Joint Notice of Privacy Practices of UW Medicine and Certain Other Providers

Summary of Joint Notice of Privacy Practices of UW Medicine and Certain Other Providers
Effective May 15, 2013

This is a summary of the Notice of Privacy Practices – it does not replace the Joint Notice of Privacy Practices for UW Medicine and certain other providers.

Summary
The providers that share this Notice include UW Medicine, Seattle Cancer Care Alliance (SCCA), Children’s University Medical Group (CUMG), and non-UW physicians with medical staff privileges – collectively, the Providers.

We keep a record of the healthcare services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it at “Your Individual Rights About Patient Health Information” section of the Notice.

Your rights:
1. You may request the following:
   a. restricted use of your health information (note: we may not be able to grant your request)
   b. that we not disclose to your health plan those items or services that you self-pay in full
   c. that we contact you in an alternate way
   d. an amendment (change or addition) to your record
   e. a list of disclosures of your health information
2. You may view and receive copies of your health record.
3. You may make complaints related to the privacy of your health information.
4. You may object to being listed in our directory of patients, also called the facility directory, during your hospital stay.
5. You may tell us not to share information with your family members.

We may use and disclose your health information in the following circumstances:
- to perform treatment, obtain payment, or carry out operational activities
- to teach and train staff and students
- to conduct research (an Institutional Review Board must approve research projects)
- when required or allowed by law or when you give us written permission

There are extra legal protections for health information about:
- Sexually transmitted diseases
- Drug and alcohol abuse treatment
- Mental health
- HIV/AIDS
- Reproductive health for minors

For more detail, please read the Joint Notice of Privacy Practices of UW Medicine and Certain Other Providers.
Joint Notice of Privacy Practices of
UW Medicine and Certain Other Providers

Effective May 15, 2013

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.

Overview

This Notice provides information about the use and disclosure of protected health information
(PHI) by UW Medicine, Seattle Cancer Care Alliance (SCCA), Children’s University Medical
Group (CUMG), and non-UW physicians with medical staff privileges – collectively, the
Providers.

This Notice applies when services are provided within UW Medicine or SCCA facilities, and/or
when the Providers are acting as part of one or more of the Organized Healthcare
Arrangements described below. This Notice also:

- Describes your rights and our obligations for using your health information.
- Informs you about laws that provide special protections.
- Explains how your PHI is used and how, under certain circumstances, it may be
disclosed.
- Tells you how changes to this Notice will be made available to you.

The Providers

All of the providers listed below share health information, when appropriate, to provide
healthcare services and to perform payment and healthcare operations.

UW Medicine. UW Medicine is composed of entities that work together to provide healthcare
services. For purposes of this Notice, UW Medicine includes these entities or operations:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- Valley Medical Center and Clinics
- UW Medical Center and Clinics
- UW Neighborhood Clinics
- UW Physicians
- Airlift Northwest
- Hall Health Center
- UW Medicine Sports Medicine Clinic
- Laboratory Medicine Reference Lab
- Pathology Reference Lab
- Department of Pediatrics Molecular Development Lab
- UW Male Fertility Lab
- Summit Cardiology
- The Sports Medicine Center
- Neurosurgical Consultants of Washington
- The Seattle Arthritis Clinic
- The Bone & Joint Center of Seattle

Certain people or offices within the University of Washington provide support functions to
UW Medicine that might include the use of PHI. For example, the University provides risk
management and information system support services to UW Medicine entities. When
providing these support services, University staff maintain and protect the confidentiality of your PHI.

Seattle Cancer Care Alliance (SCCA). SCCA is a separate cancer care hospital that provides inpatient services at its hospital located within UW Medical Center. It also provides outpatient services at its clinic locations near Lake Union in Seattle, on the campus of Northwest Hospital, and on the campus of Evergreen Hospital in Kirkland. UW Medicine, Fred Hutchinson Cancer Research Center (FHCRC), and Seattle Children’s share equally in the ownership of SCCA.

Children’s University Medical Group (CUMG) and Non-UW Physicians Affiliated with Seattle Children’s. UW faculty physicians who practice with CUMG, and occasionally non-UW physicians affiliated with CUMG through Seattle Children’s, provide or participate in clinical care services at UW Medicine and SCCA facilities. When one of these physicians is providing or participating in clinical care within a UW Medicine or a SCCA facility, PHI is shared between the entities or providers for treatment, payment, and certain healthcare operations.

Non-UW Physicians. Non-UW physicians with medical staff privileges participate in and provide services to patients within UW Medicine and SCCA facilities described in this Notice.

Organized Healthcare Arrangements. An organized healthcare arrangement is characterized by separate healthcare providers participating in joint arrangements, delivering healthcare together, and sharing PHI for clinical care services, payment for clinical care services, and related healthcare operations and activities.

UW Medicine, SCCA, CUMG, Seattle Children’s and the UW School of Dentistry Clinics & Faculty Practice Plan are in an organized healthcare arrangement.

- Seattle Children’s. Seattle Children’s is a nonprofit corporation operating an acute care hospital and other regional health services clinics for children. Seattle Children’s facilities serve as training sites for residents, fellows, and other trainees. UW Medicine, SCCA, and Seattle Children’s participate in joint activities to provide pediatric care. Seattle Children’s has its own Notice of Privacy Practices.

- UW School of Dentistry Clinics and Faculty Practice Plan (UW Dentists). UW Dentists provides dental and medical services at UW Medicine and SCCA facilities. UW Medicine, SCCA, and UW Dentists work together in joint activities to provide dental and medical care. UW Dentists has its own Notice of Privacy Practices.

UW Medicine is in a separate organized healthcare arrangement with SCCA, CUMG, and SCCA Proton Therapy, A ProCure Center.

- SCCA Proton Therapy, A ProCure Center. UW School of Medicine faculty in collaboration with SCCA Proton Therapy, A ProCure Center provide an advanced form of radiation treatment and an alternative to standard X-ray radiation for many types of cancer and some non-cancerous tumors.
UW Medicine is in a separate organized healthcare arrangement with VIA Radiology-Meridian Pavilion and Western Washington Medical Group.

- **VIA Radiology-Meridian Pavilion.** These clinics provide healthcare services, and work together with UW Medicine in joint activities. These clinics have their own Notices of Privacy Practices.

- **Western Washington Medical Group (WWMG).** WWMG provides cardiology services to UW Medicine patients. PHI is shared for treatment, payment, and certain healthcare operations.

SCCA is in a separate organized healthcare arrangement with EvergreenHealth.

- **EvergreenHealth.** EvergreenHealth, a public hospital district and community-based healthcare organization, provides a full range of healthcare services. SCCA and EvergreenHealth participate in joint activities to provide cancer care. EvergreenHealth has its own Notice of Privacy Practices.

**Protected Health Information**

This Notice applies to protected health information (PHI) created or received by the Providers in this Notice that identifies you; relates to your past, present or future physical or mental condition; relates to the care provided; or relates to the past, present or future payment for your healthcare. For example, PHI includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services. This information often contained in your medical record, among other purposes, serves as:

- A means of communication among the many health professionals who contribute to your care.
- The legal record describing the care you received.
- A means by which you or a third-party payer (such as healthcare insurance) can verify that services billed were provided.
- A tool to educate health professionals.
- A source of data for medical research.
- A source of information for public health officials.
- A source of information for facility planning.
- A tool we use to improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used and disclosed helps you to:

- Ensure accuracy in the record.
- Better understand who, what, when, where, and why others may access your health information.
- Make a more informed decision when authorizing disclosures to others.
Use and Disclosure of Your Protected Health Information Without Your Authorization

We may use and disclose PHI without your written authorization for the following reasons:

**To Provide Treatment.** For example:
- Your doctor uses your PHI to find out whether certain tests, therapies, and medicines should be ordered.
- Nurses may need to know and/or discuss your health problems to care for you and to understand how to evaluate your response to treatment.
- We may disclose your PHI to another one of your treatment providers in the community.
- We may use and disclose your prescription information with pharmacies and health plans to improve patient safety and reduce healthcare costs.

**For Payment Purposes.** For example:
- We may use PHI to prepare claims for payment of services you have received.
- If you have health insurance and we bill your insurance directly, we will include information that identifies you, as well as your diagnosis, the procedures performed, and supplies used so that we can be paid for the treatment provided.

**For Healthcare Operations.** We may use and disclose your PHI to support daily activities related to healthcare, for example, to monitor and improve our health services or for authorized staff to perform administrative activities.

**To Train Staff and Students.** For example, our teaching physicians review PHI with medical students.

**To Conduct Research.** An Institutional Review Board (IRB) will review each request to use or disclose your PHI to protect the rights, safety, and welfare of research subjects. In some cases, your PHI might be used or disclosed for research without your consent. For example, we might look at medical charts to see if people who wear bicycle helmets get fewer injuries. We might use some of your PHI to decide if we have enough patients to conduct a cancer research study or include your information in a research database. In these cases, the IRB will determine if using your information without your authorization is justified, and makes sure that steps are taken to limit its use. In all other cases, we must obtain your authorization to use or disclose your information for a research project. We may share information about you used for research with researchers at other institutions.

**To Contact You for Information.** Your PHI may be used to call you or send you a letter to remind you about appointments, provide test results, inform you about treatment options, or advise you about other health-related benefits and services.

**To Conduct Fundraising.** The Providers may use basic demographic information limited to your name, date of birth, address, phone number, health insurance status, the dates you received services, department of service information, treating physician information, and outcome information to contact you for fundraising activities. We will not prohibit or condition treatment or payment on whether you choose to receive fundraising communications. We raise funds to expand and support healthcare services, educational programs, and research.
activities related to curing disease. We will not sell, trade, or loan your information to any third parties, but the Providers may share it with third parties working directly for one of the Providers. These third parties must agree to protect the confidentiality of your information. If you do not wish to be contacted as part of our fundraising efforts, please notify us at:

UW Medicine Compliance Office  
Box 359210  
Seattle, WA 98195-9210  
206-616-5248  
Toll-Free: 866-964-7744  
comply@uw.edu

OR

SCCA Integrity Office  
825 Eastlake Ave. East  
Room CE2-128  
Seattle, WA 98109  
206-288-1053  
integrity@seattlecca.org

Joint Activities. Your health information may be used and shared by the Providers to further their joint activities and with other individuals or organizations that engage in joint treatment, payment or healthcare operational activities with the Providers. Health information is shared when necessary to provide clinical care services, secure payment for clinical care services, and perform other joint healthcare operations such as peer review and quality improvement activities, accreditation related activities, and evaluation of trainees.

Business Associates. Your health information may be used by the Providers and disclosed to individuals or organizations that assist the Providers or to comply with their legal obligations as described in this Notice. For example, we may disclose information to consultants or attorneys who assist us in our business activities. These business associates are required to protect the confidentiality of your information with administrative, technical and physical safeguards.

Other Uses and Disclosures. We also use and disclose your information to enhance healthcare services, protect patient safety, safeguard public health, ensure that our facilities and staff comply with government and accreditation standards, and when otherwise allowed by law. For example, we provide or disclose information:

- About FDA-regulated drugs and devices to the U.S. Food and Drug Administration.
- To government oversight agencies with data for health oversight activities such as auditing or licensure.
- To public health authorities with information on communicable diseases and vital records.
- To your employer, findings relating to the medical surveillance of the workplace or evaluation of work-related illnesses or injuries.
- To workers’ compensation agencies and self-insured employers for work-related illness or injuries.
- To appropriate government agencies when we suspect abuse or neglect.
• To appropriate agencies or persons when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm.
• To organ procurement organizations to coordinate organ donation activities.
• To law enforcement when required or allowed by law.
• For court order or lawful subpoena.
• To coroners, medical examiners, and funeral directors.
• To government officials when required for specifically identified functions such as national security.
• When otherwise required by law, such as to the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with our obligations to protect the privacy of your health information.
• 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 medical information about foreign military personnel to the appropriate foreign military authority.

Use and Disclosure When You Have the Opportunity to Object

Facility Directory. This information is limited to your name, location in the facility, and general health condition [such as “critical,” “poor,” “fair,” “good,” “excellent,” or similar statements]. When you are in one of the UW Medicine medical centers or the SCCA inpatient facility, we may provide this information to visitors who ask for you by name, unless you object. If you choose to provide your religious affiliation, we may provide your name and room number to clergy with your stated religious affiliation.

Disclosure to and Notification of Family, Friends, or Others. Unless you object, your healthcare provider will use his or her professional judgment to provide relevant protected health information to your family member, friend, or another person. This person would be someone that you indicate has an active interest in your care or the payment for your healthcare or who may need to notify others about your location, general condition, or death.

Disclosure for Disaster Relief Purposes. We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by its charter or by law to assist in disaster relief efforts.

Use and Disclosure Requiring Your Authorization

Other than the uses and disclosures described above, we will not use or disclose your protected health information without your written authorization. UW Medicine requires your written authorization for most uses and disclosures of psychotherapy notes, for marketing (other than a face-to-face communication between you and a UW Medicine workforce member or a promotional gift of nominal value); or before selling your protected health information. If you provide us with written authorization, you may revoke it at any time unless disclosure is required for us to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation.
Additional Protection of Your Patient Health Information

Special state and federal laws apply to certain classes of patient health information. For example, additional protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

Your Individual Rights About Patient Health Information

You have rights related to the use and disclosure of your protected health information. To contact the Providers to exercise your rights, you may contact:

UW Medicine Compliance Office OR SCCA Integrity Office
Box 359210
Seattle, WA 98195-9210
206.616.5248
Toll-Free: 866.964.7744
comply@uw.edu

OR

CUMG Privacy Office
4500 Sand Point Way NE
Suite 100
Seattle, WA 98105
206.520.5450

comply@uw.edu

Your specific rights are listed below:

- **The right to request restricted use:** You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If you make your request to UW Medicine or SCCA, we will provide you with written notice of our decision about your request.

- **The right to request nondisclosure to health plans for items or services that are self-paid:** You have the 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.

- **The right to receive confidential communications:** You have the right to request that we communicate with you about medical matters in a particular way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the address above. We will grant all reasonable requests. Your request must specify how or where you wish to be contacted.
• **The right to inspect and receive copies:** In most cases, you have the right to inspect and receive a copy of certain healthcare information including certain medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

• **The right to request an amendment to your record:** If you believe that information in your record is incorrect or that important information is missing, you have the right to request in writing that we make a correction or add information. In your request for the amendment, you must give a reason for the amendment. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record.

• **The right to know about disclosures:** You have the right to receive a list of instances when we have disclosed your health information. Certain instances will not appear on the list, such as disclosures for treatment, payment, or healthcare operations or when you have authorized the use or disclosure. Your first accounting of disclosures in a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee.

• **The right to make complaints:** If you are concerned that we have violated your privacy, or you disagree with a decision we made about access to your records, you may file a complaint with the entity that provided services to you. Or, you may file a complaint with the UW Medicine Compliance Office, SCCA Integrity Office or the CUMG Privacy Office using the contact information above. The Providers will not retaliate against anyone for filing a complaint.

If you believe that your privacy rights have been violated, you may also contact the U.S. Department of Health and Human Services, Office for Civil Rights:

Office for Civil Rights  
U.S. Department of Health and Human Services  
2201 Sixth Avenue – Mail Stop RX-11  
Seattle, WA 98121-1831  
206.615.2290; 206.615.2296 (TTY)  
206.615.2297 (fax)  
Toll free: 1.800.362.1710; 1.800.537.7697 (TTY)

**Our Legal Duties**

We are required by law to protect the privacy of your information, notify affected individuals following a compromise of unsecured protected health information, provide this Notice about our privacy practices, and follow the privacy practices that are described in this Notice.

**Privacy Notice Changes**

We reserve the right to change the privacy practices described in this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we
already have as well as any information we may receive in the future. We will post a copy of
the current Notice at each UW Medicine entity and at each SCCA facility. In addition, each
time you register at or are admitted to a UW Medicine entity or the SCCA for treatment or
healthcare services as an inpatient or outpatient, you may request a copy of the current Notice
from the location of your care provider or you may request a copy of this Notice from the
UW Medicine Compliance Office or SCCA Integrity Office. An electronic version of the notice is
posted at uwmedicine.org and seattlecca.org.