Notice of Privacy Practices

This Joint Notice of Privacy Practices (Notice) describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The Notice is being provided to you on behalf of Swedish Health Services (Swedish), its medical staff and other providers (collectively referred to herein as “we” or “our”).

Swedish is committed to protecting the confidentiality of your health information. We are required by law to maintain the privacy of your Protected Health Information (commonly called PHI or health information), including PHI in electronic format. We are also required to notify you of our legal duties and privacy practices regarding your health information and abide by the practices of this Notice, unless more stringent laws or regulations apply. This Notice applies to all Swedish facilities, services and programs that provide health care to you.

Application of this Notice

The information privacy practices described in this Notice will be followed by:

- Any health-care professional who treats you at any of our locations.
- All facilities, departments and units, including hospitals, surgical centers, clinics and other affiliates.
- All workforce members such as employees, medical staff, trainees, students, volunteers and other persons under our direct control whether or not they are paid by us.
- Other health-care providers that have agreed to abide by this Notice of Privacy Practices.

This Notice provides detailed information about how we may use and disclose your health information with or without authorization as well as more information about your specific rights with respect to your health information.

Uses and disclosures of your health information that we may make without your authorization

To Contact You: Your information may be used to contact you to remind you about appointments, provide test results, inform you about treatment options or advise you about other health-related benefits and services.

Treatment: Your information may be shared with any health-care provider who is providing you with health-care services. This includes coordinating your care with other health-care providers and providing referrals to other health-care providers. Examples of health-care providers who may need your information to treat you include your doctor, pharmacist, nurse, and other providers such as physical therapists, home health providers and X-ray technicians. We may also use your information to contact you for appointments and to provide information about health-related products and services that we believe may be helpful to you. We may share your information electronically with your health-care providers in order to make sure they have your information as quickly as possible to treat you.

We may share your health information with any family member or friend who is involved in assisting with your health care. We will only do this if you agree or do not object, and will only share with them the information they need in order to help you. If you are unable to either agree or object to such a disclosure, we may disclose your health-care information as necessary if we determine that it is in your best interest based on our professional judgment. We may disclose health information to a family member, relative, or another person who was involved in your health care or payment for health care when you are deceased if not inconsistent with your prior expressed preferences.

Payment: In order to obtain payment for your health-care services, we may have to provide your health information to the party responsible for paying. This may include Medicare, Medicaid (state health plan) or your insurance company. Your insurance company or health plan may need your information for activities such as determining your eligibility for coverage, reviewing the medical necessity of the health-care services provided to you or providing approval for hospital services or stays.

Health-care Operations: Your health information may be used in order to support our business activities and to assure that quality health-care services are being provided. Some of these activities include quality assessments, peer or employee review, training of medical personnel, licensure and accreditation, data aggregation and audits by regulatory agencies.

We may share your PHI with third parties who perform services such as transcription or billing. In those cases, we have written agreements with the third parties that they will not use or disclose your health information except if permitted by law.

We may also use your information (name, address, date of birth, department of service, treating physician, dates of treatment, outcome) for our fundraising activities. You have the right to opt out of receiving such communications. If you do not want to receive these materials, please contact our Foundation office and request that these materials not be sent to you.

Your name and location may be included in our patient directory. You will be given the opportunity to have your name excluded from the patient directory listing if you wish. If it is included, we will only share very limited information about you, such as your location in a hospital and general status, with anyone who asks about you by name.

Questions and Complaints

If you have questions or are concerned that any of your privacy rights have been violated, please contact our Privacy Officer at 855-768-7145. You also have the right to complain to the Secretary of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue - M/S: RX-11
Seattle, WA 98121

You will not be retaliated against for filing a complaint.

Changes to Joint Notice of Privacy Practices

We reserve the right to change the terms of our Notice at any time. New Notice provisions will be effective for all protected health information that we maintain. You may view a copy of our most current Notice on our website at www.Swedish.org, or request a current copy from the medical records department, privacy officer or registration staff at any time.
This Notice also describes the privacy practices of an Organized Health Care Arrangement (“OHCA”) between us and certain eligible health-care providers and organizations. An OHCA allows legally separate covered entities to use and disclose PHI for the joint operation of the arrangement. We participate in such an arrangement of health-care organizations who have agreed to work with each other to facilitate access to health information relevant to your care. For example, if you present to a hospital for emergency care and cannot provide important information about your health, the OHCA will allow us to use your PHI from our OHCA participants to treat you. When it is needed, ready access to your PHI means better care for you. We store health information about our patients in a joint electronic health record with other health-care providers who participate in this OHCA.

There are a number of ways that your health information may be used or disclosed without your authorization.

- Generally, these uses and disclosures are either required by law or for public health and safety purposes.
- When Required by Law: We may use or disclose your health information to the extent required by law. For example, we may disclose your health information to authorized federal officials to conduct national security and intelligence activities, including marketing, sale of health information or release of psychotherapy notes, will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

- Inmates/Arrestees: We may use or disclose your health information to a correctional institution or law enforcement official if you are an inmate of a correctional facility or are in custody and the information is necessary to treat you or protect the health and safety of you, other inmates, employees at the correctional facility or others.

- Workers’ Compensation: We may use or disclose your health information as necessary to comply with workers’ compensation laws and other similarly legally established programs.

- Research: We may disclose health-care information about you to another entity assisting in a disaster relief effort so that your family and friends can be notified about your condition, status and location.

- Uses and disclosures of your health information that we may make WITH your authorization

Certain uses and disclosures of your health information, including marketing, sale of health information or release of psychotherapy notes, will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

- Coroners, Funeral Directors and Organ Donation: We may disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death or other legally required duties. We may disclose your health information to a funeral director in order to permit him/her to perform his/her duties. We may disclose your information to facilitate an organ, eye or tissue donation.

- Research: We may disclose your health information to researchers, provided that the research has been approved by an Institutional Review Board and/or a Privacy Board, and the research protocols have been approved to ensure your privacy. We may disclose health-care information about you to people preparing to conduct a research project.

- Military Activity and National Security: We may disclose the health information of Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your health information to authorized federal officials to conduct national security and intelligence activities, including the provision of protective services to the President or others legally authorized to receive information.

- Uses and disclosures of your health information that we may make WITHOUT your authorization

There are a number of ways that your health information may be used or disclosed without your authorization. Generally, these uses and disclosures are either required by law or for public health and safety purposes.

- When Required by Law: We may use or disclose your health information to the extent required by law. For example, we may disclose your health information to authorized federal officials to conduct national security and intelligence activities, including marketing, sale of health information or release of psychotherapy notes, will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization.

- Law Enforcement: We may use or disclose your health information for law enforcement purposes. Examples include (1) responding to legal processes, (2) providing limited information to identify or locate a suspect, (3) providing information about crime victims, (4) reporting suspicion that death has occurred as a result of criminal conduct, (5) reporting a crime which occurred on our premises; and (6) for medical emergencies, reporting where it appears likely a crime occurred.

- Preventing a Serious Threat: We may use or disclose your health information if we believe in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or of the public. Disclosure may only be made to a person reasonably able to prevent or lessen the threat.

- Other uses and disclosures that we may make WITHOUT your authorization

You have the right to restrict the use and disclosure of your health information for treatment, payment or health-care operations. We will consider your request, but we are not required to agree to the restriction. If we agree to a restriction, we will not use or disclose your health information in violation of that restriction, unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you.

- Letter to the Reader: To exercise any of the above rights or if you need to share your health information with someone for purposes other than those listed here, contact our Health Information Management department at 206-320-3850.

Exercising Your Rights: To exercise any of the above rights or if you need to share your health information with someone for purposes other than those listed here, contact our Health Information Management department at 206-320-3850.