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NOTICE OF PATIENT PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

At the practice of Larry D. Stonesifer M.D., and Marcia K. Miller ARNP we are committed to treating and using protected health information about you responsibly. This notice describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice will remain posted in the office waiting room. Any changes to this notice will be immediately posted. It will be the patient's responsibility to review this notice at each visit for any revisions. This notice applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit this office a record of your visit is made. Typically this record contains your symptoms, examination and test results, diagnosis, treatment and a plan for future care or treatment. This information often referred to as your health or medical record, remains confidential except in certain circumstances as outlined below:

Means of communication among the many health professionals who contribute to your care.

Legal document describing the care you received

Means of verification by you or third-party payer that services billed were actually provided

The medical record may also be used in the following manner, but your name is never reported to any organization or entity except where required by law:

A tool for educating health professionals

A source of data for medical research

A source of information for public health officials charged with improving the health of this state and the nation

A source of data for facility planning

A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of this practice the information belongs to you, you have the right to:

Obtain a paper copy of this notice of information practices upon request

Inspect and copy your health record within 30 days of written request at a fee not to exceed the recommended fee schedule for searching and duplicating medical records as defined by the department of health.

Amend your health record as provided by law

Obtain an accounting of disclosures of your health information as provided for by law

Request communications of your health information by alternative means or at alternative locations

Request a restriction on certain uses and disclosures of your information

Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

This practice is committed to maintaining the privacy of your health information. There are times that we may use and disclose your protected health information, unless you specifically file a restriction of its use. Some examples are:

Information about your personal health information to other healthcare providers such as physicians, nurses, therapist, and others who are involved with your care.

Data for health oversight activities such as auditing or licensure, business management, and general administrative activities, payment, quality improvement, peer review, and certain training activities.

We may release health information about you to a family member or friend who is involved in your medical care when we feel that withholding information would adversely affect your health. An example would be if you are unable to give us the information we need to provide adequate care and a family member or friend's input is determined to be valuable.

We may also give information to someone who helps pay for your care. We may tell your family or a friend about your condition and that you are in the hospital. In addition, we may use and disclose information about you to assist in disaster relief efforts.

There may be a time when we determine that it is in your best interest to leave a detailed message on an answering machine to relay urgent treatment needs if we are otherwise unable to contact you

With medical researchers, if the research has been approved by an Institutional Review Board and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project that could improve your health.

There are times that we are legally required to use or disclose identifiable health information about you without your consent to meet special reporting requirements to facilitate continuity of care, or for public health and other commonsense purposes. Some examples are:

Report to the Food and Drug Administration (e.g. when there is a serious adverse reaction to a medication)

Reports to employers for work-related illness or injuries such as in Workers Compensation.

Reports on abuse, neglect or domestic violence

Reports to avert a serious threat to health or safety or to prevent serious harm to an individual

We must provide information when required by law, such as for law enforcement or judicial activities in specific circumstances.

Certain federal and state laws that provide special protections for certain kinds of personal health information call for specific authorizations from you to use or disclose information. When your personal health information falls under these special protections, we will contact you to secure the required authorizations to comply with federal and state laws.

You have individual rights over the use and disclosure of your personal health information. If you have questions, want more information, or want to report a problem

about the handling of your protected health information you may contact our Practice Manager, who is our designated Privacy Officer, at our main office number at (253)927-4777 or in writing at our office address of 34509 9th Ave. South #200 Federal Way, WA 98003. If you believe that your privacy rights have been violated you may discuss your concerns with any staff member. You may also file a complaint with the U.S. Secretary of Health and Human Services at Washington State Department of Health, 510 4th ave W. #404 Seattle, WA 98119. Their toll free phone is (800) 633-6828.

We respect your right to file a complaint. This practice will not retaliate against a patient for filing a complaint.

This practice reserves the right to change the terms of this notice and to make the new notice provisions effective for all the personal health information that it maintains. We may change our policies at any time but with any significant policy change the new notice will be posted and available for the patients to review at any time. We suggest that the patient check this notice for revision at each visit. Any revisions will be noted and posted in the main waiting area of the practice. You may request a written copy of this notice at any time.

Larry D. Stonesifer M.D.
Marcia K. Miller ARNP

Effective
March 15, 2003