

Notice of Privacy Practices

*Learn how your health information may be used or disclosed and how you can get access to this information.
Please review carefully.*

The privacy of your health information has *always* been important and I am committed to protecting it. New federal laws require that I provide each of patients with an official notice of my privacy practices. This notice will inform you of ways I use and share your information and it will describe your rights and my duties regarding the use and disclosure of health information.

Law requires me to:

- Keep your health information private
- Give you *this* Notice of Privacy Practices
- Abide by the terms of the Notice of Privacy Practices currently in effect

I have the right to:

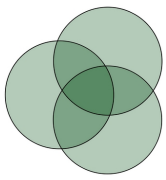
- Change our privacy practices and the terms of this notice at any time, provided that law permits the changes.
- If I make changes, I will update this notice and make the new notice available upon request.

Listed here are some of the ways I may use or disclose your information without your specific consent or authorization. Not all possible uses or disclosures are listed.

- For Treatment: I may use health information about you to provide you with treatment or services. I may disclose health information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. I may also share health information about you with your other health care providers to assist them in treating you.
- For Payment: I may use and disclose your health information for payment purposes.
- For Health Care Operations: I may use and disclose your health information for health care operations. For example: I may use health information about you to review treatment and services and evaluate the performance of staff in caring for you.
- Other Possible Uses and Disclosures
 - In response to a legal proceeding
 - For other healthcare provider's treatment activities
 - For other covered entities and provider's payment activities
 - In case of threat to public health or safety
 - To notify a family member in certain emergency situations
 - To workers' compensation or similar programs for processing of claims
 - In domestic violence or neglect situations
 - Other uses and disclosures not in this notice will be made only as allowed or required by law or with your written authorization.

The health and billing records we create are the property of this health care facility. The health information in it, however, generally belongs to you. You have a right to:

- Request and receive from us a copy of the most current Notice of Privacy Practices.
- Look at or receive copies of your health information. You may make this request in writing and we have a form available for that purpose. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request.
- Ask us to restrict certain uses and disclosures. You must submit this request in writing. We are not required to grant the request but will comply with any request granted.
- Have us review a denial of access to your health information—except in certain circumstances.
- Ask us to change your health care information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.



Dean Chier, MD

office 206-906-9786
fax 206-906-9246
EHR fax 206-902-2008
info@deanchiermd.com

Lake City Professional Center
2611 NE 125th St., Ste 90
Seattle, WA 98125
www.deanchiermd.com

- Request a list of disclosures of your health information. The list will not include disclosures to third party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by other means or at another location. Please sign, date and give us your request in writing. We reserve the right to deny a request if it impedes an unreasonable burden on the practice.
- Cancel a prior authorization to use or disclose health information by giving us a written revocation. Your revocation does not affect any information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

If you have questions or wish to report a problem, you may contact the Privacy Officer at 206-880-0635.

If you believe your privacy rights have been violated, you may discuss your concerns with the medical assistant or myself. You may also file a complaint with the Privacy Officer at my practice or with the U.S. Secretary of Health and Human Services. All complaints must be in writing. You will not be penalized or discriminated against for filing a complaint.

ACKNOWLEDGMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting your practitioner.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used or disclosed, and how you can access your information.

By my signature below, I acknowledge receipt of the Notice of Privacy Practices.

Patient or legally authorized signature

Today's Date

Printed name if signed on behalf of patient

Relationship (parent, legal guardian, representative)