



Notice of Privacy Practices for Protected Health Information

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.

Makana North Shore Urgent Care is permitted by federal privacy laws to make use and disclosure of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination, and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Examples of Uses of Your Health Information for Treatment Purposes are:

- A nurse obtains treatment information about you and your records it in a health record.
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.
- We may contact you to provide appointment reminders.

Example of Use of Your Health Information for Payment Purposes are:

We submit requests for payment to your health insurance company. The health insurance company (or other business associate helping us obtain payment) requests information from us regarding medical care given. We will provide information to them about you and the care given.

Example of Use of Your Information for Health Care Operations:

We obtain services from our insurers or other business associates such as quality assessment, quality improvement, outcome evaluation, protocol, and clinical guideline development, training programs, credentialing, medical review, legal services, and insurance. We will share information about you with such insurers or other business associates as necessary to obtain these services.

Use and Disclosure of PHI Without Your Authorization

Makana North Shore Urgent Care is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

Communication with Family

- To a family member, other relative, or close personal friend, or other individual involved in your care if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure, and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgement, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your case.

Notification

- Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Workers Compensation

- If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with laws relating to Workers Compensation.

Public Health

- As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse & Neglect

- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Employers

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employers. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Correctional Institutions

- If you are an inmate of a correctional institution, we may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecution, or to the extent an individual is in the custody of law enforcement.

Health Oversight

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your authorization, or as directed by a proper court order.

Serious Threat

- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions

- We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Coroners, Medical Examiners, and Funeral Directors

- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release health information about patients to funeral directors as necessary for them to carry out their duties.

Other Uses

- Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). You may revoke your authorization at any time, in writing, except to the extent that we have

already used or disclosed medical information in reliance on that authorization as previously provided in this Notice under “Your Health Information Rights”.

Your Health Information Rights

The health and billing records we maintain are the physical property of Makana North Shore Urgent Care. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request to our clinic – we are not required to grant the request.
- Obtain a paper copy of the current Notice of Privacy Practices and Protected Health Information (“Notice”) by making a request at our Practice.
- Request that you be allowed to inspect and copy your health record and billing record – you may exercise this right by delivering the request to our Practice.
- Appeal a denial of access to your protected health information, except in certain circumstances.
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a request to our office. We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
 - Is not part of the health information kept by or for the Practice.
 - Is not part of the information that you would be permitted to inspect and copy; or
 - Is accurate and complete.If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our clinic.
- Obtain an accounting of disclosure of your health information as required to be maintained by law by delivering a request to our clinic. An accounting will not include uses and disclosures of information for treatment, payment, or operations; disclosures or uses made to you or made at your request; uses or disclosures made pursuant to an authorization signed by you; uses or disclosures made in a facility directory or to family members or friends relevant to that person’s involvement in your care or in payment for such care; or, uses or disclosures to notify family or others responsible for your care of your location, condition, or your death.
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to our clinic, except to the extent information or action has already been taken.

Our Responsibilities

Makana North Shore Urgent Care is required to:

Maintain the privacy of your health information as required by law;

- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, report a problem regarding the handling of your information, or if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to:

HIPAA Privacy and Security Office

HIPAA Officer Name

HIPAA Street

HIPAA City State

You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services, whose street address and e-mail address is : Office of Civil Rights – U.S. Department of Health and Human Services – 200 Independence Avenue S.W. – Room 509F, HHH Building – Washington D.C. 20201.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the clinic.
- We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Patient's Rights & Responsibilities

- Be informed of their rights and responsibilities.
- Have a family member, close representative and/or their physician notified promptly of admission to hospital.
- Receive treatment and medical services without any type of discrimination.
- Be treated with consideration, respect and recognition of their individuality.
- Be informed of the names and functions of all physicians and other healthcare professionals providing their direct care.
- Receive the services of a translator or interpreter to facilitate communication between the patient and the clinic's healthcare professionals.
- Receive visitors that they designate, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or friend, and they have the right to withdraw or deny this visitation consent at any time.
- Participate in the development and implementation of their plan of care.
- Make informed decisions regarding their care.
- Be informed of their health status, involved in care planning and treatment, and allowed to request or refuse treatment.
- Be included or to refuse to be included in experimental research.
- Have a full explanation if they are being transferred to another facility.
- Be informed if the clinic has authorized other institutions to participate in their treatment. Patients have the right to know the identity and function of these institutions, and to refuse to allow the institutions to participate in their treatment.
- Formulate advance directives and have physicians and other healthcare professionals comply with these directives.
- Be informed by their physician and other healthcare professionals about any continuing healthcare requirements after their discharge.
- Receive assistance from their physician and appropriate healthcare professionals in arranging for required follow-up care.
- Have their medical records kept confidential.
- Have access to their medical records within a reasonable time frame.
- Be free from all forms of abuse and harassment.
- Receive care in a safe setting.
- Examine and receive an explanation of their bill and may receive information relating to financial assistance available.
- Be informed in writing about the clinic's policies and procedures for initiation, review, and resolution of patient complaints, including the address and telephone number of where to file complaints with the Department of Health and Human Services.

Patients have the responsibility to:

- Provide information.
- Follow instructions.
- Follow clinic rules and regulations.
- Accept the consequences of their decisions.
- Meet financial obligations.
- Show respect and consideration.
- Ask questions.

Revision 11/21/2023