



MILL CREEK OB|GYN

Specialists in Women's Healthcare

15808 Mill Creek Blvd • Suite 200 • Mill Creek, WA 98012 • (425) 673-3420 • Fax (425) 673-3423

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully. If you have any questions, please ask to speak to the Office Manager.

We reserve the right to change/update this notice. We reserve the right to make the revised notice effective for medical information we already have about you, as well as any information we receive in the future. A current copy of this notice will be posted in the office. Additional copies are available upon request.

To comply with legal requirements, as well as to provide you with quality care, it is necessary for us to create a record of the care provided to you by this office. These records may also contain information regarding your medical history, personal, financial, and insurance information. These records are retained for 10 years after last date of service, then destroyed.

WE ARE REQUIRED BY LAW TO:

Make sure that medical information that identifies you is kept private
Give you notification of your privacy practices with respect to your medical records.
Follow the terms of this notice that is currently in effect.

USE AND DISCLOSE OF YOUR MEDICAL INFORMATION:

- To assure quality in your continuum of care, we may disclose medical information about you to other healthcare professionals, claim managers, or healthcare oversight representatives who are or will be involved in taking care of you.
- We may use and disclose medical information about you as required so that services you receive in this office may be billed, and payment for those services may be collected from the responsible party.
- We will disclose your medical information when required to do so by Federal, State, or local law.
- We may disclose medical information about you if necessary to prevent a serious threat to your health and safety, or to that of any other person.
- We may release information about you as required by military command authorities.
- We may release information about you in response to a court order, subpoena, or the like.
- We may release information about you if requested by authorized law enforcement officials, coroners, and Medical Examiners, or by federally authorized personnel such as National Security and Intelligence officials, or protective services for government officials.

YOUR RIGHTS TO YOUR MEDICAL INFORMATION

- You have the right to inspect your medical records. You have the right to obtain copies of your records. To do this, contact the Medical Records department who will have you sign an authorization for release of medical records. You will be informed of any fees for this service.
- You have the right to amend your records. If you believe there is incomplete or incorrect information in your records, you may submit to your office in writing, your amendments, signed and dated. Your amendments will become permanent addition to your record and will be used and disclosed as previously outlined
- You have the right to request a history of the disclosures of your records. For records disclosed on or after April 3, 2003, for reasons other than permitted purposes previously outlines, contact our Medical Records Department.
- You have the right to request a restriction or limitation on the information we use or disclose about you. We are not required to agree to your request. If we do agree, we will comply with your request except in the event of an emergency situation requiring release of information. Submit your limitation request to your primary care provider. Your request must include what information you want limited, whether you want to limit use, disclosure, or both; and to whom the limit applies. You must sign and date your request.
- You have the right to request that we contact you in a certain way or at a certain location. This request must be given in writing to any of our office staff.
- You have the right to obtain a copy of this notice. You may verbally request a copy of the notice at anytime from our office staff.

Uses and disclosures of your medical information not covered by this notice or by the laws that apply to us will only be made with your written permission. After you have provided us this permission, you may revoke it in writing, at any time. We will then no longer release information about you for the reasons covered by that written authorization. We, of course, are unable to take back any disclosures that were made with your permission.

If you believe your privacy rights have been violated, you may submit a complaint in writing to the Office Manager. There are no penalties for filing a complaint.