

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you get access to information. **PLEASE REVIEW CAREFULLY.**

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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.

Who Will Follow this Notice

This Notice describes the practices of MultiCare Health System (“MultiCare”) and that of:

- Any health care professional authorized to enter information into your chart at any MultiCare facility.
 - All departments and units of MultiCare.
 - Any member of a volunteer group we allow to help you while you are at a MultiCare facility.
 - All MultiCare employees and personnel including contracted or agency staff.
 - Other health care providers who have agreed to follow and abide by the “joint notice of privacy practices” terms described below.
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Joint Notice of Privacy Practices

In addition to those persons identified above, a number of other independent practitioners have agreed with MultiCare to follow this Notice as a joint privacy practices notice in accordance with federal privacy laws related to care delivered at MultiCare facilities, including the members of the medical staffs of Tacoma General Hospital, Allenmore Hospital, Mary Bridge Children’s Hospital, Good Samaritan Hospital, Good Samaritan Outreach Services, Auburn Medical Center and other independent providers or organizations delivering care at MultiCare facilities.

The independent practitioners that have agreed to follow this Notice may access your health information where there is a legitimate need to do so for treatment, payment and health care operations purposes related to the joint care setting at MultiCare facilities. The independent practitioners that have agreed to follow this joint notice likely will have separate Notice of Privacy Practices for care delivered at non-MultiCare facilities (e.g. a physician’s office). You are encouraged to request information from a non-MultiCare practitioner about any separate Notice of Privacy Practices followed by that practitioner at non-MultiCare offices or facilities.

Community Provider Access to Your Electronic Health Record

To improve care, quality outcomes and access to your health records by providers in the community, MultiCare Health System provides connectivity to its Electronic Health Record system to independent community health care providers and members of the medical staffs of MultiCare's affiliated hospitals ("Connected Providers"). As a condition of such access, Connected Providers each agree to abide by appropriate privacy and security measures, including compliance with federal and state laws regarding the privacy and security of your health information. Connected Providers with a "need to know" typically have full access to your electronic health record. For any questions concerning MultiCare's role in providing electronic records access to Connected Providers, please call our Privacy Office at 253.459.8300. MultiCare also provides you with limited access to your electronic health record under MultiCare's MyChart programs. For information on MyChart, see www.multicare.org.

MultiCare Connected Care Network

We are part of the MultiCare Connected Care Network which is an organized healthcare arrangement (OHCA). An OHCA is (i) a clinically integrated setting in which individuals typically receive healthcare from more than one healthcare provider or (ii) an organized system of healthcare in which more than one health care provider participates. The healthcare providers who participate in the OHCA will share medical and billing information about you with one another as may be necessary to carry out treatment, payment, and healthcare operations activities.

MultiCare's Pledge and Responsibilities Regarding Your Protected Health Information

We understand that medical information about you and your health is personal. We are committed to protecting health information about you and are required under federal and state law to take steps to protect this information. Under federal privacy laws, this information is called "protected health information." Protected health information includes certain information we have created or received that identifies you, including information regarding your health or payment for your health at a MultiCare facility, whether by hospital personnel, your personal doctor or other practitioners involved in your care. It includes your medical records and personal information such as your name, social security number, address, and phone number.

MultiCare is required by law to:

- Take steps to protect the privacy of the medical information that identifies you;
- Provide you this Notice of our legal duties and privacy practices with respect to medical information about you;
- Notify you following a compromise of unsecured protected health information; and
- Follow the terms of the Notice that is currently in effect.

Uses and Disclosure of Your Protected Health Information by MultiCare

MultiCare uses and discloses your protected health information in many ways related to your treatment, payment for your care, and our health care operations. Some examples of how we may use or disclose your protected health information are listed below.

Your authorization is required in the following circumstances:

- The use and disclosure of psychotherapy notes;
- Disclosures that constitute a sale of protected health information;
- The use and disclosure of your protected health information for marketing purposes where we receive financial remuneration; and
- For any other uses and disclosures not described in this Notice of Privacy Practices.

We may use or disclose your protected health care information to provide you with medical treatment or services without a signed consent for continuity of care:

- To doctors, nurses, technicians, health care students, or other health system personnel who are involved in your care.
- To different departments to coordinate activities such as prescriptions, lab work and x-rays.
- To other health care providers who may be involved in your medical care, such as long-term care facilities, other hospitals or clinics, or remote health care providers such as the services offered by telemedicine providers who may reside in other communities, including communities outside of Washington.

Federal and state laws may place additional limitations on the use of your protected health information for drug or alcohol abuse, sexually-transmitted diseases, or mental health treatment.

As permitted by law, we may use or disclose your protected health information in relation to payment for health services you receive.

- To bill for treatment and services you receive at a MultiCare facility.
- To collect payment for treatment and services you receive at a MultiCare facility.
- To obtain prior approval for treatment and services from your insurance plan.

We may use or disclose your protected health information in relation to health system operations.

- To administer or support our business activities or those of other health care organizations (as allowed by law) including providers and insurance plans.
- To other individuals (such as consultants and attorneys) and organizations that help us with our business activities. (Note: If we share your protected health information with other organizations for this purpose, they also must agree to protect your privacy).

These uses and disclosures are necessary to operate the health system and ensure patients receive quality care. Examples could include review of treatment to evaluate staff or identify training needs, to review outcomes of care, or to send you a patient satisfaction survey.

We may also use or disclose your protected health information in the following miscellaneous circumstances.

Contacting You – We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone, or email. For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Treatment Alternatives – To tell you about or recommend possible treatment options or alternatives.

Health-Related Benefits and Services – To tell you about health-related benefits, services, or medical education classes.

Business Associates – We may disclose your health information to other entities that provide a service to us or on our behalf that requires the release of your health information, such as billing service, but only if we have received satisfactory assurance that the other entity will protect your health information.

Organized Health Care Arrangements (OHCA) – An organized healthcare arrangement is characterized by separate healthcare providers that participate in joint activities to share protected health information about their patients in order to deliver healthcare together and improve hospital operations. These are common hospital settings, but are expanding to include a wide range of ambulatory/outpatient care across all health care service lines.

Fundraising Activities – Limited information about you (name, address, phone number, email, age, date of birth, gender, health insurance status, treating physician, dates, and departments of service at MultiCare) may be used and disclosed to support MultiCare’s fundraising activities. If you no longer wish to receive fundraising requests supporting MultiCare, please call (toll-free) 855.884.4284, or alternatively send an e-mail to annualgiving@multicare.org. We respect your choice regarding fundraising communications and your decision will have no impact on your treatment or payment for services at MultiCare.

Marketing Materials – Limited information about you may be used to support communication about available products or services. If you do not wish to receive such materials, please call 253.403.1261.

Health Information Exchanges - We may participate in health information exchange networks to facilitate the secure exchange of your electronic health information regarding your treatment between and among other health care providers or health care entities including but not limited to Emergency Department Information Exchange (EDIE), Virtual Lifetime Electronic Record (VLER - DoD/VA), or CareEverywhere (Organizations with Epic).

Research – For research purposes, under certain circumstances. All research projects, however, are subject to a special approval process. Unless specially approved, we will ask for your specific permission to determine if the researcher will have access to your name, address or other information that reveals who you are or will be involved in your care at the health system.

Telemedicine – Modern technologies are enabling new methods of delivering health care in circumstances where the patient is in one location and the health care provider is at another location. Telemedicine providers may be consulted by your physicians or other care team members, and at times you may interact directly with a telemedicine provider using technologies to allow direct communication. In most circumstances, your telemedicine provider will have direct access to your medical records in the same manner, and often to the same extent, that your local “in person” health care providers have.

As Required By Law – When required to do so by federal, state or local law.

We may also use or disclose your protected health information in the following special situations:

Organ and Tissue Donation – If you are an organ donor, 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 transportation.

Blood Conservation Services – If you have indicated affiliations with certain organizations and we believe you may be an ideal candidate who could benefit from blood conservation services.

Military – As required by law, if you are a member of the armed forces.

Workers’ Compensation – As properly requested by workers’ compensation or similar programs, including providing a report of accident with the state Labor & Industries Department or another’s worker’s compensation program.

Public Health and Safety – To agencies when necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person.

These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;

- To report abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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 when required or authorized by law.

Health Oversight Activities – To a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure.

Lawsuits and Disputes – In response to a court or administrative order, subpoena, discovery request, or other lawful process, if you are involved in a lawsuit or a dispute.

Law Enforcement – To law enforcement officials in limited circumstances for law enforcement purposes such as locating a suspect, fugitive, material witness, or missing person; reporting a crime; or providing information about a victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement.

Coroners, Medical Examiners, and Funeral Directors – To coroners, medical examiners, or funeral directors as required by law and necessary to perform their duties.

Military Activity and National Security – To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law or in connection with providing protection to the United States President, other authorized personnel or foreign heads of state or conducting special investigations.

Correctional Facilities – To a correctional facility or law enforcement official, if you are an inmate or under custody.

Use and Disclosure When You Have the Opportunity to Object

Patient Directory – We will include limited information about you in the patient directory while you are a patient at a MultiCare hospital. This information may include your name, location in the hospital and your general condition (e.g. fair, stable, etc.) and, with your permission, your religious affiliation. The directory information, except your religious affiliation, may be released to people who ask for you by name unless you have instructed us not to do so. Also, with your permission, we may tell members of the clergy your religious affiliation. This information helps your family and friends visit you in the facility and know your general health condition.

Individuals Involved in Your Care – Unless you object, your healthcare provider will use his or her professional judgment to provide relevant protected health information to your family, friends, or another person. This person would be someone you indicate has an active interest in your care or the payment for your healthcare or who may need to notify others about your location, general condition or death.

Disaster Relief – We may disclose to an organization assisting in a disaster relief effort so that your family and friends can be notified about your general health condition and location.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.

Other Uses and Disclosures of Your Protected Health Information

Other uses and disclosures of your protected health information not covered by our current Notice or applicable laws will only be made with your written permission.

You may revoke any permission by submitting a request in writing to the MultiCare Privacy Office (at the contact information under Questions & Complaints). If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization unless required by law. You understand that we are unable to take back any uses or disclosures we have already made, while your permission was in effect, and that we are required to retain our records of the care that we provide to you.

Your Rights Regarding Your Protected Health Information

Unless indicated otherwise, you may exercise one of your privacy rights by submitting a written request to the MultiCare Health System, Health Information Management, PO Box 5299, MS: 315-C3-HIM, Tacoma, WA 98415-0299. For more specific instructions on what information to include in a written request, contact Health Information Management by phone 253.403.2433.

You Have a Right To:

Request to inspect and/or copy your protected health information that may be used to make decisions about your care – Usually this includes medical and billing records and does not include psychotherapy notes. To request an opportunity to inspect and/or copy your protected health information in either paper or electronic format, visit www.multicare.org to obtain a copy of the authorization request form or contact Health Information Management (medical records) at 253.403.2433 for inpatient records and 253.372.7175 for any MultiCare Clinic outpatient records. You may be charged a fee for copying, mailing or other supplies associated with your request. In certain limited circumstances, we may deny your request to inspect and/or copy your protected health information. You may request that the denial be reviewed.

Ask us to amend certain protected health information – If you feel that information we have about you is incorrect or incomplete you can request an amendment to such information.

Request an accounting of certain disclosures – You may request an accounting of certain disclosures of protected health information we have about you listing all the disclosures we made of your protected health information to others except for the purposes of treatment, payment, and health care operations identified previously. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Request restrictions – You may request in writing that we limit the way we use and disclose your protected health information. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.

If you want to put such a restriction in place, please notify your healthcare provider's front office staff and complete the Request for Restrictions form prior to being seen. We are not legally required to agree to all restriction requests. If we do agree to your request, we will comply unless the information is needed to provide emergency treatment to you.

Right to request nondisclosure to health plans for self-paid items or services – You have a right to request in writing that healthcare items or services for which you self-pay for in full in advance of your visit not be disclosed to your healthplan (except as otherwise required by law). You are responsible for notifying any other providers, such as your pharmacy, of any restriction requests.

Request confidential communications – You may request in writing that confidential communications about medical matters be made in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to an alternative address. We will accommodate all reasonable requests. You do not have to provide a reason, but the request must specify how or where you wish to be contacted.

Choose someone to act for you – If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Receive a paper copy of this notice – You can request a copy of this Notice at any time from any MultiCare employee.

Changes to this Notice

MultiCare reserves the right to change this Notice. A current copy of the Notice, including the effective date, will be posted on our website at www.multicare.org and paper copies will be available at our facilities.

Questions and Complaints

If you have general questions about this Notice, please contact the MultiCare Privacy Office by phone: 253.459.8300 or email: compliance@multicare.org.

If you believe your privacy rights have been violated, you may file a written complaint with the MultiCare Privacy Office, MultiCare, P.O. Box 5299, MS: 737-2-CCIA, Tacoma, WA 98415-0299. If we cannot resolve your concerns, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services (HHS), Office for Civil Rights, 2201 6th Avenue, MS RX-11, Seattle, WA 98121-1831. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.