

# Notice of Privacy Practices

## Dr. Ruth Freeman (DRF) Health Care Arrangement

We are committed to protecting the privacy of your protected health information. 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.

### This Notice of Our Privacy Practices Explains:

How we may use and disclose your health information in the course of providing treatment and services to you.

What rights you have with respect to your health information. These include the right:

- To inspect and obtain a copy of your health information.
- To request that we amend health information in our records.
- To receive an accounting of certain disclosures we have made of your health information.
- To request that we restrict the use and disclosure of your health information to your health plan.
- To request confidential communication about health information.
- To receive a paper copy of this notice.

If you have questions about this document, our privacy policies or any other questions regarding the privacy of your health information, please call (425) 219-4720.

### Dr. Ruth Freeman Health Care Arrangement Covers the Following Entities:

- DRF
- Well Beyond Pain
- DRFFit

### Our Pledge Regarding Health Information:

We are committed to protecting the privacy of any health information about you and that can identify you, which is referred to as "health information" in this Notice.

Protected health information includes information about your past, present or future health, any healthcare we provide to you, and any payment for your healthcare contained in the record of care and services provided by DRF, DRFFit and Well Beyond Pain. This Notice will apply only to records of your care with Dr Ruth Freeman. Our privacy practices concerning your health information are as follows:

- We will safeguard the privacy of health information that we have created or received as required by law.
- We will explain how, when and why we use and/or disclose your health information.
- We will comply with the provisions of this Notice and only use and/or disclose your health information as described in this Notice.
- We will provide notice of a DRF breach of unsecured health information.

## Who Will Follow This Notice?

This notice describes the practices of DRF, DRFFit and Well Beyond Pain:

- Any health care professional authorized to enter information into your medical record at DRF, Well Beyond Pain and DRFFit.
- All departments and units of DRF, Well Beyond Pain and DRFFit.
- All employees, staff, volunteers and other DRF, Well Beyond Pain and DRFFit personnel.

## How We May Use and Disclose Your Protected Health Information

The following categories describe different ways that we may use and disclose health 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 at least one of the categories.

**For Treatment.** We may use your health information to provide, coordinate or manage your healthcare treatment and related services. This may include communication with other healthcare providers regarding your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. DRF, Well Beyond Pain and DRFFit departments

may also access your health information in order to coordinate the different aspects of your care, such as prescriptions, lab work and x-rays. We may also disclose your health information to entities, such as home health providers, who may be involved in your medical care after you leave our care.

**For Payment.** We may use and disclose your health information to other providers for treatment and services they provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s) to obtain prior approval or to determine whether your insurance will cover the treatment. We may also share your health information with billing and collection departments or agencies, insurance companies and health plans to collect payment for services, departments that review the appropriateness of the care provided and the costs associated with that care and to consumer reporting agencies (e.g., credit bureaus). For example, if you have a broken leg, we may need to give your health plan(s) information about your condition, supplies used (medications or crutches) and services you received (X-rays or surgery). This information is given to our billing agency and your health plan so we can be paid, or you can be reimbursed.

**For Health Care Operations.** We may use and disclose your health information for healthcare operations. These uses and disclosures allow us to improve the quality of care we provide and reduce healthcare costs. Examples of uses and disclosures for healthcare operations include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and other patients.
- Evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals (for example, billing clerks) to help them practice or improve their skills.
- Cooperating with outside organizations that are licensed to assess the quality of care we provide. These organizations might include government agencies or accrediting bodies.
- Cooperating with outside accredited organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty. Sharing information with the law enforcement agencies to maintain safety at our facilities.
- Assisting various people who review our activities. Health information may be seen by doctors reviewing services provided to you, and by accountants, lawyers and others who assist us in complying with applicable laws.

- Conducting business management and general administrative activities related to our organizations and services we provide.
- Complying with this Notice and with applicable laws.

**Appointment Reminders.** We may use and disclose health information to provide a reminder to you about an appointment you have for treatment or medical care at DRF, Well Beyond Pain and DRFFit.

**Treatment Alternatives.** We may use and disclose your health information to manage and coordinate your healthcare and inform you of treatment alternatives and other health related benefits that may be of interest to you. This may include telling you about treatments, services, products and/or other healthcare providers. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you

**Business Associates.** There are some services provided in our organization through contracts with business associates. For example, we may use a copy service to make copies of your medical record. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your health information.

**Individuals Involved in Your Care or Payment for Your Care.** We may share your health information with a family member or other person identified by you or who is involved in your care or payment for your care. We may tell those family or friends about your condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location. If you do not want health information about you released to those involved in your care, please call (425) 219-4720. We will comply with additional state law confidentiality protections if you are a minor and receive treatment for pregnancy, drug and/or alcohol abuse, venereal disease or emotional disturbances.

## Special Situations

We may use and/or disclose health information about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

**As Required by Law.** We will disclose your health information when required to do so by federal, state, or local law or other judicial or administrative proceedings. For

example, we may disclose your health information in response to an order of a court or administrative tribunal.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when 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 or reduce the threat.

**Public Health Risks.** We may disclose your health information to appropriate government authorities for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child 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.
- To notify the appropriate government authority if we believe an adult 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.
- To support public health surveillance and combat bioterrorism.

**Health Oversight Activities.** We may disclose your health information to a federal or state health oversight agency that is authorized by law to oversee our operations.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official and such release is required or permitted by law. For example, we may disclose your health information to report a gunshot wound. However, if you request treatment and rehabilitation for drug dependence from us, your request will be treated as confidential and we will not disclose your name to any law enforcement officer unless you consent.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary to identify a

deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

**Organ and Tissue Donation.** We may release health 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.

**Specialized Government Functions.** We may disclose health information about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.

**Workers' Compensation.** We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **Other Uses of Health Information**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. We will ask your written permission before we use or disclose health information, for example for the following purposes:

- Psychotherapy notes made by your individual mental health provider during a counseling session, except for certain limited purposes related to treatment, payment and health care operations, or other limited exceptions, including government oversight and safety.

If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you.

**Washington State Law.** In the event that Washington State Law requires us to give more protection to your health information than stated in this notice or required by federal law, we will give that additional protection to your health information. We will comply with additional state law confidentiality protections relating to treatment for mental health and drug or alcohol abuse. Unless you object in writing, we may release health information to any health care provider involved in your care, to third party payers for payment or to others for quality improvement activities. Also, state law

permits a hospice, home health, ambulatory surgery or outpatient cardiac rehabilitation patient to object in writing to having state licensing inspectors review their health information during a licensure survey, and we will comply with such written objection.

## **Your Rights Regarding Your Protected Health Information**

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

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your health information. To inspect and copy your health information, please call (425) 219-4720 for instructions on how to submit your written request. 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. We will respond to you within 30 days of receiving your written request. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- The information is not part of the health information used to make decisions about you.
- We believe the information is correct and complete.
- You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your health information. Please call 425-219-4720 to obtain the appropriate form to request amendment to your record.

**Right to an Accounting of Disclosures.** You have the right to receive a written list of certain disclosures we made of your health information. You may ask for disclosures

made, up to six (6) years before your request. We are required to provide a listing of all disclosures except the following:

- For your treatment.
- For billing and collection of payment for your treatment.
- For our healthcare operations.
- Occurring as a byproduct of permitted uses and disclosures.
- Made to or requested by you or that you authorized.
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
- Allowed by law when the use and/or disclosure relate to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations.
- As part of a limited set of information which does not contain certain information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request on the appropriate DHE form which can be obtained by calling 1-800-688-1867.

**Right to Request Restrictions.** You have the right to request that we restrict the use and disclosure of your health information. We are not required to agree to your requested restrictions, except we will honor your request to not disclose to your health plan health information or services for which you paid out of pocket prior to the performance of such services. If we agree to your request, there are certain situations when we may not be able to comply with your request. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services and uses and disclosures that do not require your authorization. You may request a restriction by submitting the appropriate DRF, Well Beyond Pain or DRFFit forms, which can be obtained by calling (425) 219-4720.

**Right to Request Confidential Communication (Alternative Ways).** You have the right to request confidential communication, i.e., how and where we contact you, about health information. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request

alternative means of communications by submitting the appropriate DRF, Well Beyond Pain and DRFFit forms, which can be obtained by calling (425) 219-4720.

**Right to a Paper Copy of This Notice.** We will provide a paper copy of this notice to you no later than the date you first receive service from us except for emergency services, in which case we will provide the notice to you as soon as practicable. You may also obtain a copy of this notice at any time or from any of the DRF, Well Beyond Pain and DRFFit treatment facilities listed above.

## **Contact for Questions and Complaints**

If you have any questions regarding this Notice, our privacy policies or if you believe your privacy rights have been violated or you wish to file a complaint about our privacy practices, you may contact:

**Sara Pedersen**  
**1908 201<sup>st</sup> Place SE, Suite 100**  
**Bothell, WA 98012**  
**(425) 219-4720**

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

## **Changes to This Notice**

We reserve the right to change the terms of this Notice and to make new notice provisions effective for all health information that we maintain by:

- Posting the revised notice at our facilities.
- Making copies of the revised notice available upon request (either at our facilities or through the contact listed in this notice).

# HIPAA

## Health Insurance Portability and Accountability Act

In response to growing concerns about keeping health information private, Congress passed the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The legislation includes a privacy rule that creates national standards to protect individuals' personal health information. Most health-care providers in the country are required to implement these standards by April 14, 2003.

The Health Insurance Portability and Accountability Act, or HIPAA, requires health care professionals to protect privacy and create standards for electronic transfers of health data. The Office for Civil Rights at the Department of Health and Human Services will enforce the regulations and impose penalties on institutions that do not make a good-faith effort on privacy and security.

HIPAA came about because of the public's concern about how health care information is used. HIPAA gives patients more control over their own health information. DRF, Well Beyond Pain and DRFFit is taking steps to provide you, our patient, with these patient rights, which include the right:

- To inspect and obtain a copy of your health information.
- To request that DRF, Well Beyond Pain and DRFFit amend health information in your records.
- To receive an accounting of certain disclosures we have made of your health information.
- To request that we restrict the use and disclosure of your health information.
- To request how and where we may contact you about medical matters.
- To receive a written notice of how we may use your health information.

HIPAA requires health care providers like DRF, Well Beyond Pain and DRFFit to follow certain rules to protect the privacy of patients' health information. For instance, DRF, Well Beyond Pain and DRFFit employees are not allowed to access information on patients unless they need the information to perform their jobs. Employees have received training on how to protect patient information, whether that information is spoken, on paper, or kept in a computer.

DRF, Well Beyond Pain and DRFFit are participating in this effort along with the majority of other health-care providers in the United States. Compliance with the HIPAA privacy rule is important to continuing our tradition of patient confidentiality.

**We believe patients have a right to privacy!** If you have a question about HIPAA or wish to report a privacy concern, please call (425) 219-4720.

# The Four Focus Areas of HIPAA

- Electronic Data Interchange (EDI)
- Security and electronic signature
- Patient record privacy
- Standard identifiers
  - Employer
  - Provider
  - Plan
  - Patient

## Useful Links

The following web sites can provide more detailed information regarding the specific regulation details:

- [United States Department of Health & Human Services](#)
- [American Hospital Association](#)

# Patient Bill of Rights

## Your Rights and Responsibilities

We view health care as a partnership between you and our health care team. We respect your rights, values, and dignity. You will receive safe, high-quality medical care regardless of your race, color, national origin, religion, gender, age, sexual orientation, gender identity or expression, genetic information, veteran status, or disability. In exchange, we ask that you recognize the responsibilities that come with being a patient, both for your own well-being, and that of your fellow patients and health care providers. Below, we've listed your rights and responsibilities as a DRF, Well Beyond Pain or DRFFit patient. DRF, Well Beyond Pain or DRFFit patient is anyone who is seen in our clinic or gym.

## Patient Rights

**You have the right** to safe, high-quality, medical care, without discrimination, that is compassionate and respects your personal dignity, values, and beliefs.

**You have the right** to participate in and make decisions about your care and pain management, including refusing care, to the extent permitted by law. Your care provider (such as a doctor or nurse) will explain the medical consequences of refusing recommended treatment.

**You have the right** to have your illness, treatment, pain, alternatives, and outcomes explained in a way that you can understand. You have the right to an interpreter, if needed.

**You have the right** to know the name(s) and role(s) of your care team members. You have a right to ask for a second opinion.

**You have the right** to request that a family member, friend, and/or physician be notified that you are under our care.

**You have the right** to receive any visitors whom you designate, including, but not limited to, your spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. You also have the right to withdraw or deny your consent to visitation at any time. In the event you are unable to designate who can visit, the person you have designated as your "support person" can make that designation. Hospital visitation will not be limited or denied based on race, color, national origin, disability, religion, sex, sexual orientation, gender identity, or expression. However, it may become clinically, or otherwise reasonably necessary, due to a patient's care, safety, or well-being, to impose restrictions on visitation. Reasons to limit visitation, if deemed necessary, may include, but are not limited to:

- To prevent interference with certain treatments, particularly for substance abuse or mental health
- Infection control
- The care of other patients
- Disruptive, threatening, or violent behavior by a visitor
- The need for privacy
- Space limitations or specific time period restrictions
- Minimum age requirements (for child visitors)

**You have the right** to a complete explanation if you will be transferred to another facility or organization, including alternatives to the transfer.

**You have the right** to receive information about continuing your health care at the end of your visit.

**You have the right** to know the policies that affect your care and treatment.

**You have the right** to participate in research or decline to participate in research. You may decline at any time without compromising your access to care, treatment, and services.

**You have the right** to private and confidential treatments, communications, and medical records, to the extent permitted by law.

**You have the right** to receive information concerning your advance directives (living will, health care power of attorney, or mental health advance directives), and to have your advance directives respected, to the extent permitted by law.

**You have the right** to access your medical records in a reasonable timeframe, to the extent permitted by law.

**You have the right** to know about fees and to receive counseling on the availability of resources to help you pay for your health care.

**You have the right** to be free from restraints that are not medically required or are not being used appropriately.

**You have the right** to access advocacy or protective service agencies, and a right to be free from abuse.

**You have the right** to have your concerns and complaints addressed. Should you or your designated guardian, advocate, support person, or representative feel, at any time, that your rights as a patient have been violated -- or you wish to share a compliment, concern, or complaint -- please call the relevant number below. Sharing your concerns and complaints will not compromise your access to care, treatment, and services.

- DRF, Well Beyond Pain and DRFFit: (425) 219-4720

## **Patient Responsibilities**

**You are responsible for** providing us with as much information as possible about your health, medical history, and insurance benefits.

**You are responsible for** asking your care provider for help or clarify when you do not understand medical words or details about your care plan.

**You are responsible for** following your care plan. If you are unable/unwilling to follow your care plan, then you are responsible for telling your care team. Your care team will explain the medical outcomes of not following their recommended treatment. You are responsible for the outcomes of not following your care plan.

**You are responsible for** following your care facility's rules and regulations.

**You are responsible for** acting in a manner that is respectful of other patients, staff, and facility property.

**You are responsible for** meeting your financial obligation to the facility.

# Website Privacy Policy

The policy below applies to all Duke University Health System websites, including, but not limited to:

- [www.drruthfreeman.com](http://www.drruthfreeman.com)
- [www.drfgmd.com](http://www.drfgmd.com)
- DRF Portal / Chart Web page

DRF, Well Beyond Pain and DRFFit are committed to protecting your online privacy. In general, you can visit our websites without revealing any personal information. However, you may be asked to provide personal information to gain access to some of our content and services. This information helps us to better ascertain and address the health care needs and concerns of site visitors.

All personally identifiable data that you enter on this site is **not sold or given to any third parties**.

## Analytics Tools

We use analytics tools and other third party technologies, such as Google Analytics (including Google Analytics Demographics and Interest Reporting and Remarketing with Google Analytics), to collect non-personal information regarding you in the form of various usage and user metrics when you use our online Sites and/or Services. These tools and technologies collect and analyze certain types of information, including cookies, IP addresses, device and software identifiers, referring and exit URLs, onsite behavior and usage information, feature use metrics and statistics, usage and purchase history, mobile unique device ID, geo-location, demographic and interest data, and other similar information.

The third party analytics companies who collect information on our Sites and/or Services and other online products and/or services may combine the information collected with other information they have independently collected from other websites and/or other online or mobile products and services relating to your activities across their network of websites as well as online and/or mobile products and services. Many of these companies collect and use information under their own privacy policies.

In addition to our use of technologies as described herein, we may permit certain third party companies to help us tailor advertising that we think may be of interest to you based on your use of our websites.

## Optimization

We use user information, including behavioral metrics, and other non-personally identifiable information to operate, provide, improve, and maintain our Sites and Services, to develop new products and services, to prevent abuse and fraud, to personalize and display advertisements and other content for you, and for other administrative and internal business purposes.

## Email Communications

Communication that you send to us via the email links and forms on our site may be shared with a customer service representative, employee, or medical expert that is most able to address your inquiry. We make every effort to respond in a timely fashion once communications are received.

**Because email does not provide a completely secure and confidential means of communication, please do not use e-mail if you wish to keep your communication private, instead, call (425) 219-4720 or contact us via the [patient portal](#).**

## Complaint Process

If you have a complaint or problem, or if you believe your privacy rights have been violated, you may contact us at (425) 219-4720. Please indicate the reason for contacting us and we will respond appropriately.