

CENTER FOR WEIGHT LOSS SURGERY

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Notice of Privacy Practices

Effective 9/1/2006

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. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT THE MANAGER AT 253-815-7774 EXT 205.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care generated by the Center for Weight Loss Surgery.

This notice tells you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ◆ Make sure that medical information that identifies you is kept private;
- ◆ Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- ◆ Follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other health care providers and facilities that provide you with treatment services.

For Payment: We may use and disclose medical information about you so that payment may be made for the treatment or services you receive. We will use your PHI in our billing departments and disclose your PHI to insurance companies, hospitals, physicians, and health plans for payment purposes, or to third parties to assist us in creating bills, claim forms, or getting paid for our services.

For Health Care Operations: We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the Center for Weight Loss Surgery efficiently and effectively and to help ensure quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Business Associates: We may disclose medical information to “business associates” who provide contracted services for us if it is necessary. If we do disclose medical information to a business associate, we will do so subject to an agreement that provides that the information will be kept confidential.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder of an appointment for treatment or medical care. Unless you object, we may leave a message on an answering machine to contact you or provide you with appointment reminders. No details regarding your diagnosis or treatment will be left on an answering machine.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who is involved in payment for your care.

OTHER USE AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION

As Required by Law: We will disclose medical information about you when we are required to do so by federal, state or local law.

Public Health Risks: We may disclose information about you for public health activities. These activities generally include the following:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Report reactions to medications or problems with products
- Notify people of recalls of products they may be using
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct which may have occurred at Center for Weight Loss Surgery; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner, medical examiner or funeral directors under certain circumstances if it is necessary for them to carry out their duties.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research: In most cases, we will ask for your written authorization before using your information or sharing it with others in order to conduct research. Under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special approval process to ensure that any disclosures for research pose a minimal risk to your privacy. Under no circumstances would we allow researchers to use your name or identity publicly.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when we determine it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release information to components of the Department of Veterans Affairs to determine whether you are eligible for certain benefits.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Workers' Compensation: We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

State Confidentiality Laws: Certain state laws may provide greater privacy protections for some health information such as information related to HIV status. We will use and disclose your health information only in accordance with these more restrictive laws.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and to receive a copy of medical information that may be used to make decisions about your care. You must submit your request in writing to The Privacy Officer/Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. We will ordinarily respond to your request within 30 days.

We may deny your request to inspect and copy in certain very limited circumstances. We will inform you if your request is denied for any reason and will let you know what other rights you may have.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to The Privacy Officer/Manager. In addition, you must provide a reason that supports your request. If your request for amendment is denied, we will let you know the reason and what further rights you may have.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you. The list does not include uses and disclosures that have been made for treatment, payment, or health care operations; disclosures that were made to you or with your authorization or consent; or disclosures that are incidental to other permissible disclosures (such as someone overhearing a conversation between you and your doctor.) To request this list or accounting of disclosures, you must submit your request in writing to The Privacy Officer/Manager. Your request must state a time period which may not be longer than six years.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. We will abide by any request not to disclose information to a health plan for purposes of carrying out payment or health care operations, provided that such medical information pertains solely to a service that we have provided and for which you have paid us directly in full. We are not otherwise required to agree to your request to restrict disclosures for treatment, payment or health care operations, although we will consider your request and will abide by any restrictions that we agree to.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Manager. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you another copy of this notice at any time.

Right to Notice if Your Health Information is Breached: If the privacy and/or security of your health information is compromised in a manner that creates a significant risk of financial, reputational, or other harm, we will provide you with written notice of the breach.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the front desk at Center for Weight Loss Sugery. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Department of Health and Human Services, Office of Civil Rights. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You must understand that we are unable to take back any disclosures we have already made with your permission.

If you have any questions about this notice, wish to obtain a copy of this notice, or wish to make a complaint regarding our privacy practices, please contact our Privacy Officer / Manager at 34509 9th Ave S #103 Federal Way WA 98003.