

## Your Rights (continued)

<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (like home or office phone) or to send mail to a different address.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations. <ul style="list-style-type: none"> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul> </li> <li>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. <ul style="list-style-type: none"> <li>We will say “yes” unless a law requires us to share that information.</li> </ul> </li> </ul>
<b>Get a list of those with whom we’ve shared your information</b>	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>

## Our Uses and Disclosures

<b>How do we typically use or share your health information?</b> We typically use or share your health information in the following ways.	
<b>Treat you</b>	We can use your health information and share it with other health professionals who are treating you. <i>Example: A doctor treating you for an injury may ask another doctor about your overall health condition.</i>
<b>Run our organization</b>	We can use and share your health information to run our organization, improve your care, and contact you when necessary. <i>Example: We use health information about you to manage your treatment and services.</i>
<b>Bill for your services</b>	We can use and share your health information to bill and get payment from health plans or other entities. <i>Example: We give information about you to your health insurance so it will pay for your services.</i>
<b>How else can we use or share your health information?</b> We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html</a>	
<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>We can share health information about you for certain situations like: <ul style="list-style-type: none"> <li>Preventing disease</li> <li>Helping with product recalls</li> <li>Reporting adverse reactions to medications</li> <li>Reporting suspected abuse, neglect, or domestic violence</li> <li>Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>

## Our Uses and Disclosures (continued)

<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>We can share health information about you with organ procurement organizations.</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers’ compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>We can use or share health information about you: <ul style="list-style-type: none"> <li>For L&amp;I or workers’ compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services</li> </ul> </li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>We can use or share your information for health research.</li> </ul>

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**You have both the right and the choice to tell us to:**

- Share information with your family, close friends, or others involved in your care. Ask how you can make sure we know your sharing preferences.
- Contact you for fund-raising efforts
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety*

**We never share your information without your written permission for:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes (mental health records)

**For fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will tell you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in any of our offices, and on our web site [www.commhealth.org](http://www.commhealth.org). This version of our Notice of Privacy Practices is effective on August 11, 2017.

### A copy of our current notice will be available:

- At any of our medical clinics, our dental clinics, or our pharmacies
- At our administration office (address below)
- At our web site, [www.commhealth.org](http://www.commhealth.org)
- By calling 253-597-4550
- By writing to: Community Health Care  
Attention: Privacy Officer  
1148 Broadway, Suite 100  
Tacoma WA 98402-3815

You may also address questions about your privacy rights or other information about your privacy to this person.

## NOTICE OF PRIVACY PRACTICES

Your Information

Your Rights

Our Responsibilities



## Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

**Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.