



Care Medical Group

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 will ask that you sign a consent form once every three years acknowledging that we have made this information available to you.

Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations

For treatment:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

For payment:

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.

For healthcare operations:

- We may use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our healthcare providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may use and disclose your information to conduct or arrange for services including the following:
 - Medical quality review by your health plan.
 - Accounting, legal, risk management, and insurance services.
 - Audit functions, including fraud and abuse detection and compliance programs.

Other Disclosures and Uses of Protected Health Information

Notification of family and others:

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and/or that you are in the hospital. In addition, we may disclose health information about you to assist in disaster relief efforts. You have the right to object to these uses or disclosures of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

- To funeral directors/coroners consistent with applicable law to allow them to carry out their duties.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products.
- To comply with worker's compensation laws in the event that you initiate a worker's compensation claim.
- For public health and safety purposes as allowed or required by law for the following:
 - To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
 - To public health or legal authorities.
 - To protect public health and safety.
 - To prevent or control disease, injury, or disability.
 - To report vital statistics such as births or deaths.
 - To report suspected abuse or neglect to public authorities.
- To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others.
- For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For health and safety oversight activities. For example, we may share health information with the Department of Health.
- For disaster relief purposes. For example, we may share health information with disaster relief agencies to assist in notification of your condition to family and others.
- For work-related conditions that could affect employee health. For example, an employer may ask us to assess health risks on a job site.
- To the military authorities on U.S. and foreign military personnel. For example, the law may require us to provide information necessary to a military mission.
- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.
- For specialized government functions. For example, we may share information for national security purposes.



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Your Health Information Rights

The health and billing records we create and store are the property of Care Medical Group, Inc. The protected health information in it, however, generally belongs to you. You have a right to the following:

- Receive, read, and ask questions about this notice.
- Ask us to restrict certain uses and disclosures. A form is available for this request. While we are not required to grant the request, we will comply with any request granted.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information ("Notice").
- Request that you be allowed a copy of your protected health information. A form is available for this request. There may be a charge for copied protected health information (see form for details).
- Have us review a denial of access to your health information, except in certain circumstances.
- Ask us to change your health information. This request must be received in writing. You may submit a written statement of disagreement if your request is denied. The statement will be stored in your record and included in any release of records.
- Request a list of disclosures of your health information. A form is available for this request. The list will not include disclosures to third-party payers. You may receive this information without charge once every twelve months. We will notify you of the cost involved if you request this information more than once in a twelve month period.
- Ask that your health information be given to you by another means or at another location. In this event, please provide a written request including a signature and date.
- Cancel prior authorizations to use or disclose health information by providing a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken prior to receipt of the revocation. It may not be possible to cancel an authorization furnished to obtain insurance.

Our Responsibility to You

Care Medical Group will do the following:

- Keep your protected health information private.
- Furnish this Notice.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update the Notice. You may receive the most recent copy of this Notice either by calling and requesting it, by visiting Care Medical Group to procure a copy in person, or by visiting www.caremedicalgroup.com

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact:

Privacy Officer
4043 Northwest Avenue
Bellingham, WA 98226
Tel: (360) 734-4300 Fax: (360) 734-2128

If you believe your privacy rights have been violated, you may choose to discuss your concerns with any staff member, deliver a written complaint to Care Medical Group's Privacy Officer, or file a complaint with the U.S. Secretary of Health and Human Services. Care Medical Group respects your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, there will be no retaliation.

Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Effective April 13, 2003

I acknowledge receiving the Notice of Privacy Practices for Care Medical Group.

Printed Name: _____

Signature: _____

Relation to patient (if not self): _____

Date: _____