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## Notice of Privacy Policies Form

**\*\*\*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE READ IT CAREFULLY!\*\*\***

The Notice of Privacy Practices tells you how Desert Sky Women's Healthcare may use or disclose your PHI. This notice may not be all inclusive of all situations. Desert Sky Women's Healthcare is required to give you notice of our privacy practices for the information we collect and keep about you.

Desert Sky Women's Healthcare is required by law to maintain the privacy of your PHI, provide you with notice of our legal duties and privacy practices with respect to PHI and notify you if your PHI is affected in a breach of unsecured PHI.

### **When Desert Sky Women's Healthcare May Use and Disclose Information Without Your Authorization:**

Under the law, we may use or disclose your protected health information under certain circumstances without your permission.

- **For Treatment.** Desert Sky Women's Healthcare may use or disclose information with health care providers (doctors, nurses, licensed practitioners) who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** Desert Sky Women's Healthcare may use or disclose information to your health insurance plan in order to receive payment for the health care services we provide to you.
- **For Health Care Operations.** Desert Sky Women's Healthcare may use or disclose information in order to perform administrative quality checks. For example, Desert Sky Women's Healthcare may use PHI to review the quality of services you receive or to evaluate our staff and providers.
- **Appointments and Other Health Information.** Desert Sky Women's Healthcare may send you reminders for medical care checkups. Desert Sky Women's Healthcare may send you information about health services that may be of interest to you. You have a right to place restrictions on these communications and request how these communications occur.
- **Results Notification, Prescription Requests and Referral Information.** Desert Sky Women's Healthcare may notify patients by either phone or US mail of results of tests, prescription request status and/or referral information. If we are unable to reach you, we may leave a message on your answering machine or with the person who answers the phone to have you contact us.
- **For Public Health Activities.** Desert Sky Women's Healthcare may send PHI to the state or local public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases. We may disclose medical information to these agencies as required by law.
- **For Health Oversight Activities.** Desert Sky Women's Healthcare may use or disclose information to inspect or investigate health care providers. We may disclose medical information to health oversight agencies for activities authorized by law.



- **As Required by Law and For Law Enforcement.** Desert Sky Women's Healthcare will use and disclose information when required by federal or state law; by court order, subpoena, warrant, summons, administrative request or similar process; or in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **For Abuse Reports and Investigations.** Desert Sky Women's Healthcare is required by law to receive and investigate reports of abuse (administrative related to violations of regulation).
- **For Government Programs.** Desert Sky Women's Healthcare may use and disclose information for public benefits under other government programs. For example, Desert Sky Women's Healthcare may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** Desert Sky Women's Healthcare may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** Desert Sky Women's Healthcare uses information for studies and to develop reports. These reports do not identify specific people. These types of disclosures may only occur without specific patient authorization when you (the patient) has previously agreed to participate in a research study and the report disclosures are included in participation agreements.
- **Disclosures to Family, Friends and Others Who Are Involved In Your Medical Care.** Desert Sky Women's Healthcare may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information. Disclosures may only occur without authorization in instances of emergency or incapacity to effect treatment or care.
- **Business Associates.** Desert Sky Women's Healthcare may disclose information to third party Business Associates who will perform services on our behalf. For example, collection agencies, financial institutions, etc. We must have a Business Associate Agreement in place, which states that the third party is aware of their responsibilities in protecting protected health information, breach notification processes and their liability in the case of a HIPAA violation.

**When Desert Sky Women's Healthcare May Use and Disclose Information With Your Authorization:**

- **Psychotherapy Notes.** If we record or maintain psychotherapy notes, we must obtain your authorization for most uses and disclosures of psychotherapy notes.
- **Marketing Communications:** we must obtain your authorization to use or disclose your health information for marketing purposes other than for face to face communications with you, promotional gifts of nominal value, and communications with you related to currently prescribed drugs, such as refill reminders.
- **Sale of Health Information:** disclosures that constitute a sale of your health information require your authorization.
- **Other Uses and Disclosures Require Your Written Authorization.** For other situations, Desert Sky Women's Healthcare will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. Desert Sky Women's Healthcare cannot take back any uses or disclosures already made with your authorization; however, disclosures made in conjunction with a valid authorization and prior to a written revocation cannot be withdrawn.



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## Your PHI Privacy Rights

You have the following rights regarding health information Desert Sky Women's Healthcare maintains about you:

- **Right to Inspect and Receive Copies of Your Records.** In most cases, you have the right to inspect or receive copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records. Desert Sky Women's Healthcare may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.
- **Right to Request a Correction or Update of Your Records.** You may ask Desert Sky Women's Healthcare to amend information you feel to be incorrect or add missing information to your records. You must make the request in writing, and provide a reason for your request. Desert Sky Women's Healthcare may deny your request in certain limited circumstances.
- **Right to Get a List of Disclosures.** You have the right to ask Desert Sky Women's Healthcare for a list of disclosures or access report made within the last three years. You must make the request in writing. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that Desert Sky Women's Healthcare limit how your information is used or disclosed. You must make the request in writing to Desert Sky Women's Healthcare, P.O. Box 925, Richland, WA 99352, and tell Desert Sky Women's Healthcare what information you want to limit and to whom you want the limits to apply. Desert Sky Women's Healthcare is not required to agree to the restriction, unless the restriction is for disclosures to a health plan for carrying out payment or health care operations that are not otherwise required by law, and the PHI pertains solely to a health care item or service for which you personally, and not your plan, have paid in full. You can request that the restrictions be terminated in writing or verbally.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing to Desert Sky Women's Healthcare, P.O. Box 925, Richland, WA 99352. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to request that Desert Sky Women's Healthcare share information with you in a certain way or in a certain place. For example, you may ask Desert Sky Women's Healthcare to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how Desert Sky Women's Healthcare has used or disclosed information about you or if you believe your privacy rights have been violated. You will not be penalized for filing a complaint. To file a complaint, you may write to us at:

Desert Sky Women's Healthcare  
Attention: HIPAA Security Compliance Officer  
P.O. Box 6918  
Kennewick, WA 99336  
Fax: (509) 491-3889



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You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights.

- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

**For More Information**

If you have any questions about this notice or need more information, please contact the Desert Sky Women's Healthcare HIPAA Security Compliance Officer at (509) 946-7900.

In the future, Desert Sky Women's Healthcare may change its Notice of Privacy Practices. Any changes will apply to information Desert Sky Women's Healthcare already has, as well as information Desert Sky Women's Healthcare receives in the future. A copy of the new notice will be posted at Desert Sky Women's Healthcare as required by law. You may ask for a copy of the current notice anytime you visit or contact Desert Sky Women's Healthcare.



**Patient Name:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_ **Patient Chart #:** \_\_\_\_\_

I, \_\_\_\_\_, certify that I have received Desert Sky Women's Healthcare Notice of Privacy Policies.

\_\_\_\_\_ I understand and that if I have any questions, I can contact the HIPAA Security Compliance Officer at (509) 491-3889 for further clarification.

\_\_\_\_\_ I understand that if I wish my family and/or friends to receive information regarding my health information, appointment times and/or billing information, I need to notify the front desk and complete a Release of Information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness