

Ericson Hand and Nerve Center
6100 219th St. SW
Mountlake Terrace, WA 98043
425-776-4444

NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed, and how you can get access to this information. We are required by law to provide this information to you.

The following information is provided to our patients to comply with **HIPAA Privacy Standards**, which have been implemented by the federal government to control and protect disclosure of patient health information. Under HIPAA regulations, patients have specific individual rights, and providers are required to maintain the privacy of your health information.

We are required by law to provide you with this Privacy Notice of our legal duties and privacy practices with respect to your health information. This Notice describes the health information privacy practices of Dr. William B. Ericson, his practice, "Ericson Hand and Nerve Center," and the medical and allied health care professional staff, nurses, and other clinical personnel employed in this practice at 6100 219th St. SW, Mountlake Terrace, WA 98043.

When we use or disclose your health information, we are required to abide by the terms of this Privacy Notice (or the most current version at the time of use or disclosure). Please review this document carefully. Please contact our Privacy Officer if you have any questions regarding the privacy of your health information, this document, or the privacy practices of this office.

Individual Rights:

Under HIPAA regulations, you have the right to:

- Request to review your medical record at any time
- Request clarification or correction of any errors.
- Request that your medical record be amended or appended
- Request a copy of your medical record
- Request an accounting of any disclosure of your medical record
- Request additional confidentiality regarding your medical record
- File a complaint the Department of Human Health and Services or Ericson Hand Center with regard to privacy issues or violations
- Obtain written notice of the privacy practices from this office.

How your personal health information is used:

In the course of your medical treatment, information regarding your diagnosis and/or treatment are used to communicate with other health care providers, to obtain payment for services rendered, and to maintain our health care operations, in accordance with industry practices. Your private health care information may be used/disclosed for these purposes **without additional written authorization** under the following circumstances:

- **Treatment**

We routinely disclose your health information to provide treatment and other medical services. This involves ordering/scheduling diagnostic tests, consultations, treatment, appointments, surgery, alternative treatments, and providing follow-up information to your referring physician and other providers involved in your care.

- **Payment**

If payment for your health care is through a health insurance carrier, we routinely disclose your health information to obtain payment for services provided to you, process claims, obtain payment from your health insurer, and to verify that you are eligible for these benefits. Bills are often submitted electronically, but may require paper claims. At times, claims resolution may additionally involve billing staff from Evergreen Hospital or the Department of Health, or other companies we do business with and who are bound by the same HIPAA regulations.

- **Health Care Operations**

We routinely disclose your health information within our health care operations to facilitate delivery of your health care, and to improve the quality and cost-effectiveness of that care. We disclose your health care information to your other health care providers when necessary, advisable, or requested, to facilitate optimum care, and for other important functions such as quality assessment, and compliance with local, state and federal regulations.

- **Disclosure to Relatives, Close Friends and Other Caregivers:**

We may use/disclose your health information to a family member, relative, close personal friend, or other individual designated by you, when you are present for, or otherwise available prior to, the disclosure, if we

1. Obtain your agreement or request,
2. Provide you with the opportunity to object to the disclosure and you do not object,
3. Reasonably infer that you do not or would not object to such a disclosure. We will respect your wishes for privacy while communicating with

others concerned with your health, and only provide information that we believe is directly relevant to that person's involvement with your care.

4. We may use/disclose your health information in order to notify such persons of your location or medical condition.

- **Public Health Activities**

We may disclose certain aspects of your health information for public health activities:

1. To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability.
2. Special medical research to improve health care, and for medical education of other professionals. This may include intra-operative photography, reproduction or photographs of radiographs or scans, and photographs of various patient anatomy. These photographs may be used in presentations, journals or books, with removal of any information might reveal your identity.
3. To report child abuse or neglect, as required by law
4. To report information about products or services under the jurisdiction of the FDA, including drug reactions.
5. To alert a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition
6. To report information to your employer or the Department of Industrial Accidents as required by law to address work-related injuries, illness and workplace medical surveillance.
7. Victims of abuse, neglect, or domestic violence: If we reasonably believe you are the victim of

any of these, we may disclose your health information to a governmental agency, social service, or protective services entity, as required or authorized by law.

8. Compliance with government health programs such as Medicaid and Medicare may require disclosure of your health information.
9. Compliance with judicial and administrative proceedings may require disclosure of your health information in response to legal order or lawful process.
10. Compliance with law enforcement officials may require disclosure of your health information by law or court order, grand jury, or subpoena.
11. Decedents: we may disclose your health information to a coroner or medical examiner as authorized by law.
12. Organ Donation: If you have agreed to organ donation, we may disclose your health information to organizations or representatives to facilitate this.
13. Health and Safety: we may disclose your health information if doing so would prevent or lessen a serious or imminent threat to a person's health or the public's health or safety.
14. Compliance with special federal laws: we may be required to disclose your health information to the US Military or Department of State or other government entity.
15. Workmen's Compensation: we disclose your health information as authorized and to the extent necessary to comply with state laws regarding workmen's compensation.
16. We may disclose your health information when required to do so by law or by special circumstances not already referred to in the preceding categories.

Communicating your health information:

This office routinely uses non-secure methods of communicating your health information:

1. **Faxes** Your medical information may be faxed to a hospital, clinic, health care provider, or other facility to arrange consultation, diagnostic testing, surgery and other treatment. These faxes contain a privacy notice and are protected by law, but are not secure.
2. **Cell phones** In the course of medical treatment, aspects of your health information or treatment plans may be discussed with other health care providers via cell phone. Although there are laws to prevent invasion of privacy of cell phone conversations, these calls may be monitored anonymously and are not secure.
3. **Email** In the course of your medical treatment, communication about your health information with other health care providers may occur by email. This method of communication is currently avoided because of limited security and legal issues, but may be used, if necessary, to facilitate your care under certain circumstances.
4. **Photographs** In the course of treatment, photographs of your radiographs, scans, scars, fingers, hands, or arms may be obtained, to illustrate a particular diagnosis or treatment. Patient-identifying data is removed prior to publication or presentation,

Uses and Disclosures Requiring Your Written Authorization

For use or disclosure of your health information other than as described above, your written authorization is necessary prior to release of any information, for example, to an attorney or a life insurance company.

Your Rights Regarding your Protected Health Information

For further information regarding your privacy rights, please contact our Privacy Officer at the above address. If you are concerned that your privacy rights have been violated or if you disagree with a decision that has been made about access to your health information, please contact the Privacy Officer. You may also file a written complaint with the Secretary of the Department of Health and Human Services. Federal law protects you from retaliation if you file a complaint.

You may also request additional restrictions regarding the use or disclosure of your health information. While we will consider all requests, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please submit the request in writing to the Privacy Officer. You will receive a written response.

Your right to receive confidential communications: You may request, and we will try to accommodate, any reasonable written request for you to receive your health information by alternative means of communication or at alternative locations.

Your right to revoke this authorization: You may revoke your authorization or any written authorization obtained in connection with your health information, at any time, by delivering a written revocation statement to the Privacy Officer.

Your right to inspect your medical records: You have the right to request access to your medical records and billing records at any time. A written request is necessary if you request copies of your medical records, and there may be a nominal fee for copying and postage costs.

Your right to amend your records: You have the right to request that we amend your health information in your medical records. We will comply with your request unless we believe the information to be amended is already accurate and complete, or if some other special circumstances apply.

Your right to request an accounting of disclosures: Upon written request, you may obtain an accounting of certain disclosures of your health information. One request per year will be provided at no charge. There may be a nominal fee for additional requests.

Your right to receive a copy of this notice: Upon written request to the Privacy Officer, you may obtain a copy of this notice.

Effective date and duration of the Notice: This notice is effective July 24, 2007.

We reserve the right to change the terms of this Privacy Notice, within federal and state guidelines, at any time. If we do change this notice, our new Privacy Policies will affect all protected health information, including health information that pre-existed the new notice. If we change this Privacy Notice, we will post the new Privacy Notice conspicuously in the office. You may obtain a copy of the most recent Privacy Notice at any time by written request to the Privacy Officer.

Privacy Officer:
Sandra Montes-Anderson
6100 219th St. SW
Mountlake Terrace, WA 98043

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