Privacy Policy
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NewLeaf HealthCare, PC

NOTICE OF PRIVACY POLICY

Effective 10-16-2023

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

1. OUR RESPONSIBILITIES TO YOU. We are required by law to:
    a. Maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.
    b. Comply with the terms of our Notice currently in effect (this document). We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including both health information we already have and health information we create or receive in the future. Should we make material changes, we will make the revised Notice available to you in the office.
2. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION. We may use and disclose your health information for purposes of treatment, payment and health care operations as described below.
    a. For Treatment. We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. Your health information may be used by doctors, nurses, technologists, students and other health care providers involved in your care to assist them in treating you.
    b. For Payment. We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to an insurance company, Medicare, Medicaid or another third party payor.
    c. For Health Care Operations. We may use and disclose your health information for our internal operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.
3. ADDITIONAL USES AND DISCLOSURES. Under the Privacy Regulations, we may make the following uses and disclosures without obtaining a written Authorization from you:
    a. As Required by Law. We may disclose your health information when required by law to do so.
    b. Facility Directory. Unless you object, we may use and disclose certain limited information about you in our directory while you are a patient. This information may include your name, your location in our facility if you are present there, and your general condition. Our directory does not include specific medical information about you. We may disclose directory information to people who ask for you by name.
    c. Persons Involved in your Care or Payment for your Care. Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in arranging payment for your care.
    d. Public Health Activities. We may disclose your health information for public health activities.
    e. Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.
    f. Health Oversight Activities. We may disclose your health information to a health oversight agency or activities authorized by law. A health oversight agency is a state or federal agency that oversees the health care system. Some of the activities may include audits, investigations, inspections and licensure actions.
    g. Judicial and Administrative Proceedings. We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request or other lawful process.
    h. Law Enforcement. We may disclose your health information for certain law enforcement purposes, including, for example, to file reports required by law or to report emergencies or suspicious deaths, to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person, or to answer certain requests for information concerning crimes.
    i. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.
    j. Research in Limited Circumstances. Your health information may be used for research purposes in limited circumstances where research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.
    k. To Avert a Serious Threat to Health or Safety. When necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person, we may use or disclose your health information to someone able to help lessen or prevent the threatened harm.
    l. Military and Veterans. If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities.

m. National Security and Intelligence Activities; Protective Services for the Patient and Others. We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the Patient of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.
n. Inmates/Law Enforcement Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes including your own health and safety as well as that of others.
o. Appointment Reminders. We may use or disclose health information to remind you about appointments.
p. Treatment Alternatives and Health-Related Benefits and Services. We may use or disclose your health information to inform you about treatment alternatives and halth-related benefits and services that may be of interest to you.
q. Business Associates. We may disclose your health information to our business associates under a Business Associates Agreement.

4. DISCLOSURE REQUIRING YOUR WRITTEN AUTHORIZATION.
   a. We will obtain your written authorization (an "authorization") prior to making any use or disclosure other than those described above.
   b. A written Authorization is designed to inform you of a specific use or disclosure, other than those set forth above, that we plan to make of your health information. The Authorization describes the particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written Authorization will also specify the name of the person to whom we are disclosing the health information. The authorization will also contain an expiration date.
   c. You may revoke a written Authorization previously given by you at any time but you must do so in writing. If you revoke your authorization, we will no longer use or disclosure your health information for the purposes specified in that Authorization except where we have already taken actins in reliance on your Authorization.
5. YOUR INDIVIDUAL RIGHTS. You have the following rights regarding your health information.
   a. Right of Access to Personal Health Information. You have the right to inspect and, upon written request, obtain a copy of your health information except under certain limited circumstances.
   b. Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures for treatment, payment and health care operations. This request must be made in writing and include a specific date range.
   c. Right to Request Restrictions. You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. However, we are not required to agree to the restriction. If we do agree to a restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your treatment.
   d. Right to Request Confidential Communications. You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you may request that we contact you only at a certain phone number. We will accommodate your reasonable requests.
   e. Right to Request Amendment. You have the right to request that we amend your health information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information: (a) was not created by us; (b) is not part of the health information maintained by us, (c) is information to which you do not have a right of access; notice, including the reasons for the denial. In that event, you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your medical record.
   f. Right to a Paper Copy of this Notice. If you wish to receive a paper copy of this privacy notice, then you have the right to obtain a paper copy by making a request in writing to our Privacy Officer.
6. QUESTIONS AND COMPLAINTS.
   a. If you believe your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the US Department of Health and Human Services at 200 Independence Avenue SW, Room 509F, HHH Building, Washington DC 20201.
   b. To file a complaint with us, you should contact:

      Privacy Officer
      NewLeaf HealthCare, PC
      4702 Summitview Ave, Suite 102
      Yakima, WA 98908
      Phone: (509) 571-1300
      Fax (877) 334-1891
      Email: dr.w@newleaf-healthcare.com

   c. We will not retaliate against you in any way for filing a complaint against NewLeaf HealthCare, PC.