

# WASHINGTON OUTPATIENT REHABILITATION CENTER

## NOTICE OF PRIVACY PRACTICES

### **I. 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.**

### **II. OUR PLEDGE REGARDING MEDICAL INFORMATION.**

Washington Outpatient Rehabilitation Center (WORC) is legally required to protect the privacy of your health information. We call this information "protected health information" or "PHI" for short. PHI includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in our lobby. You can also request a copy of this notice from the contact person listed in Section IV F below at any time and can view a copy of the notice on our Web site at:

[http://www.whhs.com/facilities/outpatient\\_rehab/](http://www.whhs.com/facilities/outpatient_rehab/) or  
<http://www.whhs.com>.

### **III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.**

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

#### **A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Require Your Prior Written Consent.** We may use and disclose your PHI with your consent for the following reasons:

- 1. For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel or agencies who provide you with health care services or are involved in your care. For example, if you're being treated for a knee injury, we may disclose your PHI to a physical rehabilitation department in order to coordinate your care.
- 2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

- 3. For health care operations.** We may disclose your PHI in order to operate WORC. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.
- 4. Exceptions to consent requirement for treatment, payment, and health care operations.** Although your consent is required for numbers 1-3 of this section, above, we may disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as we try to get your consent after treatment or we try to get your consent by you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think you would consent if you were able to do so.

#### **B. Certain Uses and Disclosures Do Not Require Your Consent.** We may use and disclose your PHI without your consent or authorization for the following reasons:

- 1. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
- 2. For public health activities.** For example, we report information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
- 3. For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- 4. For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- 5. For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
- 6. To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- 7. For specific government functions or national security reasons.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
- 8. For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.

9. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

**C. Two Uses and Disclosures Require You to Have the Opportunity to Object. Please let any WORC Staff know if you object to the following disclosures:**

1. **Patient directories.** We may include your name, location in this facility, general condition, and religious affiliation, in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part.
2. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

**D. All Other Uses and Disclosures Require Your Prior Written Authorization.** In any other situation not described in sections IIIA, B and C above, we will ask for you to sign an authorization before using or disclosing any of your PHI. If you choose to sign an authorization to release or disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

#### **IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.**

You have the following rights with respect to your PHI:

- A. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address (*for example, sending information to your work address rather than your home address*) or by alternate means (*for example, e-mail instead of regular mail*). We must agree to your request so long as we can easily provide it in the format you requested.
- C. The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 15 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, we will charge you a clerical fee and 25 cents for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

**D. The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 2003.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a clerical fee for each additional request.

**E. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

**F. The Right to Get a Copy of This Notice.** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy contact the WORC Manager at (510) 794-9672 or Privacy Officer at (510) 745-6443. You may also obtain a copy on our website at: [http://www.whhs.com/facilities/outpatient\\_rehab/](http://www.whhs.com/facilities/outpatient_rehab/) or <http://www.whhs.com>.

#### **V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.**

If you feel your privacy rights have been violated, you may file a complaint with the WORC or with the Department of Health Care Services. You will not be penalized for filing a complaint.

- To file a complaint with the WORC, contact the WORC Privacy Officer at (510) 745-6443. To file a complaint with DHCS at (916) 445-4646.

#### **VI. EFFECTIVE DATE OF THIS NOTICE.**

This notice went into effect on April 13, 2003.