

## ***Inter Island Medical Center***

550 Spring Street  
Friday Harbor, WA 98250

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### **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. Please review it carefully.**

Inter Island Medical Center respects 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. 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. Any information you submit to us through our Website, whether through e-mail, survey, etc. will be used exclusively by Inter Island Medical Center. Federal and State law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

#### **Uses and Disclosures of Your Information**

- For treatment: information obtained by any member of our health care team, which will be recorded in your electronic medical record, and used to help decide what care may be right for you. We may also provide this information to others providing 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, medical records, or recommended care.
- For health care operations: we may use your medical records to assess quality and improve services. For example, our Quality Improvement team may use your health information to assess the care and outcomes in your case, and in others like it.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health related benefits and services. This may take the form of a direct phone call, a letter, or a message left on an answering machine, or with the person answering the phone number you provide us. We may send you newsletters about general health matters, our services, wellness programs, and similar events.

### **Uses and Disclosures We May Make, Unless You Object**

- Unless you object, Inter Island Medical Center may list certain limited information about you, including your name, location in a facility, and your general condition (fair, stable, etc). Directory information may be disclosed to friends and families who ask for you by name. If you wish to opt out of the directory, please notify the Patient Registration Desk. We may disclose certain information to a family member or other person you identify so that they may participate in your care. Except in limited situations, such as emergencies, we will ask you to determine if you object. We may also disclose your information, directly, or through a disaster relief entity, to find and tell those close to you of your location or condition.

### **Uses and Disclosures We May Make Without Your Authorization**

- As required by law: we will disclose health information about you when required to do so by federal, state, or local law. To report suspected abuse or neglect. 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 national security purposes.
- Business Associates: we may disclose health information to “business associates” with whom we contract to perform services on our behalf. All of these associates must have a signed confidentiality policy on file with us.
- For Public Health and Safety purposes as allowed or required by law. To prevent or reduce a serious, immediate threat to the health or safety of a person or the public. To prevent or control disease, injury, or disability. To report vital statistics such as births or deaths.
- To Coroners, Medical Examiners, and Funeral Directors. We may disclose information as necessary or required to identify a deceased person or determine the cause of their death.
- To Medical Researchers. If the research has been approved and has policies to protect the privacy of your health information. Most of the time we will ask for your authorization.
- To Organ Procurement Organizations, for tissue donation and transplants, or persons who obtain, store, or transplant organs.
- We may disclose health information about you for workers’ compensation or Labor and Industry claims.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To “personal representatives”. Minors and incapacitated adults may have personal representatives. These representatives may be able to act on the individual’s behalf and exercise the individual’s privacy rights.

Other uses and disclosures of your health information not covered by this notice or permitted by law will be made only with your written permission or authorization. You may revoke your authorization, in writing, at any time. We are unable to take back any disclosures we have already made based on your prior authorization(s). We are also required to retain records of the care that we provided to you.

### **Your Health Information Rights**

The health and billing records we create and store are the property of Inter Island Medical center. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this notice;
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted;
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information (NPP or “Notice”).
- Request that you be allowed to see and get a copy of your protected health information. You must make this request in writing.
- Ask us to change your health information. You must 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.
- Request confidential communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. You must request this in writing.
- Request an accounting of disclosures. You have the right to request an account of certain disclosures of your health information made by us. This accounting will not include disclosures for treatment, payment, or health care operations; to persons involved in your care; for facility directory and notification purposes; for national security or intelligence purposes; to correctional institutions or other law enforcement officials; or that which occurred before April 14, 2003. To request this accounting, you must contact our designated Privacy Officer.

For help with these rights during normal business hours, please contact our Privacy Officer at (360)378-2141, ext 16.

### **Our Responsibilities**

We are required to:

- Keep your protected health information private;
- Give you this Notice;
- Follow the terms of this Notice.

We reserve the right to change this Notice. The revised Notice will be effective for information we already have about you, as well as any information we receive in the future. Unless required by law, the revised Notice will be effective on the new effective date of the Notice. The current Notice will be available in our registration area or on our Website, and will be posted in our facility.

### **Complaints**

If you believe that your privacy rights have been violated, you may complain to the Privacy Officer by calling (360)378-2141, ext 16. In addition, you may also file a complaint with the U.S. Secretary of Health and Human Services or the Office for Civil Rights. You will not be penalized for filing a complaint.