



# Premier Diabetes Care, PLLC

6101 123<sup>rd</sup> Ave SE, Unit B, Snohomish, WA 98290  
(425) 318-7144 (800) 516-6570 Fax (949) 404-6552

<http://www.premierdiabetescare.com>

## NOTICE OF PRIVACY PRACTICES

### YOUR INFORMATION, YOUR RIGHTS, OUR RESPONSIBILITIES

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.

### YOUR RIGHTS

You have the right to:

- Get a copy of your electronic medical record
- Correct your electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believed your privacy rights have been violated

### YOUR CHOICES

You have choices in the way you allow us to use and share information with: family and friends, to market our services, or educational purposes.

### OUR USES AND DISCLOSURES

We may use and share your information as necessary to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

## **GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

## **ASK US TO CORRECT YOUR MEDICAL RECORD**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

## **REQUEST CONFIDENTIAL COMMUNICATIONS**

- You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

## **ASK US TO LIMIT WHAT WE USE OR SHARE**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

## **GET A LIST OF THOSE WITH WHOM WE’VE SHARED**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we share it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you ask us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## **GET A COPY OF THIS PRIVACY NOTICE**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## **CHOOSE SOMEONE TO ACT FOR YOU**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has the authority to act for you before we take any action.

## **FILE A COMPLAINT IF YOU FEEL YOUR RIGHTS ARE VIOLATED**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hippa/complaints/](http://www.hhs.gov/ocr/privacy/hippa/complaints/)
- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

**For certain health information, you can tell us your choice about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes

## OUR USES AND DISCLOSURES

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### TREAT YOU

We can use your health information and share it with other professionals who are treating you. Example: a doctor treating you for an injury asks another doctor about your overall health condition.

#### RUN OUR ORGANIZATION

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

#### BILLING FOR YOUR SERVICES

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

If you have paid out-of-pocket in full for service, you have the right to ask that your Protected Health Information with respect to that service not be disclosed to a health plan for purposes of payment or health care operations.

### HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index/html](http://www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index/html).

## **HELP WITH PUBLIC AND SAFETY ISSUES**

- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **CONTACT YOU FOR APPOINTMENT REMINDERS AND OTHER HEALTH-RELATED**

- We may use your information to contact you and remind you that you have an appointment with us.
- We may use your information to contact you for follow-ups.

## **DO RESEARCH**

We can use or share your information for health research.

## **COMPLY WITH THE LAW**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **ADDRESS WORKERS' COMPENSATION, LAW ENFORCEMENT, AND OTHER GOVERNMENT REQUESTS**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hippa/understanding/consumers/noticepp.html).

### ***Changes to the terms of this notice***

*We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.*

*If you have any questions regarding your Privacy Rights, please call 425-318-7144 or send email to [info@premierdiabetescare.com](mailto:info@premierdiabetescare.com)*



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## Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this consent. The terms of our Notice may change. If we change our Notice, you may request a written revised copy by contacting our office at 425-318-7144 or send email to [info@premierdiabetescare.com](mailto:info@premierdiabetescare.com)

Premier Diabetes Care provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **The patient understands that:**

- Protected health information may be disclosed or used for treatment, payment or healthcare operations.
- Premier Diabetes Care has provided or offered a copy of Notice of Privacy Practices to the patient.
- Premier Diabetes Care reserves the right to change the Notice of Privacy Practices.
- The patient has the right to restrict the uses of their information, but Premier Diabetes Care does not have to agree to those restrictions.
- The patient may revoke the Consent in writing at any time and all future disclosures will then cease.

However, such a revocation shall not affect any disclosures that have already made in the reliance on you prior to Consent.

Patient Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Representative: \_\_\_\_\_ Relationship: \_\_\_\_\_