

**Effective: 10/27/2009**

## **Notice of Privacy Practices for North Cascade Cardiology, PLLC and Affiliated Providers**

***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.***

### **Introduction**

At North Cascade Cardiology (NCC), we are committed to treating and using protected health care information about you responsibly. This notice of privacy practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your right to your protected health information. This notice applies to all Protected Health Information (information) as defined by federal regulations.

### **The Providers and Clinic Locations**

NCC provides services through its employed physicians, nurse practitioners, nurses and technologists (NCC Providers). Certain services may also be provided by non-employed health care professionals that are affiliated with NCC, such as certified registered nurse anesthetists and anesthesiologists (Affiliated Providers). NCC Providers and Affiliated Providers will share medical information, as necessary, to provide health care services, and to perform payment and health care operations. NCC Providers and Affiliated Providers provide services at the following clinic locations operated by NCC:

- **[North Cascade Cardiology Bellingham](#)**  
2979 Squalicum Parkway  
Bellingham, WA 98225  
360-734-2700
- **[North Cascade Cardiology Friday Harbor](#)**  
550 Spring Street  
Friday Harbor, WA 98250  
888-739-2700
- **[North Cascade Cardiology Ketchikan, AK](#)**  
Ketchikan General Hospital  
3100 Tongass Avenue  
Ketchikan, AK 99901  
888-739-2700
- **[North Cascade Cardiology Orcas Island](#)**  
1286 Mt. Baker Rd., Suite B102  
Orcas Island, WA 98245  
888-739-2700
- 7 Deye Ln.  
Eastsound, WA 98245  
888-739-2700

**[North Cascade Cardiology Wrangell, AK](#)**  
Wrangell Medical Center  
310 Bennett Street  
P.O. Box 1081  
Wrangell, AK 99929  
888-739-2700

**[North Cascade Cardiology Petersburg, AK](#)**  
Petersburg Medical Center  
103 Fram St.  
PO Box 589  
Petersburg, AK 99833  
888-739-2700

**[North Cascade Cardiology Anacortes,](#)**  
1218 29<sup>th</sup> St. Ste B  
Anacortes, WA 98221  
888-739-2700

**[North Cascade Cardiology Craig, AK](#)**  
1800 Craig-Klawock Hwy  
Craig, AK 99921  
888-739-2700

**[North Cascade Cardiology Sitka, AK](#)**  
209 Moller Ave.  
Sitka, AK 99835  
888-739-2700

This notice applies to all information created or received by NCC Providers, Affiliated Providers and other NCC personnel at any of the clinic locations.

### **Understanding Your Medical Record Information**

Each time you visit NCC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source of data for medical research,
- Source of information for public health officials charged with improving the health of this state and the nation, and
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your medical record and how your medical information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your medical information, and make more informed decisions when authorizing disclosures to others.

### **Your Medical Record Information Rights**

Although your medical record is the physical property of NCC, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of Privacy Practices upon request,
- Inspect and copy your medical records,
- Amend your medical record,
- Receive an accounting of disclosures of your protected health information,
- Request communications of your medical information by alternative means or at alternative locations, and
- Request a restriction on certain uses and disclosures of your medical information, however, NCC is not required to agree to the restriction.

Please contact our office to exercise your rights.

### **Our Responsibilities**

NCC is required by law to:

- Maintain the privacy of your medical information,
- Provide you with this notice as to our legal duties and privacy practices with respect to medical information that we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate medical information by alternative means or at alternative locations.

We reserve the right to change our practices and this notice, and to make the revised notice effective for protected health information we already have and for any information we receive in the future. A current copy of the notice will be posted in our offices and you may request a copy of our current notice at any time.

We will not use or disclose your medical information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

### **Examples of Allowable Disclosures for: Treatment, Payment and Healthcare Operations**

*We will use your health information for treatment.*

**For example:** Information obtained by a NCC Provider or an Affiliated Provider will be recorded in your medical record and used to determine a diagnosis or course of treatment.

Nurses, technologists, students, or other personnel may need to know and/or discuss your health problems to carry out treatment and to understand how to evaluate your response to treatment.

We will also provide your primary, referring or specialist physicians or a subsequent health care provider with copies of various medical records and reports that should assist him or her in treating you.

*We will use your health information for payment.*

**For Example:** A claim may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for our health care operations.*

**For Example:** Members of the practice may use information in your health care record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of healthcare and service we provide.

*Appointment reminders, treatment alternatives or other health related benefits:* We may use and disclose information to contact you to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you.

*Business Associates:* There are some services provided in our organization through contacts with business associates. Examples include physician billing, answering and transcription services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Training of Staff and Students.* We may use and disclose your information to teach and train staff and students. For example, nursing students may provide services under the supervision of NCC Providers as part of their clinical training and thus have access to your information.

### **Examples of Uses and Disclosures Without Consent or Authorization**

In certain circumstances, we may disclose information without your consent. Some of the types of uses or disclosures that may be made without your consent are:

**Communication with Family.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Research.** Under certain circumstances, we may use and disclose information about you for research purposes. All research projects are subject to a special review process designed to balance the research risk/benefit ratio to patients. Before your information is used or disclosed for research, the project will be reviewed and approved through this process. We will ask for your specific written permission if you will be actively involved in research at NCC.

**Health Oversight Activities.** We may disclose protected health information to an agency with responsibility for overseeing health care activities. Health oversight activities include audits, investigations, inspections and licensure.

**Required by Law.** As required by law, we may disclose information about you if, and to the extent, we are required to do so by federal, state or local law.

**Public Health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with medical devices, or to notify the appropriate governmental authorities if we believe the patient is a victim of abuse, neglect, or domestic violence.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order or in response to a subpoena, discovery request, or other process by someone else involved in the dispute. In some circumstances, efforts must be made to tell you about the request for your protected health information or to obtain an order protecting the information requested.

**Coroners, Medical Examiners and Funeral Directors.** We may release protected health information to a coroner or medical examiner to identify a deceased person, about the victim of a crime, about a death we believe may be the result of criminal conduct, about criminal conduct on our premises and in emergency circumstances to report a crime.

**Worker's Compensation.** We may release protected health information about you for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

**To Prevent a Serious Threat to Health or Safety.** We may use and disclose protected 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.

#### **Other Uses of Information**

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give permission to use or disclose protected health information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain our records of the care we provided you.

### Your Rights Regarding Medical and Billing Information about You

You have the following rights regarding your medical and billing information we maintain.

**Right to Inspect and Copy Your Medical and Billing Information.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and obtain a copy of medical and billing information that may be used to make decisions about you, you must submit your request in writing to North Cascade Cardiology 2979 Squalicum Parkway Suite 101, Bellingham Wa 98225. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy this information in certain limited circumstances. If you are denied access to medical or billing information, you may make a request, in writing to the *North Cascade Cardiology Privacy Officer*, that the denial be reviewed. Another licensed health care professional chosen by the clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend Your Medical and Billing Information.** If you feel that medical and billing information we have about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, your request must be made in writing and submitted to North Cascade Cardiology 2979 Squalicum Parkway Suite 101, Bellingham Wa, 98225. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing, or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical or billing information kept by or for the facility;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures of Your Medical and Billing Information.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical and billing information about you, except for those disclosures to carry out treatment, payment, or health care operations, disclosures made to you, disclosures you have authorized, or certain other disclosures.

To request an accounting of disclosures, you must submit your request in writing to the *North Cascade Cardiology System Privacy Officer*. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. 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 costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the uses and disclosures of your medical or billing information for treatment, payment or health care operations. You also have the right to request a restriction on the medical or billing information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about your particular surgery or other particular treatment. We are not required to agree to your request. If we cannot agree to your requested restriction, we will notify you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We may terminate our agreement for a restriction if we inform you and you agree.

To request restrictions, you must make your request in writing to: *North Cascade Cardiology System Privacy Officer*.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical treatment and options in a certain way or at a certain location. For example, you can ask that we contact you at a different phone number or address than that shown in your records.

To request confidential communications, you must make your request in writing to: *North Cascade Cardiology System Privacy Officer*. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You will be offered a paper copy of this Notice during the registration process. You may ask us to give you a copy of this Notice at any time, or you may contact our Privacy Officer at (360) 734-2700 and request a copy.

Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, <http://www.northcascadecardiology.com>

**State Law Issues.** Many states have requirements regarding the mandatory or voluntary reporting of health information for various purposes, such as maintaining records of births and deaths or engaging in activities relating to the improvement of health care or the reduction of health care costs. In addition, some states have enacted privacy laws or other laws respecting the confidentiality of medical information that have requirements different from, and in some cases more stringent than, those described herein. To the extent that an applicable state privacy law imposes requirements that are more restrictive than federal privacy law, the state law will preempt the federal law.

### **Identity Theft Prevention and Detection Program-Red Flag**

The Federal Trade Commission (FTC), the federal bank regulatory agencies, and the National Credit Union Administration (NCUA) have issued regulations (the Red Flags Rules) requiring financial institutions and creditors to develop and implement written identity theft prevention programs, as part of the Fair and Accurate Credit Transactions (FACT) Act of 2003.

The Red Flags Rule defines "Identity Theft" as "fraud committed using the identifying information of another person" and a "Red Flag" as "a pattern, practice, or specific activity that indicates the possible existence of Identity Theft."

It is the policy of North Cascade Cardiology to follow all federal and state laws and reporting requirements regarding identity theft. Specifically, North Cascade Cardiology will (1) identify, (2) detect and (3) respond to "red flags."

**Changes to This Notice** We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for medical and billing information we already have about you as well as any information we receive in the future. The effective date of the revised Notice will be on the first page, in the top right-hand corner. As of the effective date, distribution of the revised Notice that is in effect will be the same as above in the section describing your rights to receive a paper copy of the Notice.

### **Acknowledgement of Receipt of This Notice**

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health care information for treatment, payment and health care operations when necessary.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Office Administrator, the practice's Privacy Officer at (360) 734-2700.

**Complaints** If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Rights*  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201