

## About this Notice

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates, and our Business Associates' subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

"Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable laws to maintain the privacy of your health information, to provide individuals with this Notice of our legal duties and privacy practices with respect to such information, and to abide by the terms of this Notice. We are also required by law to notify affected individuals following a breach of their unsecured health information.

WACBD safeguards the privacy of the comprehensive health care services provided to all patients receiving care, including interactions with payors, clearinghouses, partners, business associates and other healthcare professionals.

WACBD's practice is to protect the privacy of all medical information about a patient or identifying a patient. WACBD reserves the right to change its privacy practices and apply the revised practices to PHI previously created or received and has described how it will provide individuals with a revised notice.

Medical information is defined as: medical services provided to a patient, payment information, and information about a patient's past, present and future, medical history and/or condition.

## Grievance (Complaints):

Any patient has the right to file a complaint if they believe WACBD have violated HIPAA. Any patient or representative on patient's behalf may submit a written or verbal complaint to the privacy officer regarding breach of a patient's privacy at WACBD without fear of jeopardizing their care. Patients will not suffer retaliation of any kind for filing a complaint.

Electronic correspondence should be sent to [PG@wacbd.org](mailto:PG@wacbd.org) or verbally by calling 206-614-1200 and speaking with the Privacy Officer.

Patients also have the right to file a complaint with the OCR

Patients have the options of:

- The OCR Complaint Portal at: U.S. Department of Health & Human Services - Office for Civil Rights ([hhs.gov](https://www.hhs.gov))
- By Mail Print and mail the completed complaint and consent forms (found at HIPAA Complaint Process | [HHS.gov](https://www.hhs.gov)) to:  
Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201
- By email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)



Effective: 09/28/2022

# WACBD, at the Washington Institute for Coagulation



## Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES ("NOTICE"), DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION AND HOW YOU MAY ACCESS TO SUCH INFORMATION. PLEASE READ CAREFULLY.

Contact Information:  
701 Pike Street, Suite 1900 Seattle WA, 98101  
Phone: (206) 614-1200

### Contacting Patients

WACBD intends to contact individuals for:

- providing appointment and refill reminders,
- for treatment, case management, care coordination
- communicate about a drug or biologic currently prescribed
- describing or recommending treatment alternatives, providing information about health-related benefits, products and services that may be of interest to the individual,
- describing plan benefits

### Patient Rights

Patients have the right to the following concerning their privacy:

- Right to a copy of this Notice
- Right to review and receive a copy of medical information
- Right to request disclosures WACBD has made up to 6 years prior
- Right to request restrictions on disclosures
  - WACBD is not required to agree to a requested restriction EXCEPT when a disclosure to a health plan is for 1) carrying out payment or health care operations and is not otherwise required by law, and 2) the PHI pertains solely to a health care item or service.
- The right to receive confidential communications of PHI
- Right to request an alternative method of communication
- Right to notification of breach of medical information

### WACBD Engagement

WACBD intends to engage in:

- A health plan or health insurance issuer if PHI may be disclosed to a plan sponsor, with the exception of disclosing PHI that is genetic information for such purposes
- fundraising communications, with the right to opt out.

### Use of Appropriate Disclosure:

- WACBD may disclose medical information about a patient internally and to an outside healthcare professional to provide treatment and to coordinate or manage healthcare services provided.
- WACBD may disclose medical information to obtain payment for healthcare services provided. Meaning, we may use medical information to arrange payment, prepare bills, and to manage accounts. We may also disclose medical information about you to others, such as insurers.
- WACBD may disclose medical information as required by law to do so. There are federal, state, and local laws requiring the disclosure of medical information. This disclosure includes worker's compensation.
- WACBD may disclose information about you when performing business activities for the improvement of quality of care, such as:
  - Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
  - Providing training programs for fellows, other healthcare providers or non-healthcare professionals for practice and professional development.
  - Compliance with outside organizations and government agencies that evaluate, certify or license healthcare providers, staff, or facilities.
  - Reviewing and improving the quality and efficiency of care provided to patients.
  - Planning for our organization's future operations.
  - Resolving grievances within WACBD.
  - Reviewing activities and using or disclosing medical information to make significant changes for the benefit of patients.
  - Working with outside entities such as attorneys, accountants and other providers who assist WACBD with compliance of this notice and other applicable laws.
  - Right to notification of breach of medical information.

### Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization. These situations include:

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury, or disability.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** We may disclose protected health information during any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

