Bellingham Health
1116 Key Street Suite 106
Bellingham, WA 98225
Phone: 360-756-9793 Fax: 360-752-9007

NOTICE OF PRIVACY PRACTICES- PLEASE REVIEW IT CAREFULLY.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

USES AND DISCLOSURES

Treatment: Your health information may be used by our providers and staff members or disclosed to other health care professionals for the purpose of evaluating your health; diagnosing medical conditions, and providing treatment.

Payment: Your health information may be used to seek payment from your health insurance plan, other sources of coverage such as an automobile insurer, or credit card companies that you may use to pay for services. For example, your health insurance plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations: Your health information can be used as necessary to support the day-to-day activities and management of Bellingham Health's business office. For example; information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality to insure that our practice is meeting state and federal guidelines and laws designated to protect your health care information.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government, audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, our practice is required to report certain communicable diseases to the State of Washington Department of Health.

Other uses and disclosures require your authorization
Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. This can be done by completing a release of records form at our office or a hand written note with signature to verify. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before your notified us of your decision.

ADDITIONAL USES OF INFORMATION:

Appointment reminders: Your health information will be used by our staff to call/send you appointment reminders. This could be done by phone, mail, email or other form of electronic messaging.

Effective Date and Revised: This notice is effective on or after June 13, 2006 and revised on 02/27/2014 & 02/19/2018.

Information about treatments: Your health information can be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.

Individual Rights
You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information.
- the right to receive confidential communications concerning your medical condition and-treatment.
- the right to inspect and copy your protected health information
- the right to request an amendment or submit corrections to your protected health information
- the right to receive an accounting of how and to whom your protected, health information has been disclosed
- the right to receive a printed copy of this notice

The clinic's duties
We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices
As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices can be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information
As permitted by federal regulation, you may request to inspect or copy protected health information. Request must be in writing or a release of records form must be completed and sent directly to the office. You are able to access this form on our website (www.bellinghamhealth.com) or by contacting the office for other options.

Reasonable Fees for Processing Medical records
You may request your medical records for personal use. This request must be given to the office in writing. Washington State law states that we have 15 business days from the day the request is received at our office to address and process the request. There may be a "Reasonable Fee" for processing your medical records and fees are required to be paid prior to release. "Reasonable Fees" would include the labor to make copies and supplies required to complete the request. A standard fee is not applied and each individual medical records request may have different fees applied.

Complaints and Contact Person
If you would like to submit a comment or complaint about our privacy practices, or obtain additional information about our privacy practices, you can do so by sending a letter outlining your concerns to the person listed below. You will not be penalized or otherwise retaliated against for filing a complaint. Please address comment/complaint to Bonnie Sprague, ARNP. You may submit this request in writing to our mailing address, physical office location, or email located on www.bellinghamhealth.com.

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Overview:
Bellingham Health keeps records of the health care services that we provide to our patients.The clinic publishes a Notice of Privacy Practices that describes how these records may be used anddisclosed. It also describes the patient's rights regarding access to that information.

Each patient must provide the clinic with a signed acknowledgement that they have received and agree to the terms of the Notice of Privacy Practices. A copy of this acknowledgement will be kept as part of the patient's medical record.

Acknowledgement:

By my signature below I acknowledge receipt of the **Notice of Privacy Practices**, and agree to its terms.

Notice of Privacy Practices Revision Date:February 19 2018_____

Patient Name: (Printed) _____ Date of birth:_____

_____ _____
Patient (or legally authorized individual signature) Date Time

_____ _____
Printed name if signed on behalf of the patient Relationship- (parent, legal guardian)