



**SWEDISH**

Edmonds

## **Notice of Patient Privacy Practices**

This notice describes how information about you may be used and disclosed by Swedish/Edmonds and how you can get access to this information. Please review it carefully.

### **Understanding Your Health Information**

Each time you visit our hospital, physicians or other health care providers, a record of your visit is made. This record may contain personal identifying information about you and your health. It will also contain information related to your care. This may include your medical history, results of physical examinations, test results, diagnoses, treatments, instructions provided to you by your health care provider and plans for future health care services. This information is often referred to as your health or medical record. Your medical record serves as a:

- Record for planning your care and treatment.
- Way to communicate among the many health professionals who provide your care.
- Legal document describing the care you received.
- Resource you or your health care insurance company can use to check the accuracy of your bill.
- Source for educating health professionals.
- Source of information for medical research.
- Source of information for public health officials responsible for improving the health of our nation.
- Source of information for Swedish/Edmonds operations including the development of future plans, marketing our services, assessing the quality of your care and identifying ways to improve our services to you and the community.

Understanding what is in your record and how it is used helps you to:

- Make sure it is accurate.
- Better understand who, what, when, where and why others may use your health information.
- Make decisions about allowing the information to be used by or shared with others.

### **Designated Record Set**

In addition to your health record Swedish/Edmonds also maintains financial records and specialized documents such as radiographic films and digital recordings that are maintained separate from your health record. The combination of these records is referred to as your designated record set.

### **Your Health Information Rights**

The paper and electronic medical record we keep on you is the property of Swedish/Edmonds. However, the information in the record belongs to you and you have the right to:

- Receive, read and ask questions about this notice.

- Request that we limit certain uses and releases of your information. You must make the request in writing. We are not required to agree to the request. But we will cooperate with any request we agree to.
- Request and receive from us a paper copy of the most current notice of privacy practices for protected health information.
- Request that you be allowed to see and get a copy of your medical record. You must deliver this request in writing. Forms for this purpose are available in the Swedish/Edmonds Health Information Management Department.
- Request to have us review a denial of access to your medical record. The request may be denied for certain reasons.
- Request corrections to your health records; the request must be given to us in writing. If the request is denied, you may submit a written statement of disagreement that will become part of your medical record and included when the related information is used or disclosed.
- Obtain a report of certain disclosures of your health information.
- Request that any or all communications of your health information be made by different means or to a different location. The request must be made in writing.
- Revoke any authorization to use or disclose your health information except when the information has already been disclosed.

## **Our Responsibilities**

Swedish/Edmonds is required to:

- Protect the privacy of your health information.
- Provide you with a notice about our legal duties and privacy practices.
- Uphold the terms of this notice.
- Inform you if we do not agree to a requested restriction.
- Respect reasonable request to communicate health information by different means or to different locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised copy on the Swedish/Edmonds website.

***We reserve the right to distribute a summary version of this notice (Summary of Privacy Practices). The summary notice will contain information about how to obtain the detailed Swedish/Edmonds Privacy Notice.***

## **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the Swedish/Edmonds Privacy Officer at **425-640-4043**.

If you believe your privacy rights have been violated, you may file a complaint through the privacy hotline or with the office of civil rights:

- Swedish/Edmonds privacy hotline: **425-640-4043**.
- Region X, Office of Civil Rights, Department of Health & Human Services: **206-615-2290**.

There will be no action taken against you for filing a complaint.

## **Examples of Disclosures for Treatment, Payment and Health Operations**

### ***We will use your health information for treatment:***

For example: Information received or recorded by a nurse, physician or other member of your health care team will be in your record and used to plan the course of treatment best for you.

### ***We will use your health information for payment purposes:***

For example: When you come in for services we will request permission to send a bill to your insurance company.

### ***We will use your health information for Swedish/Edmonds operations:***

For example: Members of the medical staff, and our quality improvement team(s) may use information in your health record to evaluate the care we provide and the results of your case and others like it. This information is used to improve the quality and effectiveness of the health care services we provide.

## **Other Uses or Disclosures**

### **Business Associates**

There are some services provided to our organization by business associates, which are support services or other health service providers with whom we contract to assist us in our health care service or business operations. Examples include, but are not limited to, billing services and a copy service for making copies of requested health records. When these services are used, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To make sure your health information is protected, we require our business associates to keep your information confidential.

### **Directory**

Unless you notify us that you object, we may use your name, location in the facility, and general condition for directory purposes. Directory information may be provided to other people who ask for you by name. In addition, if you agree, your religious preference will also be included and may be provided to members of the clergy.

### **Notification**

We may use or provide information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

### **Communication with Family**

Health professionals, using their best judgment, may talk to a family member, other relative, close personal friend or any other person you identify, about health information that is important to the person's involvement in your care or payment related to your care.

### **Research**

We may provide information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

### **Funeral Directors**

We may provide health information to funeral directors as allowed by law to carry out their duties.

### **Organ Procurement Organizations**

We may provide health information to companies engaged in procuring, banking, or transplanting organs for the purpose of tissue donation and transplant.

## **Marketing**

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

## **Fundraising**

We may contact you as part of a fundraising effort.

## **Food and Drug Administration (FDA)**

We may provide to the FDA health information related to adverse events regarding food, supplements, product and product defects or post marketing information to enable product recalls, repairs or replacement.

## **Workers Compensation**

We may provide health information as authorized by law to workers compensation or other similar programs.

## **Public Health**

We may provide your health information to public health or legal representatives responsible for preventing or controlling disease, injury or disability.

## **Correctional Institution**

If you are an inmate of a correctional institution, we may provide to the institution or its agents, health information necessary for your health, and the health and safety of others.

## **Law Enforcement**

We may provide health information for law enforcement purposes as required by law, or in response to a legal request such as a court order or subpoena.

## **Specialized Government Functions**

We may provide information for national security purposes.

## **Health Care Oversight**

We may provide information to external review agencies such as the Joint Commission or Department of Social Health Services that provide health care review and accreditation services.

Swedish/Edmonds has also entered into an arrangement with the members of the hospital medical staff. This arrangement allows the Swedish/Edmonds Privacy Notice to include individual members of the medical staff for services provided in the hospital.

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