

Your Health Information Rights

The health and billing records we create and store are the property of the Community Health Association of Spokane. The protected health information in it, however, generally belongs to you.

You have the right to:

- Receive a paper copy of the most current CHAS Health Notice of Privacy Practices for Protected Health Information.
- Request to inspect and receive a paper or electronic copy of your protected health information. This request must be submitted in writing. We have a record release form available for this type of request. We will transmit your PHI in electronic format to a person or entity designated by you. We may impose a fee for access to Electronic Health Records but that fee will be limited to our labor costs in responding to your request.
- Ask us to amend your health information if you feel that the health information we maintain about you is incorrect. This request must be in writing. We have an amendment form available for this type of request. The completed amendment request will be filed in your health record.
- Receive an accounting of all disclosures of your health information that we have made. This request must be submitted in writing and state time period, which may not exceed six years. 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.
- Request a restriction or limitation on the health information we use or disclose about you for treatment, payment and health care operation.
- Receive confidential communications by submitting a request in writing asking that your health information be provided to you by another means or at another location.

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Privacy Officer
CHAS Health Administration Office
203 N. Washington St., Suite 300
Spokane, WA 99201

Phone: 509.444.8888 • Fax: 509.444.7806

Changes to this Notice

We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page, in the bottom left-hand corner. We will also give you a copy of our current notice upon request.

If you wish to restrict particular health information from being disclosed, please complete the following form: Health Information Disclosure Restriction.

Website: We have a website that provides information about us. For your benefit, this Notice is also available on our website at chas.org.



The mission of CHAS Health is to improve the overall health of the communities we serve by expanding access to quality health and wellness services.

chas.org



NOTICE OF PRIVACY PRACTICES

This Notice describes the privacy practices of CHAS Health and how health information about you may be used, disclosed and how you may obtain this information.

Please review this information carefully.

Translation is available.

Se dispone de servicios de interpretación.

Предоставляются услуги перевода.

Ewor ro ri ukok elaññe kwōj aikuji.

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of the services that you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records regarding your care, whether made by our health care professionals or others working in this office, and tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

We may use and disclose your personal health information for these purposes:

For Treatment

- Health information will be obtained and documented in your health record by providers, dentists, nurses and any other member of our health care team in order to provide you with health care treatment and services.
- Health information may be disclosed to others who are involved in your treatment, including secure disclosures made electronically through Health Information Exchanges (HIE), as permitted by law.

For Payment

- We may use and disclose health information about you to bill and collect payment from you, your health insurance plan, or any other third party that may be available to reimburse us for some or all of your health care.

For Health Care Operations

- We use your health records to assess quality and improvement services.
- We may use and disclose health records to review the services we provide, evaluate staff performance and for the purpose of training our staff.
- We may contact you to remind you about appointments and to inform you about health-related services or alternative treatment options.
- We may use and disclose your health information to conduct or arrange for services, including:
 - Medical quality review by your health plan
 - Accounting, legal, risk management and insurances services
 - Audit functions, fraud and abuse detection and compliance programs

We may use and disclose your protected health information without your authorization as follows:

- **With Medical Researchers.** If the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **To Organ and Tissue Donation Organizations.** If you are an organ donor, we may disclose health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.
- **To Workers Compensation.** We may disclose health information about you that pertains to a workers compensation claim.
- **For Public Health and Safety Purposes:**
 - To prevent or control disease, injury or disability.
 - To report births and deaths.
 - To report child abuse or neglect.
 - To report reactions to medications or problems with products.
 - To notify people of recalls of products.
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **For Health and Safety Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **In the Course of Judicial/Administrative Proceedings** at the request, or as directed by a subpoena or court order.
- **For Law Enforcement Purposes:**
 - In response to a court order, subpoena, warrant, summons or similar process.
 - To identify or locate a suspect, fugitive, material witness or missing person.
 - Under certain limited circumstances, about the victim of a crime.
 - About a death we believe may be the result of criminal conduct.
 - About criminal conduct at the CHAS Health.
 - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **To Coroners, Health Examiners and Funeral Directors** as may be necessary for them to carry out their duties.
- **For Specialized Government Functions** to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law and to provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **To Correction Institutions** as would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Other Uses and Disclosures of Your Protected Health Information

Uses and disclosures of personal health information not covered by this notice or applicable law will be made only with your written authorization.