ask us to make).
 - We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
7. **Get a Copy of this Privacy Notice**
 - a. As a patient of YVFWC, you can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically and YVFWC will provide you with a paper copy promptly.
8. **Choose Someone to Act for You**
 - a. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - b. YVFWC will verify the person has this authority and can act for you before taking any action.
9. **File a Complaint if you Feel Your Rights are Violated**
 - a. As a patient of YVFWC, if you feel YVFWC has violated your rights, you can complain by contacting us using the information at the bottom of this notice.
 - b. You can file a complaint with U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Ave, S.W. Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - c. YVFWC will not retaliate against you for filing a complaint.

Patient Choices

1. **For certain health information, you can tell us your choices about what we share.**
 - a. If you have a clear preference for how we share your information in the situations described below, talk to us.
 - b. Tell us what you want us to do, and we will follow your instructions.
 - c. In these cases, you have both a right and choice to tell us to:
 2. Share information with our family, close friends, or others involved in your care.
 3. Share information in a disaster relief situation.
 4. If you are unable to communicate your preferences, for example, if you are unconscious, YVFWC may go ahead and share information if we believe it is in your best interest.
2. YVFWC may also share information when needed to lessen a serious and imminent threat to health and safety.
3. **In these cases, YVFWC will never share your information unless you give us written permission.**
 - a. Marketing purposes.
 - b. Sale of your information.
 - c. Most sharing of psychotherapy notes.
4. **Contact you for fundraising efforts.**
5. **In the case of fundraising:**
 - a. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Other Uses and Disclosures

1. **YVFWC will typically use or share your information in the following ways:**
 - a. **Treat You**
 - i. We can use your health information and share it with other professionals who are treating you.
 - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
 - b. **Bill For Services**
 - i. We can use and share your health information to bill and get payment from health plans or other entities.
 - Example: We give information about you to your health insurance plan so it will pay for your services.
 - c. **Run our Organization**
 - i. We can use and share your health information to run our practice, improve care and contact you when necessary.
 - Example: We use health information about you to manage your treatment and services.
 - ii. How else can we use or share your health information?
 - We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research.
 - We must meet many conditions in the law before sharing your information for these purposes.
 - For more information, see: www.hhs.gov/hipaa/index.html
 - d. **Help with Public Health and Safety Issues**
 - i. We share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls

- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

e. Do Research

- i. We may use and share health information about you for health research.

f. Respond to Organ and Tissue Donation Requests

- i. We will share health information about you with organ procurement organizations.

g. Comply with the Law

- i. We will share information with you if state or federal law requires it, including the Department of Health and Human Services, if it wants to see that we comply with federal privacy law

h. Address Worker's Compensation, Law Enforcement, and Other Government Requests

- i. We can use or share health information about you:
 - For workman's compensation claims
 - For law enforcement purposes or with law enforcement officials
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services.

i. Work with Medical Examiner or Funeral Director

- i. We may share your health information as may be necessary for them to carry out their duties.
- ii. Health information with more restrictions.

j. Respond to lawsuits and legal action

- i. We can share health information about you in response to a court or administrative order, or in response to a subpoena
 - Re-disclosure of Part 2 records for legal proceedings are limited according to the Part 2 standard.
- ii. YVFWC is prohibited from uses and disclosures of protected health information ("PHI") relating to criminal, civil, or administrative investigations into or proceedings against any person in connection with seeking, obtaining, providing, or facilitating reproductive health care, including abortion-related care, that is lawful under the circumstances in which it is provided.
- iii. YVFWC will not disclose your protected health information under any of the following circumstances:
 - When reproductive health care "is sought, obtained, provided, or facilitated in a state where the health care is lawful and outside of the state where the investigation or proceeding is authorized
 - When reproductive health care is "protected, required, or expressly authorized by federal law, regardless of the state in which such health care was provided
 - When reproductive care is "provided in the state where the investigation or proceeding is authorized and is permitted by the law of the state in which such health care is provided.
 - YVFWC is prohibited from uses and disclosures of your substance use disorder (SUD) treatment records relating to criminal, civil, or administrative investigations into or proceedings against any person in connection with seeking, obtaining, or entering treatment for SUD.

k. Types of Uses and Disclosure of PHI for which an attestation is required;

- i. YVFWC may disclose your personal health information related to reproductive health care only we receive an attestation from the requestor in the following circumstances:
 - Healthcare oversight purposes
 - Judicial or administrative proceeding,
 - Law enforcement purposes
 - Coroner or medical examiner for descendent information
- ii. YVFWC must collect assurance from the requesting entity through a signed and dated written statement that the use or disclosure of such PHI would not be for a prohibited purpose.
- iii. YVFWC is not required to investigate the credibility of the attestation

l. Health Information with Additional Restrictions

- i. Psychotherapy and SUD counseling notes:
 - Will not be released without patient written permission or as allowed by law.
- ii. Substance Use treatment records:
 - Will not be released without patient written permission or as allowed by law.

YVFWC Responsibilities

1. YVFWC is required by law to maintain the privacy and security of patient health information.
2. YVFWC will notify the patient promptly if a breach occurs that may have compromised the privacy or security of patient information.
3. YVFWC must follow the duties and privacy practices described in this notice and give each patient a copy.
4. YVFWC will not use or share patient information other than as described here unless told by the patient in writing.
 - a. If the patient tells YVFWC we can share information, you may change your mind at any time by notifying YVFWC in writing.
5. For more information, see www.hhs.gov/hipaa/index.html

Questions

For questions, more information, or to report a problem about the handling of your protected health information, you may contact:

YVFWC HIPAA Privacy Officer

PO BOX 190

Toppenish, WA 98948

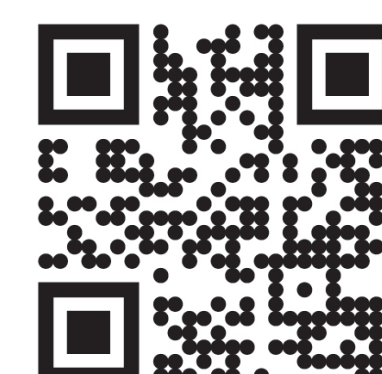
Phone: 509.865.6175 ext. 2405 • Fax: 509.865.1076

Email: HIPAAprivacy@yfwc.org

Changes to the Terms of this Notice

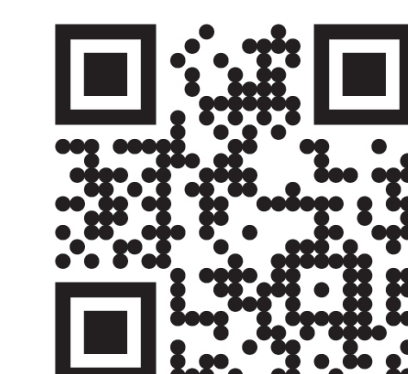
1. We can change the terms of the notice, and the changes will apply to all the information we have about you.
2. The new notice will be available upon request, in our office and on our website at www.yfwc.com

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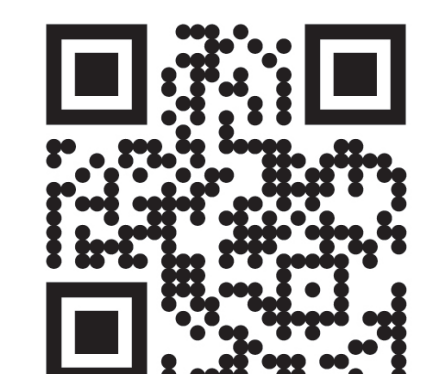
<https://www.yfwc.com/privacy-practices/cantonese>

Xem bảng Tiếng Việt



<https://www.yfwc.com/privacy-practices/vietnamese>

Ver en español



<https://www.yfwc.com/privacy-practices/spanish>