



**BOURREE CHIROPRACTIC AND MASSAGE**  
12841 NE 85<sup>TH</sup> St.  
KIRKLAND, WA 98033

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

It is strongly encouraged that you please review it carefully.

The information. We are required by federal mandates to maintain the privacy of your Protected Health Information (commonly known and called PHI), including PHI in electronic format. We are also required to notify you of our legal duties and privacy practices regarding your health information and abide by the practices of this Notice, unless more stringent laws or regulations apply.

### **Application of this Notice**

The information privacy practices described in this Notice will be followed by:

- Any healthcare professional who provides services at our clinic.
- All workforce members including but not limited to employees, volunteers or business associates.

This Notice provides detailed information about how we may use and disclose your health information with or without authorization as well as more information about your specific rights with respect to your health information.

### **Uses and disclosures of your health information that we may make without your authorization**

**To Contact You:** Your information may be used to contact you to remind you about appointments, provide test/imaging results, inform you about treatment options or advise you about other health-related benefits and services.

**Treatment:** Your information may be shared with any healthcare provider who is providing you with healthcare services. This includes coordinating your care with other healthcare providers and providing referrals. We may share your information electronically with your healthcare providers in order to make sure they have your information as quickly as possible to treat you.

We may share your health information with any family member or friend who is involved in assisting with your health care (with written consent). We will only do this if you agree or do not object, and will only share with them the information they need in order to help you. Only in emergency situations if you are unable to either agree or object to such a disclosure, we may determine that it is in your best interest based on our professional judgement. We may disclose health information to a family member, relative, or another person who was involved in your healthcare or payment for healthcare



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when you are deceased if only consistent with your prior expressed preferences.

**Payment:** In order to obtain payment for your healthcare services, we may have to provide your health information to the party responsible for paying. This may include Medicare, or your insurance company. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage, reviewing the medical necessity for the healthcare services provided to you or providing approval or pre-authorization.

**Healthcare Operations:** Your health information may be used in order to support our business activities and to assure that quality health care services are being provided. Some of these activities include quality assessments, peer or employee review, training of medical personnel, licensure and accreditation, data aggregation and audits by regulatory agencies.

We may share your PHI with third parties who perform services such as transcription or billing. In those cases, we have written agreements with the third parties that they will not use or disclose your health information except if permitted by law.

We may also use your information (name, address, date of birth, email) for marketing purposes.

## **Other uses and disclosures that we may make WITHOUT your authorization**

**When required by law:** We may use or disclose your health information when required by law. If this happens, we will comply with the law and will only disclose the information necessary.

**Public Health:** We may disclose your health information to a public health authority for public health activities. Public health activities include preventing or controlling disease, injury, disability, and responding to report of abuse, neglect or domestic violence. We may disclose your health information to a person or agency required to report adverse events, product defects, biologic deviations, or for product recalls, repairs or replacements. Any disclosures of this nature will be made consistent with state and federal law.

**Health Oversight:** We may disclose your health information to health oversight agencies for oversight activities authorized by law, such as audits, investigations and inspections. Health oversight agencies include government agencies that oversee the healthcare system, government benefit programs, government regulatory programs and civil rights.

**Legal Proceedings:** We may use or disclose your health information in response to a court order or in response to a subpoena, discovery request or other legal process.

**Law Enforcement:** We may use or disclose your health information for law enforcement purposes.

**Preventing a Serious Threat:** We may use or disclose your health information if we believe in good faith that the use or disclosure is necessary to prevent a serious imminent threat to the health and safety of a person or of the public.

**Military Activity and National Security:** We may disclose the health information of Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.

**Workers' Compensation:** We may use or disclose your health information as necessary to comply with worker's compensation laws (commonly known as Washington L&I) and other similarly legally established programs.

**Disaster Relief:** We may disclose health care information about you to an entity assisting in a



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disaster relief effort so that your family and friends can be notified about your condition, status and location.

## **Uses and disclosures of your health information that we may make WITH your authorization**

Certain uses and disclosures of your health information, including marketing, sales and fundraising will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

Uses and disclosures not otherwise described in this notice will be made only with your written authorization. Federal and state laws may place additional limitation on the disclosure of your health information for drug or alcohol abused treatment programs, sexually-transmitted diseases, or mental health treatment programs. When required by law, we will obtain your authorization before releasing this type of information.

## **Your Rights**

**Right to Request Restrictions:** You have the right to ask us to place restrictions on the way we use or disclose your health information for treatment, payment or health care operations. We will consider your request but are not required to agree to the restriction (except as described below). If we agree to a restriction, we will not use or disclose your health information in violation of that restriction, unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you.

**Right to Restrict Disclosure to Health Plans:** You may request in writing, at the time of service, that we not disclose information to health plans where you have paid for items or services out of pocket in full. We must agree not to disclose this information to your health plan if certain conditions are met.

**Confidential Communications:** We will accommodate reasonable requests to communicate with you about your health information by different methods or alternative locations. For example, if you are covered on a health plan but are not the subscriber, and would like your health information sent to a different address other than the subscriber, we can usually do that for you.

**Brach Notification:** You have the right to receive notification of breaches of your health information as required by law.

**Access to Your Health Information:** You have the right to receive a copy of your health information that we maintain, with some limited exceptions. You may request access to your information in writing and you may request a copy of your information in electronic format. We reserve the right to charge a reasonable fee for the cost of producing and providing your health information. You have the right to request that your health information be sent to any person or entity, such as another doctor, caregiver or online personal health record.



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**Amendment of your Health Information:** You have the right to ask us to amend any of your health information. You need to request this amendment in writing and submit to our medical records department. We may deny your request in certain situations. Any denials will be in writing. You have the right to appeal our denial by filing a written statement of disagreement.

**Accounting of Certain Disclosures:** You have a right to a listing of the disclosures we make of your health information, except those disclosures made for treatment, payment or healthcare operations, or those disclosures made pursuant to public health purposes, law enforcement, legal proceedings, or for other required reporting.

**Exercising Your Rights:** To exercise any of the above rights or if you need to share your health information with someone for purposes other than those listed here, contact our office at (425) 827-0334.

### **Questions and Complaints**

If you have questions or are concerned that any of your privacy rights have been violated, please contact our Privacy Officer, Dr. David Bourree. You also have the right to complain to the Secretary of Health and Human Services at:

Office for Civil Rights  
U.S. Department of Health  
2201 Sixth Ave. Mail Stop Rx-11  
Seattle, WA 98121

You will not be retaliated against for filing a complaint.

### **Changes to Notices of Privacy Practices**

We reserve the right to change the terms of our Notice at any time. New Notice provisions will be effective for all protected health information that we maintain and will be available at our clinic. You may request a copy from our medical records department, privacy officer or front desk registration.