

These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification or location at the request of a law enforcement official, reports regarding suspected victims of a crime at the request of a law enforcement official, reporting death, crime on our premises, and crimes in emergencies.

We will not use or share your medical information (1) to conduct a criminal, civil, or administrative investigation or (2) to impose criminal, civil, or administrative liability, for seeking, obtaining, providing, or facilitating reproductive health care services that are legal in Washington state. If your records of lawful reproductive health care services are requested for health oversight activities, judicial or administrative proceedings, law enforcement purposes, or disclosure to a coroner or medical examiner, we will not share the records unless an attestation is provided stating the records will not be used to investigate or impose legal penalties for lawful reproductive health care services.

We will not share substance use disorder (SUD) treatment records unless we have your consent, or it is permitted by 42 C.F.R. Part 2 (Part 2.) rules. If we receive your Part 2 records from someone else, such as your SUD provider, we may disclose the records if allowed under HIPAA. However, we will not disclose SUD records for civil, criminal, administrative, and legislative proceedings against you, unless you consent in writing, or in response to a court order.

Public Health Activities: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting

adverse effects associated with product defects or problems to enable products recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence: We may use and disclose medical information to appropriate authorities if we may reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation: We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities: We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, in petitions, licensure or disciplinary actions, or other authorized activities.

Appointment Reminders: We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

Alternative and Additional Medical Services: We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice, or if you think we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. You may contact us to submit a complaint or submit requests involving any of your rights by writing to the contact person at the address listed below:

**Compliance Officer
9801 Frontier Ave SE
Snoqualmie, WA 98065**

compliance@snoqualmiehospital.org

**Anonymous Compliance Hotline
1-855-387-4416**

We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you chose to file a complaint.

For your patient rights and responsibilities, please reference the attached brochure.



Notice of Privacy Practices

9801 Frontier Ave. SE
Snoqualmie, WA 98065
425-831-2300

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.

OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal, and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you.

OUR LEGAL DUTY

Law Requires Us to:

- Keep your medical information private.
- Give you this notice describing our legal duties and privacy practices.
- Follow the terms of the current notice.

We Have the Right to:

- Change our privacy practices and the terms for this notice at any time, provided that the changes are permitted by law.
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

- Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all the different ways we are permitted to use or disclose your medical information without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us at the address provided at the end of this notice.

Please note medical information that is disclosed pursuant to the HIPAA Privacy Rule may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you with your other healthcare providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

FOR HEALTHCARE OPERATIONS: We may use and disclose your medical information for our healthcare operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and obtaining the accreditation, certificates, licenses, and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES:

Facility Directory: Unless you notify us that you object, the following medical information

about you will be placed in our facility directories; your name; your location in our facility; your condition described in general terms; your religious affiliation, if any.

Notifications: We may use and disclose medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission, if possible, before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, or medical information for you.

Disaster Relief: We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Fundraising: We may provide limited information to one of our affiliated fundraising foundations so they may contact you for fundraising purposes. This information will be general and may include your name, contact information, and the dates of your care, but will not include details about your medical condition or treatment. You have the right to opt out of receiving fundraising communications at any time. To do so, you may notify the Foundation by mail, phone, or email, and your request will be honored and recorded as "Do Not Contact." Your decision will not affect your care or treatment in any way. All fundraising communications will also include instructions on how to opt out of future messages.

Research in Limited Circumstances: We may use medical information for research purposes in limited circumstances where the research has been approved by an ad hoc review board and/or ethics committee that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner: To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceeding: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.