

## *EWU NOTICE OF PRIVACY PRACTICES*

This notice describes how information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

This policy applies to EWU Healthcare.

### UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record serves as:

- A basis for planning your care.
- A means of communication among the many health professionals who contribute to your care.
- A legal document describing the care you received.
- A means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your personal health information is used helps you to ensure its accuracy and completeness, better understand who, what, when, where, and why others may access your health information, and finally helps you make a more informed decision when authorizing disclosure of personal health information to others.

Here are some examples of how we use and disclose personal health information for treatment, payment, and healthcare operations.

We may use and disclose your health information for treatment. In other words, we may use and disclose medical information about you to provide, coordinate, or manage your healthcare or related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

We may use and disclose your health information for payment. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and any supplies used.

We may use and disclose your health information for regular health operations. These activities allow us to improve the quality of care we provide as well as reduce healthcare costs. For example, we may use or disclose health information about you to review and evaluate the skills, qualifications, and performance of healthcare providers taking care of you.

We may use and disclose your health information for training programs. We may use your information to teach and train staff and students in patient care. One example of this is when staff reviews patient health information while supervising a trainee or student clinician.

**Patient Contact.** Unless you notify us of an objection, we may contact you to provide appointment reminders or information about treatment alternatives or other related health services that may be of interest to you.

**Business Associates.** There are some services provided in our organization through contacts with business associates. Examples include disposal services which are utilized to shred or otherwise destroy dated records. To protect your health information, we require such business associates to appropriately safeguard your information.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have certain rights with regard to the personal health information contained therein. You have the right to:

- Request in writing a restriction on certain uses and disclosures of your health information for treatment, payment, and healthcare operations. We are not required to agree with your request. We will, however, notify you in writing if we are unable to agree to a requested restriction.
- Obtain a paper copy of this notice of information practices upon request.
- Inspect and obtain a copy of medical information in your health record. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another party.
- Request amendment or correction of your health information. If you would like us to amend information, you must provide us with a request in writing explaining why you would like us to amend the information. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request which we will then attach to your records.
- An accounting of disclosures that we have made. The accounting will not include several types of disclosures, including disclosures for treatment, payment, or healthcare operations. It will also not include disclosures made prior to April 14, 2003.
- Request to be contacted at a different location or by a different method. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.
- Revoke your authorization to use or disclose health information, except to the extent that action has already been taken.

## OUR RESPONSIBILITIES

The federal privacy standard requires this organization to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you.
- Follow the terms of this notice.

We reserve the right to change our practices and the Notice. We reserve the right to make any new provisions effective for all personal health information we maintain. If we make changes, we will mail a revised notice to the address you have provided to us.

## USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The law allows or requires us to use and disclose your health information without your authorization for a number of purposes designed to enhance healthcare services, protect patient safety or public health, and to ensure that our facilities and practitioners comply with government and accreditation standards. For example, we:

- Provide information about your personal health information to other care providers such as physicians, nurses, therapists, and others who are involved with your care.
- Provide information regarding FDA regulated drugs and devices to the U.S. Food and Drug Administration.
- Provide government oversight agencies with data for health oversight activities such as auditing or licensure.
- Provide public health authorities with information on communicable diseases and vital records.
- Provide information to Workers' Compensation agencies and self-insured employers for work-related illness or injuries.
- Provide information to appropriate government agencies when we suspect abuse, neglect, or domestic violence.
- Provide notice to appropriate individuals when we believe it necessary to avoid a serious threat to health and safety or to prevent serious harm to an individual.
- Provide information to organ procurement organizations to coordinate organ donation activities.
- Use and provide information to researchers, if an Institutional Review Board approves use and disclosure without patient authorization.
- Provide information to law enforcement when required by law.
- Disclose information pursuant to court order or lawful subpoena.
- Provide information to coroners, medical examiners, and funeral directors.
- Provide information to government officials when required for specifically identified government functions such as national security.

## USES AND DISCLOSURES THAT REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

- Disclosure to family, friends, or others

Your healthcare provider will use his or her professional judgment to provide relevant information from your personal health information to your family members, friends, or other person(s) that you indicate have an active interest in your healthcare or payment for your healthcare, unless you object.

FOR MORE INFORMATION OR TO FILE A COMPLAINT

If you have questions and would like additional information, you may contact the Department Privacy Coordinator.

If you believe your privacy rights have been violated, you may file a complaint with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with the university, you may bring your complaint to the department in person or mail it to the following address:

Eastern Washington University  
Hearing and Speech Clinic  
310 N Riverpoint Blvd  
PO Box 'V'  
Spokane, WA 99202

To file a complaint with the federal government, you may send your complaint to the following address:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: (877) 696-6775

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