

## NOTICE OF PRIVACY PRACTICES

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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.

**Dr Russell W. Faria and Staff** respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. Both Federal and state law allow us to use and disclose your protected health information for purposes of treatment, payment and health care operations.

### Our Responsibilities To You:

#### We are required to

- ❖ Keep your protected health information private
- ❖ Give you this Notice
- ❖ Follow the terms of the Notice that is now in effect.

### Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

**For Treatment:** Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.

We may also provide information to others; On-call physicians, consultants and or specialist providing you care. This will help them stay informed about your care.

**For Payment:** We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care.

**For Health Care Operations.** Federal Law provides that we may use and disclose Health Information for health care operation purposes. Federal law provides that we may use your medical information (protected health information) for treatment of you, without further specific notice to you, or written authorization by you. For example, if we refer you to a specialist, we may provide laboratory or test data to that specialist.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Business Associate:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.

For example, we may use another company to perform laboratory services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**We may use and disclose your protected health information without your authorization as follows:**

- ❖ **To Funeral Directors/Coroners**
- ❖ **To Organ Procurement Organizations (tissue donation and transplant)**
- ❖ **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- ❖ **To Comply With Workers' Compensation Laws**
- ❖ **For Public Health and Safety Purposes as Allowed or Required by Law:** to prevent or control disease, injury, or disability, to report vital statistics such as births or deaths.
- ❖ **To Report Suspected Abuse or Neglect** to public authorities.
- ❖ **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- ❖ **For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- ❖ **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.
- ❖ **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- ❖ **For Work-Related Conditions That Could Affect Employee Health.**
- ❖ **To the Military Authorities of U.S. and Foreign Military Personnel.**
- ❖ **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- ❖ **For Specialized Government Functions.** For example, we may share information for national security purposes.

**Other Uses and Disclosures of Protected Health Information not in this Notice will be made only as allowed or required by law or with your written authorization.**

## **Your Individual Rights:**

The health and billing records we create and store are the property of this practice. The protected health information in it, however, generally belongs to you.

**You have a right to:**

**Request Restrictions:** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. **We are not required to agree to your request.** If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Inspect and Copy:** You have the right to inspect and/or copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy records in certain limited circumstances. If you are denied copies of or access to health information that we keep about you, you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Request Amendment:** If you believe health information we have about you is incorrect or incomplete,

you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

We may deny your request if you ask us to amend information that:

- ❖ We did not create
- ❖ Is not part of the health information that we keep
- ❖ You would not be permitted to inspect and copy
- ❖ Is accurate and complete

If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed

**An Accounting Of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures we have made based on your written authorization.

**Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make your request, in writing, to our Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**To Ask For Help or Complain:** If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint or to ask for help, please contact Di Faria, Office Manager @ (253) 639-1883 **you will not be penalized for filing a complaint.**

**All requests must be submitted in writing to this office. The forms required can be obtained at our front desk or on-line at [www.drffaria.net](http://www.drffaria.net)**

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We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our front office to pick one up.

This notice can also be viewed at our web site at: [www.drffaria.net](http://www.drffaria.net)

**Effective Date: February 1, 2008**

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