

509-228-1000 (WA)
208-754-3100 (ID)
800-866-9809 (toll free)



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE ALSO DESCRIBES YOUR RIGHTS AND SOME OBLIGATIONS CANCER CARE NORTHWEST HAS REGARDING THE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION.

Cancer Care Northwest respects your privacy. We understand that your personal health information is very sensitive. The law protects the privacy of the health information we create and obtain in providing care and services to you. Your protected health information includes your symptoms, test results, diagnoses, treatment, health information from other providers, and billing and payment information relating to these services.

We will not use or disclose your health information to others without your authorization, except as described in this Notice, or as required by law.

PLEASE REVIEW THIS INFORMATION CAREFULLY. For the purpose of this Notice, "we, our, us" means Cancer Care Northwest.

OUR RESPONSIBILITIES:

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
- We must follow the duties and privacy practices described in this notice and provide you a copy of it.
- We will not use or disclose your information other than described in this notice unless you tell us in writing that we can. If you tell us we can, you can change your mind at any time. Let us know in writing that you changed your mind.

We reserve the right to change our privacy practices and the terms of this Notice, and to make the new privacy practices and notice provisions effective for all of the protected health information we maintain. If we make material changes, we will update and make available to you the revised Notice upon request. You may receive the most recent copy of this Notice by calling and asking for it, by visiting any of our clinic locations to pick one up, or by visiting our website.

WHO WILL FOLLOW THIS NOTICE:

This notice applies to services at all Cancer Care Northwest (CCNW) that are under the common ownership or control of Cancer Care Northwest.

- Any health care professional authorized to enter information into your medical record at any CCNW facility.
- All departments and units of CCNW.
- Any member of a volunteer group we allow to help you while you are at a CCNW facility.
- All CCNW employees and personnel including contracted or agency staff.

YOUR RIGHTS:

When it comes to your protected health information, you have certain rights.

- Request a copy of your medical records
- Right to request us to amend/correct certain protected health information
- Request an accounting of certain disclosures
- Right to request restrictions
- Right to request nondisclosure to health plans for self-paid items or services
- Request confidential communications
- Choose someone to act for you
- Receive a paper copy of this notice
- File a complaint if you believe your privacy rights have been violated

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways we may use and disclose your protected health information without your permission. For each category, we will explain what we mean and 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 health information will fall within one of the categories.

Cancer Care Northwest will typically use your information in the following ways:

For treatment: We may use and disclose your protected health information to provide you with medical treatment and services and share it with other professionals who treat you.

- We may contact you to remind you about appointments.
- We may use and disclose your health information to give you information about treatment alternatives or other health-related benefits and services.
- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used by members of our health care team to help decide what care may be right for you.
- We may also provide information to health care providers outside our practice who are providing you care or for a referral. This will help them stay informed about

your care.

- Conduct research.
- Comply with law.

For payment: As permitted by law. This includes billing for treatment and services you receive at a Cancer Care Northwest facility.

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses, procedures performed, or recommended care.
- We bill you or the person you tell us is responsible for paying for your care if it is not covered by your health insurance plan.
- In addition, we may use or disclose your information to collect payment or to obtain prior approval for treatment and services.

For health care operations: We can use and share your health information to run our business, improve your care, and contact you when necessary.

- We may use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may use and disclose your information to conduct or arrange for services, including:
 - » Medical quality review by your health plan,
 - » Accounting, legal, risk management, and insurance services; and
 - » Audit functions, including fraud and abuse detection and compliance programs
- We may also disclose your information to Business Associates, or companies that provide a service to us or on our behalf and have provided satisfactory assurances that they will protect your health information.

For fund-raising communications:

- We may use certain demographic information and other health care service and health insurance status information about you to contact you to raise funds. If we contact you for fund-raising, we will also provide you with a way to opt out of receiving fund-raising requests in the future.
- We respect your choice regarding fundraising communications and your decision will have no impact on your treatment or payment for services at Cancer Care Northwest.

Cancer Care Northwest may also use your information in the following ways: Public Health and Safety We may disclose your health information to agencies, when necessary, to support public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To report 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 or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.

Some of the other ways that we may use or disclose your protected health information without your authorization are as follows.

- **Required by law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Notification of family and others:** Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital.
- **Public health and safety purposes:** As permitted or required by law, we may disclose protected health information:
 - » To prevent or reduce a serious, immediate threat to the health or safety of a person or the public.
 - » To public health or legal authorities:
 - * To protect public health and safety.
 - * To prevent or control disease, injury, or disability.
 - * To report vital statistics such as births or deaths.
 - * To report suspected abuse or neglect to public authorities.
- **Research:** We may disclose protected health information to researchers if the research has been approved by an institutional review board or a privacy board and there are policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- **Coroners, medical examiners, and funeral directors:** We may disclose protected health information to funeral directors and coroners when a person dies, to allow them to carry out their duties.
- **Organ and tissue donation:** We can share health information about you with organ procurement organizations.
- **Food and Drug Administration (FDA):** For problems with food, supplements, and products, we may disclose protected health information to the FDA or entities subject to the jurisdiction of the FDA.
- **Workplace injury or illness:** We can use or share health information about you for workers' compensation claims.
- **Correctional institutions:** If you are in jail or prison, we may disclose your protected health information as necessary for your health and the health and safety of others.
- **Law enforcement:** We may disclose protected health information to law enforcement officials as required by law, such as reports of certain types of injuries or victims of a crime, or when we receive a warrant, subpoena, court order, or other legal process.
- **Government health and safety oversight activities:** We may disclose protected health information to an oversight agency that may be conducting an investigation. For example, we may share health information with the Department of Health.
- **Disaster relief:** We may share protected health information with disaster relief agencies to assist in notification of your condition to family or others.
- **Military, Veteran, and Department of State:** We may disclose protected health information to the military authorities of U.S. and foreign military personnel; for example, the law may require us to provide information necessary to a military mission.
- **Lawsuits and disputes:** We are permitted to disclose protected health information in the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order.
- **National Security:** We are permitted to release protected health information to federal officials for national security purposes authorized by law.
- **De-identifying information:** We may use your protected health information by removing any information that could be used to identify you.
- **Incidental disclosures:** Certain incidental disclosures of your health information may occur as a byproduct of lawful and permitted use and disclosure of your

health information. Reasonable safeguards are in place to minimize these disclosures.

- **Serious and imminent threats:** We may share your information when needed to lessen a serious and imminent threat to the health or safety of you, the public, or another person.

SPECIAL INFORMATION TYPES :

Washington, Idaho, and federal law provide additional confidentiality protections in some circumstances. Cancer Care Northwest generally may not release without specific authorization the following patient information:

- Washington — Specific sexually transmitted diseases
- Washington — Behavioral health records that are specially protected in some circumstances
- State and federal law — Substance Use Disorder records that may be specially protected

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION :

Certain uses and disclosures of your health information require your written authorization. The following list contains the types of uses and disclosures that require your written 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 of your protected health information not covered by our current Notice or applicable laws will only be made with your written permission. You may revoke any permission by submitting a request in writing to the Cancer Care Northwest Compliance Office at 1204 N Vercler Rd, Spokane Valley, WA 99216. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization unless required by law. You understand that we are unable to take back any uses or disclosures we have already made, while your permission was in effect, and that we are required to retain our records of the care that we provide to you.

CHANGES TO THIS NOTICE

Cancer Care Northwest can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, at our facilities, and on our web site.

RELATION TO PERMISSIONS AND REQUIREMENTS UNDER FEDERAL AND STATE MEDICAL PRIVACY LAWS

This notice of privacy practices is intended to provide an explanation of your medical privacy rights and our responsibilities in plain, understandable language. The laws governing medical privacy are themselves highly complex. To improve readability, this notice summarizes our obligations and does not include every legal exception that may apply. If we have not included exceptions that are available under the law, this notice should not be read to suggest that the exceptions do not apply. Cancer Care Northwest does not intend for this notice to create greater obligations or restrictions on Cancer Care Northwest than those required by law.

QUESTIONS AND COMPLAINTS

If you have general questions about this Notice, please contact the Cancer Care Northwest Compliance Office by phone: **1-509-228-1013**: or compliance@ccnw.net.

If you believe your privacy rights have been violated, you may file a complaint with the Cancer Care Northwest Compliance Office, 1204 N Vercler Rd, Spokane Valley, WA 99216.

If we cannot resolve your concerns, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services (HHS), Office for Civil Rights. We will not retaliate against you for filing a complaint and the quality of your care will not be jeopardized.

Notice of Privacy Practices, Effective Date: May 1, 2022