

# SEATTLE VISITING NURSE ASSOCIATION

## Notice of Privacy Practices for Wellness Program

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE SEATTLE VISITING NURSE ASSOCIATION WELLNESS PROGRAM AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **What is this notice and why is it important**

This notice is required by law to inform you of how your health information will be protected, how we may use or disclose your health information and about your rights regarding your health information.

### **Understanding your health information**

- Each time you receive health care, a record of your care is made. The medical record for Wellness services contains your consent for treatment and acknowledgement that you have been informed regarding the risk of receiving immunizations and/or tests, and sufficient information to verify Medicare eligibility if appropriate. This information serves as:
  - Legal documentation of the care you receive
  - A means by which you or a third-payer (i.e. health insurance, Medicare, employer) can verify that the services you received were appropriately billed.
  - A means of communication among healthcare professions regarding the services that you receive.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

- You will receive a copy of this notice when you receive your immunization or test. Thereafter you may request a copy of this notice or any revisions by calling the Seattle VNA at 425-967-3080.
- Before we use or disclose your health information, other than as described below, we will obtain your written authorization.
- You may request a copy of your health information that is kept in your medical or billing record. The request must be made in writing and you may be charged for the cost of your copies.
- If you believe that the information we have about you is incorrect or incomplete, you may request that we correct or add information. This request must be made in writing.
- You may request that we communicate with you about your health information in a specific way (i.e. at a certain mail address or phone number). We will make every effort to agree to your request.
- You may request in writing that we restrict the use or disclosure of your health information, except when we are required by law, or in an emergency situation in order to treat you. We will consider your request, but are not legally required to agree if your request interferes with our ability to treat you, or to obtain payment.
- You or your representative have the right to request an accounting of disclosures of your health information made by SVNA for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to our privacy officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. SVNA will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Other than stated above, SVNA will not disclose your health information other than with your written authorization. If you or your representative authorizes us to use or disclose your health information, you may revoke that authorization in writing at any time.

We will use your health information for the purposes of Treatment, payment and healthcare operations. If necessary, we may share this information with members of your healthcare team. We may use your health information to collect payment for services we provide. If someone else is paying for your care (i.e. Medicare, employer, insurance company.), we may provide documentation of services provided in order to obtain payment. If you are an employee of a company who pays for the services you received, verification of these services will be provided to your employer. If you are Medicare eligible, information may be given to our billing department to bill Medicare. We will also use your information in the course of internal operations, within our agency.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN AUTHORIZATION.

**When Legally Required** SVNA will disclose your health information when it is required to do so by any Federal, State or local law.

**Food and Drug Administration (FDA)** We may disclose your information relating to adverse events with respect to immunizations and/or health screening tests.

**To Report Abuse, Neglect or Domestic Violence** SVNA is required to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence.

**To Conduct Health Oversight Activities** SVNA may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings** The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes** As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes.

**For Research Purposes** SVNA may, under very select circumstances use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. SVNA will request your written authorization before granting access to your individually identifiable health information.

**In the Event of a Serious Threat to Health or Safety** SVNA may, consistent with applicable law and ethical standards of conduct, disclose your health information if we, in good faith believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions** In certain circumstances, the Federal regulations authorize us to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**Duties of the Agency** SVNA is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of the Notice as may be amended from time to time. SVNA reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. You or your personal representative, have the right to express complaints to the Agency and to the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. Any complaints to the Agency should be made in writing to our Privacy Officer. SVNA encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

**Contact Person – Privacy Officer** SVNA has designated a Privacy Officer as its contact person for all issues regarding patient privacy rights under the Federal privacy standards. You may contact this person at 170 W. Dayton Suite 103A, Edmonds, WA, 425-967-3080.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER at office location listed above.