



Notice of Privacy Practices

This Notice of Privacy Practices 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 practice respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing care and services to you. For example, your Protected Health Information (PHI) includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information related to these services. In some situations, we may also create or receive information about treatment for a substance use disorder that is protected by special federal confidentiality rules (42 CFR Part 2) in addition to HIPAA and state law. These records are called "Part 2 SUD records" in this Notice and receive extra protections as described below.

Federal and State laws allow us to use and disclose your PHI for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes. In many situations, federal substance use disorder confidentiality laws also require your written consent before we can use or disclose Part 2 SUD records for treatment, payment, or health care operations.

Examples of Use and Disclosures of PHI for Treatment, Payment, and Health Operations: Treatment:

- Information obtained by a nurse, doctor, or other member of health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may provide information to other health care providers or organizations providing care to you. This will help them stay informed about your care.
- When we have Part 2 SUD records, we may use and disclose them for treatment only as allowed by federal substance use disorder confidentiality laws in addition to HIPAA and state law. In many situations we must have your written consent before using or disclosing these records for treatment, payment, or health care operations.

Payment:

- We request payment from your health insurance plan; therefore health insurance plans need information from us about your medical care. Information provided to health insurance plans may include your diagnoses, procedures performed, and/or recommended care.
- For certain mental health or substance use disorder services, including any Part 2 SUD records we maintain, we may need your specific written authorization or consent before we can share information with your health plan for payment, if required by federal or state law.

Healthcare Operations:

- We may use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.

- We may use and disclose your information to conduct or arrange for services, including:
 - Medical quality review by your health plan
 - Accounting, legal, risk management, and insurance services
 - Audit functions including fraud and abuse detection and compliance programs.
- When we have Part 2 SUD records, we may use or disclose them for health care operations only as permitted by 42 CFR Part 2 and other applicable law, and often only with your written consent.

Your Health Information Rights

The health and billing records we create and store are the property of the practice and healthcare facility. You have a right to:

- Receive, read, and ask questions about our records that pertain to you.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing. We are not required to grant the request, but will comply with any request granted.
- Cancel prior authorizations to use or disclose PHI by providing to us written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we received it. You cannot cancel an authorization if its purpose was to obtain insurance.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices.
- Request that you be allowed to review and/or obtain a copy of your PHI. You may make this request in writing. There is a clerical fee for copying your PHI and we will notify you of the cost involved.
- Cancel your authorization to use or disclose health information except to the extent that action has already been taken. This must be submitted in writing. Sometimes you cannot cancel an authorization if its purpose was to obtain insurance.
- Have us review a denial of access to your PHI – except in certain circumstances.
- Ask us to change your health information. You must make this request in writing. If your request is denied, you may submit a statement of disagreement. It will be stored in your medical record and included with any release of your records.
- Obtain a list of parties who have received your PHI. The list will not include disclosures to third-party payers. You may receive this information without charge once every 12 months. We will notify you of the cost involved in obtaining this information more often than once in 12 months.
- Ask for your health information to be given to you by another means or at another location. Please submit this request in writing with a signature and date.
- If we maintain Part 2 SUD records about you, you also have rights under federal substance use disorder confidentiality rules, including the right to request restrictions on how those records are used and disclosed, and the right to revoke consent for us to use or disclose those records, except to the extent we have already acted in reliance on your consent or as otherwise allowed by law.
- For assistance with these rights, please contact the practice and ask to speak with the Privacy Officer.

Our responsibilities

We are required to:

- Keep your PHI private
- Provide you with our Notice of Privacy Practices
- Follow the terms of this Notice.
- Notify you following a breach of your unsecured PHI as required by law.

When we have Part 2 SUD records, we are also required to comply with the federal substance use disorder confidentiality rules at 42 CFR Part 2. Those rules generally prohibit us from disclosing Part 2 SUD records without your written consent unless the disclosure is expressly permitted or required by those rules or other applicable law. Any consent you give for us to disclose Part 2 SUD records for treatment, payment, or health care operations may cover future uses and disclosures for these purposes, and you may revoke that consent at any time except to the extent we have already relied on it.

Some of your PHI may relate to reproductive health care services. In certain situations, we are not allowed to use or disclose reproductive health information for non-health-care purposes (such as some law-enforcement or governmental requests) when the care was lawfully provided, except as specifically allowed by the HIPAA Privacy Rule or other applicable law.

We have the right to change our practices regarding the PHI that we maintain without notifying you. You may receive the most recent copy of this Notice by simply requesting it.

To Ask for Help or To Report a Problem

If you have questions or would like to request more information about our privacy practices, please call your physician's office and ask to speak to the Clinic Manager.

If you believe that your privacy rights have been violated and/or want to report a problem about the handling of your PHI, please contact our Privacy Officer at (509) 933-7570 or by mail at:

Kittitas Valley Healthcare
ATTN: Privacy Officer
603 South Chestnut Street
Ellensburg, Washington 98926

You also have the right to submit a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. We respect your right to file a complaint and will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Using our best judgement, we may disclose to a family member, relative, or any other person involved in your care or payment of your care so long as you have not provided a written objection. In addition, we may disclose information about you to assist in disaster relief efforts. You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

Where your information includes Part 2 SUD records, we will follow additional rules before sharing that information with family, friends, or others involved in your care. In many situations, we will need your written consent before we can share those specific records, unless otherwise permitted by 42 CFR Part 2 or other law.

We may use and disclose your PHI without your authorization as follows:

- With Medical Researchers if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- To Funeral Directors/Coroners consistent with applicable law to allow them to carry out their duties.
- To Organ Procurement Organizations for tissue donation and transplant or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To comply with Workers Compensation laws if you make a workers compensation claim.
- For public health and safety purposes as allowed or required by law.
 - To prevent or reduce a serious, immediate threat to the health or safety of a person or the public
 - To public health or legal authorities; to protect public health and safety; to prevent or control disease, injury, or disability; to report vital statistics such as births or deaths.
- To report suspected abuse or neglect to public authorities
- To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For health and safety oversight activities we may share health information with the Department of Health.
- For disaster relief purposes we may share health information with disaster relief agencies to assist in the notification of your condition to family or others.
- For work-related conditions that could affect employee health. For example, an employer may ask us to assess health risks on a job site.
- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.

Some types of PHI, such as Part 2 SUD records and certain reproductive health information, may be subject to stricter rules than those listed above. In those situations, we will follow the more protective rules and may not be allowed to make certain disclosures without your written consent, a court order, or other specific legal permission.

When we are allowed by HIPAA to disclose your PHI to another person or organization, that person or organization may in some cases re-disclose the information and it may no longer be protected by HIPAA. However, Part 2 SUD records and some other specially protected information remain subject to additional confidentiality rules, and any re-disclosure of those records is either prohibited or strictly limited by law.

Uses and disclosures that are not in this Notice will be made only as allowed or required by law or with your written authorization.

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call Kittitas Valley Hospital Front Desk at 509-962-8941 (TTY: 1-800-833-6388) or speak to your provider.

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| <p>Amharic: ትኩረት፡- አማርኛ የምትናገር ከሆነ ነፃ የቋንቋ እርዳታ አገልግሎት ማግኘት ትችላለህ። በቀላሉ በሚደረሰባቸው ቅርጻቶች መረጃ ለመስጠት ተገቢ የሆኑ ረዳት እርዳታዎችና አገልግሎቶችም በነጻ ማግኘት ይቻላል። ኪቲተስ ቫሊ ሆስፒታል ፍጥነት ዴስክ በ 509-962-8941 (TTY 1-800-833-6388) ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።</p> |
| <p>Cushite: XIYYFANNOO: Afaan Kushii yoo dubbattan injifannoon ittiin gad-bu'aa hin qabnee ni kennama. Gargaarsi waliin walqabatee fi dhugoomsaa ta'ee fi odeeffannoo bifa dhaqqabamaa ta'eenis dhugoomsa. Fuuldura Hospitaala Gammoojjii Kittitas 509-962-8941 (TTY: 1-800-833-6388) Bilbilaa ykn nama waliin haasa'aa</p> |
| <p>Arabic: tanbihi: 'iidha kunt tatahadath al'iinjiliziatiu, tatawafar lak khidamat musaeidat lughawiat majaaniatin. kama tatawafar mjanan wasayil musaeidat wakhadmat munasibat litaqdim almaelumat bitansiqat sahlata alwusuli. atasal bimaktab astiqbal mustashfaa kititas falli ealaa alraqm 509-962-8941 (lilsam: 1-800-833-6388) 'aw tahadath mae maqadam alrieayat alsihiyat alkhasi bika.</p> |
| <p>Punjabi: Dhi'āna di'ō: Jēkara tusīm pajābī bōladē hō, tāṁ tuhāḍē la'ī mufata bhāsā sahā'itā sēvāvām upalabadha hana. Pahucayōga phāramaitām vica jānakārī pradāna karana la'ī dhukavī'ām sahā'ika sahā'itā atē sēvāvām vī mufata upalabadha hana. Kiṭṭāsa vailī hasapatāla dē pharaṭa ḍaisaka nū 509-962-8941 (TTY: 1-800-833-6388)'Tē kāla karō jāṁ āpaṇē pradātā nāla gala karō.</p> |
| <p>German: ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen eine kostenlose Sprachassistentin zur Verfügung. Geeignete Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie die Rezeption des Kittitas Valley Hospital unter 509-962-8941 (TTY: 1-800-833-6388) an oder wenden Sie sich an Ihren Arzt.</p> |
| <p>Laotian: ຄວາມສິນໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດບໍລິການຊ່ວຍເຫຼືອພາສາໂດຍບໍ່ຕ້ອງເສຍຄ່າ. ນອກຈາກນັ້ນ ນາຍົບການຊ່ວຍເຫຼືອ ຈຳນວນ ບໍລິການທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າໃຈໂດຍບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍ. ໂທຫາໂຮງໝໍ Kittitas Valley Hospital Front Desk ທີ່ 509-962-8941 (TTY: 1-800-833-6388) ຫຼື ເວົ້າສົມກ ບູຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.</p> |
| <p>Spanish: ATENCIÓN: Si usted habla ESPAÑOL, se pone a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles para usted. Comuníquese a la recepción del Hospital Kittitas Valley al 509-962-8941 (TTY: 1-800-833-6388) o comuníquese con proveedor de servicios de salud.</p> |
| <p>Chinese: 注意：如果您会说中文，我们提供免费的语音协助服务。此外，我们还免费提供相应的辅助设备以及以无障碍格式提供信息的服务。请致电基蒂塔斯谷医院前台：509-962-8941（TTY：1-800-833-6388）或联系您的医疗服务提供者。</p> |
| <p>Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các dịch vụ và công cụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi Lễ tân Bệnh viện Kittitas Valley theo số 509-962-8941 (TTY: 1-800-833-6388) hoặc trao đổi với nhà cung cấp dịch vụ của bạn.</p> |
| <p>Korean: 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 또한, 접근 가능한 형식으로 정보를 제공하는 적절한 보조 도구 및 서비스도 무료로 이용하실 수 있습니다. 키티타스 밸리 병원 접수처(509-962-8941, TTY: 1-800-833-6388)로 전화하시거나 담당 의료진에게 문의하세요.</p> |
| <p>Russian: ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните в регистратуру больницы Kittitas Valley Hospital по телефону 509-962-8941 (TTY: 1-800-833-6388) или обратитесь к своему лечащему врачу.</p> |
| <p>Tagalog: PAUNAWA: Kung ikaw ay marunong ng Tagalog, ang mga libre at tulong sa wika ay magagamit para sa iyo. Ang mga angkop na karagdagang kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay available din ng walang bayad. Tawagan ang Kittitas Valley Hospital Front Desk sa 509-962-8941 (TTY: 1-800-833-6388) o makipag-usap sa iyong tagapagtustos.</p> |
| <p>Ukrainian: УВАГА: Якщо ви говорите українською, вам доступні безкоштовні послуги допомоги мовою. Також безкоштовно доступні відповідні допоміжні засоби і послуги для надання інформації у зручних форматах. Телефонуйте до реєстрації лікарні Кіттітас-Веллі за номером 509-962-8941 (TTY: 1-800-833-6388) або зверніться до свого лікаря.</p> |
| <p>Mon-Khmer, Cambodian: យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ខ្មែរ បសវនៈជំនួយភាសាភ្នំព្រួញអាចរកបានសប្បុរស រក្សា ជំនួយ និងសវនៈជំនួយសមប្បវេណីមប្រើប្រាស់ព័ត៌មានកុំព្យូទ័រ ឯទម្រង់ឌីជីថលអាចចូលប្រើបានក៏អាចរកបានបដាយភ្នំព្រួញខ្មែរ។ ទូរស័ព្ទទៅការិយាល័យខ្លួនខាងមនីទេសបទយ Kittitas Valley តាមរយៈបលម 509-962-8941 (TTY: 1-800-833-6388) ឬនិយាយជាមួយអ្នកកម្មសវនៈជំនួយ រក</p> |
| <p>Japanese: Chūi: Nihongo o hanasa reru kata wa, muryō no gengo shien sābisu o go riyō itadakemasu. Mata, tekisetsuna hojo kigu ya, akusheshiburuna keishiki de jōhō o teikyō suru sābisu mo muryō de go riyō itadakemasu. Kititasubarē byōin uketsuke (509 - 962 - 8941, TTY: 1 - 800 - 833 - 6388) Made o denwa itadaku ka, tantō no iryō teikyō-sha ni go sōdan kudasai</p> |