

**NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE ALSO DESCRIBES YOUR RIGHTS AND SOME OBLIGATIONS MULTICARE HAS REGARDING THE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

For purposes of this Notice, "MultiCare" or "we" means MultiCare Health System, including MultiCare Connected Care, Cardiac Heart and Vascular Institute, and members of the MultiCare Behavior Health Network: Greater Lakes Mental Healthcare and Navos.

**MULTICARE'S PLEDGE AND RESPONSIBILITIES REGARDING YOUR PROTECTED HEALTH INFORMATION**

We understand that information about you and your medical and behavioral health is personal. We are committed to protecting health information about you and are required under federal and state law to take steps to protect this information. Under federal privacy laws, this information is called "protected health information". Protected healthcare information includes certain information we have created or received that identifies you, including information regarding your health or payment for your health at a MultiCare facility, whether by hospital personnel, your personal doctor or other practitioners involved in your health care. It includes your medical records and personal information such as your name, social security number, address, and phone number.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**WHO WILL FOLLOW THIS NOTICE**

This Notice describes the practices of MultiCare and that of:

- Any health care professional authorized to enter information into your medical record at any MultiCare facility.
- All departments and units of MultiCare.
- Any member of a volunteer group we allow to help you while you are at a MultiCare facility.
- All MultiCare employees and personnel including contracted or agency staff.
- MultiCare Connected Care workforce members.
- Other health care providers who have agreed to follow and abide by the "joint notice of privacy practices" terms described below.

**JOINT NOTICE OF PRIVACY PRACTICES**

In addition to those persons identified above, a number of other independent practitioners have agreed with MultiCare to follow this Notice as a joint privacy practices notice in accordance with federal privacy laws related to care delivered at MultiCare facilities, including the members of the medical staffs of Tacoma General Hospital, Allenmore Hospital, Mary Bridge Children's Hospital, Good Samaritan Hospital, Auburn Medical Center, MultiCare Deaconess Hospital, MultiCare Covington Medical Center, MultiCare Valley Hospital, and other independent providers or organizations delivering care at MultiCare facilities. The independent practitioners that have agreed to follow this Notice may access your health information where there is a legitimate need to do so for treatment, payment and health care operations purposes related to the joint care setting at MultiCare facilities. The independent practitioners that have agreed to follow this joint notice likely will have separate Notice of Privacy Practices for care delivered at non-MultiCare facilities (e.g. a physician's office). You are encouraged to request information from a non-MultiCare practitioner about any separate Notice of Privacy Practices followed by that practitioner at non-MultiCare offices or facilities.

**MULTICARE CONNECTED CARE NETWORK**

MultiCare is part of the MultiCare Connected Care Network which is an organized healthcare arrangement (OHCA). An OHCA is (i) a clinically integrated setting in which individuals typically receive healthcare from more than one healthcare provider or (ii) an organized system of healthcare in which more than one health care provider participates. The healthcare providers who participate in the OHCA will share health and billing information about you with one another as may be necessary to carry out treatment, payment, and healthcare operations activities.

**OTHERS WHO MAY ACCESS OR USE YOUR HEALTH INFORMATION**

MultiCare participates in health information exchange networks to facilitate the secure exchange of your electronic health information regarding your treatment between and among other health care providers or health care entities including but not limited to

Emergency Department Information Exchange (EDIE), Virtual Lifetime Electronic Record (VLER - DoD/VA), or CareEverywhere (Organizations with Epic). MultiCare also provides connectivity to its Electronic Health Record to independent community health care providers. As a condition of such access, each of these providers agrees to using information on a "need to know" basis and to comply with state and federal laws related to privacy and security.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Unless indicated otherwise, you may exercise one of your privacy rights by submitting a written request to MultiCare Health System, Health Information Management, PO Box 5299, MS: 315-C3-HIM, Tacoma, WA 98415-0299.** For more specific instructions on what information to include in a written request, contact Health Information Management by phone 253-403-2423.

### **YOU HAVE A RIGHT TO:**

**Get an electronic or paper copy of your health record** – Usually this includes treatment and billing records and does not include psychotherapy notes.

- To request an opportunity to inspect and/or copy your protected health information in either paper or electronic format, visit [www.multicare.org](http://www.multicare.org) to obtain a copy of the authorization request (release of information) form or contact Health Information Management (medical records) at 253-403-2423. Greater Lakes and Navos medical records may also be requested via fax at 253-697-8393 or through [BHMedicalRecords@multicare.org](mailto:BHMedicalRecords@multicare.org).
- You may be charged a fee for copying, mailing or other supplies associated with your request.
- In certain limited circumstances, we may deny your request to inspect and/or copy your protected health information. You may request that the denial be reviewed.

**Ask us to correct certain protected health information** – If you feel that information we have about you is incorrect or incomplete you can request an amendment to such information.

- We may say "no" to your request, but we'll tell you why in writing.

**Request an accounting of certain disclosures** – You may request an accounting of certain disclosures of your protected health information listing all the disclosures we made to others.

- This list will not include disclosures made for the purposes of treatment, payment, and health care operations identified previously.
- The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Request restrictions** – You may request in writing that we limit the way we use and disclose your protected health information.

- You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.
- If you want to put such a restriction in place, please notify your healthcare provider's front office staff and complete the Request for Restrictions form prior to being seen.
- We are not required to agree to your request, and we may say "no" if it would affect your care.
- If we do agree to your request, we will comply unless the information is needed to provide emergency treatment to you.

**Right to request nondisclosure to health plans for self-paid items or services** – You have a right to request in writing that healthcare items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.

- We will say "yes" unless a law requires us to share that information.
- You are responsible for notifying any other providers, such as your pharmacy, of any restriction requests.

**Request confidential communications** – You may request in writing that confidential communications about medical or behavioral health matters be made in a certain way or at a certain location.

- For example, you can ask that we only contact you at work or by mail to an alternative address.
- We will say yes to all reasonable requests. You do not have to provide a reason, but the request must specify how or where you wish to be contacted.

**Choose someone to act for you** – If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will ask the person to show proof of this authority to act for you before we take any action.

**Receive a paper copy of this notice** – You can request a copy of this Notice at any time from any MultiCare employee.

- This Notice is also available online at [www.multicare.org](http://www.multicare.org).

## **USES AND DISCLOSURE OF YOUR HEALTH INFORMATION BY MULTICARE**

**Your Choices:** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care

- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases we will not share your information unless you give us written permission (signed consent):**

- Marketing purposes where remuneration is received
  - ~ Limited information about you may be used to support communication about available products or services.
  - ~ If you do not wish to receive such materials, please call 1-855-884-4284 or email [annualgiving@multicare.org](mailto:annualgiving@multicare.org).
- Sale of your information
- Most sharing of psychotherapy notes
- Situations not described in this Notice that do not pose a threat to health or safety

**In the case of fundraising:** We may contact you for fundraising efforts, but you can tell us not to contact you again.

- If you no longer wish to receive fundraising requests supporting MultiCare, please call (toll-free) 855-884-4284, or alternatively send an e-mail to [annualgiving@multicare.org](mailto:annualgiving@multicare.org).
- We respect your choice regarding fundraising communications and your decision will have no impact on your treatment or payment for services at MultiCare.

**MultiCare typically will use your information in the following ways:**

**Treatment:** We may use and disclose your protected health information to provide you with medical treatment and services and share it with other professionals who treat you.

- This use and disclosure may be for continuity of care or to doctors, nurses, technicians, health care students, or other health system personnel who are involved in your care.
- We may use and disclose your health information to different departments to coordinate activities such as prescriptions, lab work and x-rays and to other health care providers who may be involved in your medical care, such as long-term care facilities, other hospitals or clinics, or remote health care providers such as the services offered by telemedicine providers who may reside in other communities, including communities outside of Washington and Idaho.

**Payment:** As permitted by law, we may use or disclose your health information to get payment from health plans and other entities.

- This includes billing for treatment and services you receive at a MultiCare facility.
- In addition, we may use or disclose your information to collect payment or to obtain prior approval for treatment and services.

**Health system operations:** We can use and share your health information to run our business, improve your care, and contact you when necessary.

- Running our business includes activities such as scheduling, infection control, administering the health plan, and population health activities.
- We may also use and disclose your information to other individuals (such as consultants and attorneys) and organizations that help us with our business activities.
- We may also use your health information for internal purposes, like ensuring the quality of care, identifying training needs, reviewing outcomes, sending patient satisfaction surveys, and other administrative activities.
- We may also disclose your information to Business Associates, or companies that provide a service to us or on our behalf and have provided satisfactory assurances that they will protect your health information.

**MultiCare may also use your information in the following ways:**

**Public Health and Safety** – We may disclose your health information to agencies when necessary, to support public health activities.

These activities generally include the following:

- To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To 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 when required or authorized by law.

**Research** – We can use or share your information for health research.

**Limited Data Set Information** – We may disclose limited health information to third parties for purposes of research, public health and health care operations. This limited data set will not include any information that could be used to identify you directly.

**Comply with the Law** – We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Organ and Tissue Donation** – We can share health information about you with organ procurement organizations.

**Coroners, Medical Examiners, and Funeral Directors** – We can share health information with a coroner, medical examiner, or funeral director when a person dies.

**Workers' Compensation** – We can use or share health information about you for workers' compensation claims.

**Government Requests and Law Enforcement** – We can use or share health information about you:

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and Presidential protective services
- In limited circumstances, for law enforcement purposes or with a law enforcement official

**Lawsuits and Disputes** – We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, if you are involved in a lawsuit or a dispute.

**Contacting You** – We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone, or email.

- For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

**Treatment Alternatives** – We may use or disclose information to tell you about or recommend possible treatment options or alternatives.

**Health-Related Benefits and Services** – We may use or disclose information to tell you about health-related benefits, services, or medical education classes.

**Inmates** – We may disclose your health information to a correctional facility or law enforcement official, if you are an inmate or in custody.

**Incidental Disclosures** – Certain incidental disclosures of your health information may occur as a byproduct of lawful and permitted use and disclosure of your health information. Reasonable safeguards are in place to minimize these disclosures.

**Blood Conservation Services** – We may use or disclose your health information if you have indicated affiliations with certain organizations and we believe you may be an ideal candidate who could benefit from blood conservation services.

**Serious and imminent threats** – We may share your information when needed to lessen a serious and imminent threat to the health or safety of you, the public, or another person.

## SPECIAL INFORMATION TYPES

Washington, Idaho and federal law provide additional confidentiality protections in some circumstances. MultiCare generally may not release without specific authorization the following patient information:

- Washington — Specific sexually transmitted diseases
- State and federal law — Substance Use Disorder records that may be specially protected
- Washington — Behavioral health records that are specially protected in some circumstances

## OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information not covered by our current Notice or applicable laws will only be made with your written permission. You may revoke any permission by submitting a request in writing to the MultiCare Privacy Office (at the contact information under Questions and Complaints). If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization unless required by law. You understand that we are unable to take back any uses or disclosures we have already made, while your permission was in effect, and that we are required to retain our records of the care that we provide to you.

## CHANGES TO THIS NOTICE

MultiCare can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, at our facilities, and on our web site.

## QUESTIONS AND COMPLAINTS

If you have general questions about this Notice, please contact the MultiCare Privacy Office by phone: 866-264-6121 or email: [compliance@multicare.org](mailto:compliance@multicare.org). If you believe your privacy rights have been violated, you may file a complaint with the MultiCare Privacy Office, MultiCare, P.O. Box 5299, MS: 737-2-CCIA, Tacoma, WA 98415-0299. If we cannot resolve your concerns, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services (HHS), Office for Civil Rights. We will not retaliate against you for filing a complaint and the quality of your care will not be jeopardized.