



NOTICE OF PRIVACY PRACTICES

The privacy of your health information is important to us. We will maintain the privacy of your health information and 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.

A federal law commonly known as HIPAA requires that we take additional steps to keep you informed about how we may use information that is gathered in order to provide health care services to you. As part of this process, we are required to provide you with the attached Notice of Privacy Practices and to request that you sign the attached written acknowledgement that you received a copy of the Notice. The Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights.

Please take a moment to review our Notice of Privacy Practices. We also request that you sign and return the attached Acknowledgement of Receipt of Notice of Privacy Practices documenting that you received a copy of our Notice.

If you have any questions about this Notice please contact the Privacy Officer at Overlake Medical Clinics, LLC, 1035 116th Ave NE, Bellevue WA 98004; (phone) 425-688-5656; (fax) 425-635-6388.



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.

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). We must follow the privacy practices that are described in this Notice (which may be amended from time to time).

For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

I. WHAT IS PROTECTED HEALTH 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. Here we will refer to it as your "Protected Health Information", or PHI, as it is referred to under HIPAA. We understand that medical information about you and your health is personal and we are committed to protecting medical information about you.

II. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

This notice describes how we may use your PHI within the Clinic and how we may disclose it to others outside the Clinic. This notice also describes the rights you have concerning your PHI. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law. Please review this notice carefully and let us know if you have questions.

A. Treatment. We may use and disclose PHI in order to provide treatment to you. For example, we may use PHI to diagnose, treat, and provide medical services to you. We may ask you to have laboratory tests and we may use the results to help us reach a diagnosis, and disclose your PHI to laboratory staff in the process. We might disclose your PHI to pharmacy staff if we order a prescription for you. Some of the people who work for the Clinic, such as doctors and nurses, may use or disclose your PHI amongst themselves and other providers in order to treat you or to assist others in your treatment. In addition, we may disclose PHI to other health care providers involved in your treatment. In the course of providing treatment it may be necessary to disclose PHI while using a cell phone or pager. In these instances we will employ all reasonable safeguards to assure that privacy of the communication is maintained.

B. Family and Other Persons Involved in Your Care. Unless you object, we may disclose your PHI to immediate family members or another person with whom you have a close personal relationship (that you designate). We also may disclose your PHI to disaster relief organizations to help locate a family member or friend in a disaster. Please notify us if you do not want us to disclose your PHI to family members or others as outlined here.

C. Payment. We may use or disclose PHI to get paid for the medical services and supplies we provide to you. For example, we may disclose PHI to your health plan to review before

it approves or pays for medical services. Under Washington law, releases of PHI to health plans require an authorization provided by you to us or to your health plan. We may provide PHI to them according to the terms set in your prior authorization.

D. Healthcare Operations. We may use and disclose your PHI if it is necessary to improve the quality of care we provide to patients or to run the Clinic. We may use your PHI to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your PHI to evaluate the performance of our personnel, your doctors, or other health care professionals

E. Required by Law. We may use or disclose PHI when we are required to do so by state, federal or local law. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We are also required to give information to the State Workers' Compensation Program for work-related injuries.

F. Public Health. We also may report certain PHI 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.

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

H. Health Oversight Activities. We may disclose PHI to a government agency that oversees the Clinic 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 Clinic's compliance with state and federal laws.

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

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

K. Judicial Proceedings. We may disclose PHI if we are ordered to do so by a court or if we receive 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 PHI.

L. Research. We may use or disclose your PHI 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.

M. Appointment Reminders. We may use or disclose PHI in order to provide you with appointment reminders such as voicemail messages, postcards, or letters.

N. Other Services. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

O. Fundraising. We may use PHI to enable the Clinic or a related foundation to contact you in the future to raise money for the Clinic and its operations. If you do not want the Clinic or a related foundation to contact you for fundraising, please notify our Privacy Officer in writing.

P. Special Government Functions. We may disclose your PHI information as required by military command authorities if you are a member of the armed forces. We may release

PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We also may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or a law enforcement official.

Q. Information with Additional Protection. In addition, federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment and referral; (4) is about HIV/AIDS testing, diagnosis or treatment; (5) is about venereal disease(s); (6) is about genetic testing; (7) is about child abuse and neglect; (8) is about domestic abuse of an adult with a disability; or (9) is about sexual assault. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

R. Other Uses and Disclosures. We will seek your permission if we wish to use or disclose your PHI for a purpose that is not discussed in this notice. For example, you will need to sign an authorization form before we can send PHI to your life insurance company, to a school, or to your attorney. You may revoke any such authorization at any time. If you ever would like to revoke your authorization for any such uses, please notify our Privacy Officer in writing.

II. YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy. You may request access to your medical record and billing records maintained by us in order to inspect and request copies of the records (the law requires us to keep the original record). All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. If you are denied access to your records you may request that the denial be reviewed. We may charge a fee for the costs of copying and sending you any records requested.

B. Right to Alternative Communications. You may request access to your medical record and billing records maintained by us in order. You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations, in order to maintain your confidentiality. For example, you may ask us not to call your home, but communicate with you only via mail or at your place of work.

C. Right to Request Restrictions. You have the right to request a restriction on PHI we use or disclose for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer as indicated below and describe your request in detail. We are not required to agree to any such restriction you may request.

D. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of certain disclosures of PHI made by us after April 14, 2003. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations.

E. Right to Request Amendment. If you believe that some of your PHI is incorrect or incomplete, you have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

F. Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by submitting a request to our Privacy Officer at any time.

G. Questions and Complaints. If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, you may contact the Privacy

Officer at Overlake Medical Clinics, LLC, 1035 116th Ave NE, Bellevue WA 98004; (phone) 425-688-5656; (fax) 425-289-3104. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or Overlake Medical Clinics, LLC Privacy Officer.

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date. This Notice is effective on April 14, 2003.

B. Changes to this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in the waiting area of our office. You may also obtain a copy of any revised notice by contacting the Privacy Officer at Overlake Medical Clinics, LLC, 1035 116th Ave NE, Bellevue WA 98004; (phone) 425-688-5656; (fax) 425-635-6388.



**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

This form will be retained in your medical record.

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices for Overlake Medical Clinics, LLC.

I hereby designate the following individual(s) to receive communications from Overlake Medical Clinics, LLC that may include health information about me:

Signature of patient (or personal representative)

Date

If this acknowledgment is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____

Relationship to Patient: _____

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

Employee Name

Date