

NOTICE OF PRIVACY PRACTICES

Overlake Hospital Medical Center Overlake Medical Clinics

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.

Overlake is required by law to maintain the privacy of your health information, to provide you with a notice of its legal duties and privacy practices, and to follow the information practices that are described in this notice. This notice applies to all of the health information and health records generated by the healthcare professionals, employees, contract staff, students and volunteers at Overlake Hospital Medical Center and Overlake Medical Clinics (collectively "Overlake" or "we"). This notice explains how your health information may be used and/or disclosed and also describes the rights you have concerning your own medical information. Your health information will not be used or disclosed except as indicated in this notice. You have a right to request and receive a paper copy of this notice. Please review it carefully and let us know if you have questions.

MEDICAL INFORMATION:

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information is often referred to as your health or medical record. We understand that medical information about you and health is personal and we are committed to protecting medical information about you.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your Hospital medical record to assist in your treatment at the Hospital and for follow-up care.

Patient Directory: In order to assist family members and other visitors in locating you while you are in the Hospital, the Hospital maintains a patient directory. This directory

includes your name, room number and your general condition (such as fair, stable, or critical). We will disclose this information to someone who asks for you by name. If you do not want to be included in the Hospital's patient directory, please notify admitting at time of admission.

Family Members and Others Involved in Your Care: We may disclose your medical information to immediate family members or another person with whom you have a close personal relationship. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want the Hospital to disclose your medical information to family members or others as outlined here, please notify admitting at time of admission or your caregivers.

Health Information Exchange: The electronic health record system operated by Overlake may be accessed by your health care providers via secure remote access or other secure health information exchange processes. If you do not wish to allow authorized doctors, nurses and other clinicians involved in your care outside of the Hospital to use or disclose your medical information with one another through electronic means, you may opt-out by signing the Overlake Network Exchange Opt-Out Request Form. If you opt-out of electronically sharing your medical information, your medical information will continue to be used in accordance with this Notice and applicable law, but will not be made electronically available to health care providers outside of Overlake.

Payment: We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment. We may provide this information to them according to the term set in your prior authorization.

Hospital Operations: We may use and disclose your medical information in connection with our health care operations, for example, if it is necessary to improve the quality of care we provide to patients or to run the Hospital. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. This helps evaluate the performance of our staff in caring for you.

Fundraising: Many of our patients like to make contributions to the Hospital. We may use your medical information in an effort to raise money for the Hospital. We may also disclose your medical information to a foundation related to the Hospital so that the foundation may contact you to raise money for the Hospital. Any fundraising communications with you will include a description of how you may opt out of receiving any further fundraising communications.

Research: We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law: Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report the abuse or neglect of children or vulnerable adults. We also are required to give information to the State Workers' Compensation Program for work-related injuries.

Public Health: We also may report certain medical information for public health purposes. For instance, we report communicable diseases to the State. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Public Safety: We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose your medical information to law enforcement officials and others to prevent an imminent threat to health or safety.

Health Oversight Activities: We may disclose medical information to a government agency that oversees the Hospital or its personnel, such as the Department of Health, the federal agencies that oversee Medicare, the Medical Quality Assurance Commission, or the Nursing Quality Assurance Commission. These agencies need medical information to monitor the Hospital's compliance with state and federal laws.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information concerning deceased patients to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donation: If you are an organ donor, we may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

Judicial Proceedings: The Hospital may disclose medical information if the Hospital is ordered to do so by a court or if the Hospital receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Information with Additional Protection: Certain types of medical information have additional protection under state and federal law. For instance, medical information about HIV and sexually transmitted diseases, mental health, and alcohol and drug

abuse treatment receive special protection. For those types of information, the Hospital is required to get your permission before disclosing that information to others in many circumstances.

Psychotherapy Notes: We must obtain your authorization for any use or disclosure of psychotherapy notes, except if our disclosure of psychotherapy notes is: (1) by the originator of the psychotherapy notes for treatment purposes, (2) for our own training programs in which mental health students, trainees or practitioners learn under supervision to practice or improve their counseling skills, (3) to defend ourselves in a legal proceeding initiated by you, (4) as required by law, (5) to a health oversight agency with respect to the oversight of the originator of the psychotherapy notes, (6) to a coroner or medical examiner; or (7) to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

Marketing Communications; Sale of PHI. We must obtain your written authorization prior to using or disclosing your medical information for marketing or the sale of PHI, consistent with the related definitions and exceptions set forth in the federal law commonly known as HIPAA.

Other Uses and Disclosures: If the Hospital wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, the Hospital will seek your written authorization. If you authorize the Hospital to use or disclose your medical information for a purpose that is not discussed this Notice, you may revoke your authorization at any time, unless we or others have already taken substantial action in reliance on your permission to use or disclose the information. If you ever would like to revoke your authorization, please notify the Privacy Officer in writing.

WHAT ARE YOUR RIGHTS?

Right to Request Your Medical Information: You have the right to look at your own medical information and to get a copy of that information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, please contact the Health Information Department. Your request may be denied in certain limited circumstances. If your request is denied you may request that the denial be reviewed. If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost.

Right to Request Amendment of Medical Information You Believe Is Erroneous or Incomplete: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us

to amend your medical information your request must be made in writing and submitted to the Privacy Officer and a reason must be provided to support your request.

Right to Get a List of Certain Disclosures of Your Medical Information: You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, write to the Health Information Department. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How the Hospital Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations: You have the right to ask that we limit the way we use or disclose your health information for treatment, payment or healthcare operations. We are not required to agree to your request, except if your request is to restrict disclosing medical information to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the medical information pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf. If we do agree to your restriction request, we will comply with your request unless the information is needed to provide you emergency treatment. If you want to request a restriction, submit your request in writing to the Privacy Officer and describe your request in detail.

Right to Request Confidential Communications: You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, write to the Privacy Officer. You can also ask to speak with your health care providers in private outside the presence of other patients – just ask them!

Right to Receive Notification of a Breach: We are required to notify you if we discover a breach of your unsecured medical information, according to the requirements under federal law.

Questions/Complaints:

If you have general questions about this Notice or would like additional information please contact the Privacy Officer at 425-688-5238.

If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your record, you may contact our Patient Action Line at 425-688-5191. All reports related to potential privacy violations will be forwarded to the Privacy Officer for investigation and follow-up.

You may also send a written complaint to:
Washington State Department of Health
510 4th Avenue West, Suite 404
Seattle, WA 98119

We will not penalize you or retaliate against you in any way for filing a complaint.

CHANGES TO THIS NOTICE

This notice is effective as of May 13, 2013.

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. The revised notice will be posted at our places of service and on our website at www.overlakehospital.org.

