

**Primavita Family Medicine, PLLC**  
**Lorina Shinsato, ND**  
**15446 Bel-Red Rd, Suite B-15**  
**Redmond, WA 98052**  
**425-273-0741-tel; 844-218-1125-fax**  
**info@primavitamedicine.com**

**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 CAREFULLY.**

*We respect your privacy and understand that your medical information is personal and sensitive. Moreover, we are required by law to make sure that medical information that identifies you is kept private. This Notice of Privacy Practices describes how we may use or disclose your protected health information at our clinic.*

*We are required to give you this notice of our legal duties and abide by the terms of this notice, however, we may change our notice at any time. Please note that any new notice adopted will be effective for all protected health information maintained at the time of change. You will not be notified individually if a change is made to our notice, however, upon request, we will provide you with a copy of our current notice.*

*You may always obtain a copy of our current notice by any of the following means:*

- 1. Accessing our website at [www.primavitamedicine.com](http://www.primavitamedicine.com)*
- 2. Contacting our office by mail or by phone at the above address and phone number*
- 3. Asking for a copy at the time of your next visit.*

If you have any questions about this notice, please contact Dr. Shinsato's office at 15446 Bel-Red Road, Suite B-15, Redmond, WA 98052 or 425-273-0741.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, staff and other clinic personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide "call coverage" for your health care provider.

**YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

### **For Treatment**

We may use health information about you to provide, coordinate or manage your medical treatment or services. We may disclose health information about you to physicians, nurses, technicians, therapists, office staff or other personnel who are involved in taking care of you and your health.

For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may occasionally disclose your protected health information to another physician or health care provider, such as a medical specialist or laboratory, who becomes involved in your care by providing assistance with your health care diagnosis or treatment.

### **For Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

For example, obtaining approval for coverage of future treatment with some medical modalities may require that your relevant medical information be disclosed to the health plan to obtain approval for future scheduling. Similarly, insurance companies may require that copies of your applicable medical records accompany any requests for payment of services already provided to you.

### **For Health Care Operations**

We may use or disclose, as necessary, your protected health information in order to support various business activities of our clinic. These activities include, but are not limited to, quality assessment activities, employee reviews, licensing, marketing and fundraising activities, and conducting or arranging for similar business activities.

For example, we may call you by name in the waiting room when ready to see you, and we may use or disclose your protected health information, as necessary, to contact you and remind you of your upcoming appointment(s).

We will share your protected health information with third party business associates that perform various activities—such as billing, collections, or records management—for the clinic. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our clinic and the services we offer. We may also send you

information about products or services that we believe may be beneficial to you.

Please notify the front desk staff if you do not wish to receive information regarding alternative treatments or information regarding health related products or services.

You may revoke your CONSENT at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any uses and disclosures that occurred before that time.

If you do revoke your CONSENT, we will not be permitted to use or disclose information for purposes of treatment, payment, or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

### **SPECIAL SITUATIONS**

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations.

#### **To Avert a Serious Threat to Health or Safety**

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

#### **Required By Law**

We will disclose health information about you when required to do so federal, state, or local law.

#### **Military, Veterans. National Security and Intelligence**

If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

#### **Workers' Compensation**

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### **Public Health Risks**

We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

#### **Health Oversight Agencies**

We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures maybe necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

#### **Law Enforcement**

We may release health information if asked to so by a law enforcement official in response

to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

### **Coroners, Medical Examiners and Funeral Directors**

We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death.

### **Information Not Personally Identifiable**

We may use or disclose health information about you in a way that does not personally identify you.

### **Family and Friends**

We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. In situations where you are not able to give consent (i.e. because you are not present, are incapacitated, or have a medical emergency) we may, using our professional judgment, determine that a disclosure to your family or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf (i.e. to pickup medical supplies or X-rays).

### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous section without your specific, written authorization. We must obtain your authorization, separate from any consent we may have obtained from you. If you give us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at anytime. If you revoke your authorization, we will no longer use or disclose information, about you for the reason covered by your written authorization, but we cannot take back any of the uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special, signed, written authorization (different from the *Authorization and Consent*) form. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and special written *Authorization* that complies with the law governing HIV or substance abuse records.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you.

#### **Right to inspect and copy**

You have the right to inspect and copy your health information (i.e. medical and billing records) that we use to make decision about your care. You must submit a written request to the Office Manager in order to inspect and/or copy your health care information.

If you request a copy of the information, we may charge a fee for the costs of copying,

mailing, or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request of our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

### **Right to Amend**

If you believe your health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this clinic.

To request an amendment, complete and submit a *Medical Record Amendment/Correction* to the Front Desk Staff. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information that we keep.
- You would not be permitted to inspect and copy
- Is accurate and complete.

### **Right to an Accounting of Disclosure**

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 1, 2009. The right to receive this information is subject to certain exceptions, restrictions and limitations. To obtain this list, you must submit your request in writing to our Front Desk Staff. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (i.e. paper or electronic). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes. Your request must be in writing and state the specific restriction requested and to whom or in what situation you want the restriction to apply. Please note that we are not required to

agree to a restriction that you may request. If we believe it to be in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. However, if we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the staff physicians.

**We are Not Required to Agree to Your Request**

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical mailers in a certain way or at a certain location. For example, you can ask that we only contact you at work or only by mail.

You must submit this request in writing to the front desk staff. We will accommodate all reasonable requests. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

**Right to Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy, please contact the Front Desk Staff.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the clinic with its effective date in the top right hand corner. You are entitled to copy of the notice currently in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with our clinic please contact the Front Desk Staff, 360-696-3800. You will not be penalized for filing a complaint.