



411 Fortuyn Road
Grand Coulee, WA 99133
Hospital: 509.633.1753
Clinic: 509.633.1911
WWW.CMCCARES.ORG

Notice of Patient Privacy Practices HANDOUT

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

- Your confidential healthcare information may be released to other healthcare professionals within the hospital for the purpose of providing you with quality healthcare.
- I **consent** to the Washington State Health Care System providing medical or other information related to my treatment and/or services to my primary care/family practice physician and other health care providers as necessary for referral, consultation, treatment and/or the provision of other treatment related healthcare services to me. By giving consent, I acknowledge that my electronic health information will be shared to other Health Care entities, including Behavior Health, Emergency Care, etc. I **understand** this information may be maintained on electronic information systems or stored in various other forms, including regional, state and national health information exchanges (HIEs) and that I can elect to opt out of the HIE upon request. Please understand that revocation of this Consent will not affect any action the Hospital took in reliance of this Consent before receiving your revocation. Until revoked this Consent shall continue indefinitely.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the hospital receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may **not** be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the hospital to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be contacted by the hospital for the purposes of raising funds to support the hospital's operations.

- You have the right to restrict the use of your confidential healthcare information. However, the hospital may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to possess a copy of the Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- The hospital is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- The hospital will abide by the terms of this notice. The hospital reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- You have the right to complain to the hospital if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the hospital:

ATTN: CEO of Coulee Medical Center
 COULEE MEDICAL CENTER
 411 Fortuyn Rd
 Grand Coulee, WA 99133

- All complaints will be investigated. No personal issue will be raised for filing a complaint with the hospital.

For further information about this Privacy Notice, please contact:

Joyce Bodeau,
 HIPAA Officer
 509-633-6365

Patient Name	Medical Record No.	Account Number	Date/Time
Signature of Patient, Guardian, or Authorized Representative	Date/Time	Signature of Hospital Representative	Date/Time
Relationship:			