



Northwest
Kidney Centers
www.nwkidney.org

JOINT NOTICE OF PRIVACY PRACTICES

Ask for your copy at the front desk.

JOINT NOTICE OF PRIVACY PRACTICES

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

This joint notice of privacy practices (this "Notice") applies to all the health information created or received by the medical staff members, health care workers, employees, contract staff, students, trainees, and volunteers at all Northwest Kidney Centers buildings and programs, including:

Auburn Kidney Center, Auburn
Broadway Kidney Center, Seattle
Burien Kidney Center, Burien
Elliott Bay Kidney Center, Seattle
Enumclaw Kidney Center, Enumclaw
Everett Kidney Center, Everett
Federal Way East Kidney Center, Federal Way
Federal Way West Campus Kidney Center, Federal Way
Fife Kidney Center, Fife
Kent Kidney Center, Kent
Kirkland Kidney Center, Kirkland
Lake City Kidney Center, Lake Forest Park
Lake Washington Kidney Center, Bellevue
Port Angeles Kidney Center, Port Angeles
Rainier Beach Kidney Center, Seattle
Renton Kidney Center, Renton
Scribner Kidney Center, Seattle
SeaTac Kidney Center, SeaTac
Seattle Kidney Center, Seattle
Snoqualmie Ridge Kidney Center, Snoqualmie
Northwest Kidney Centers Pharmacy
Northwest Kidney Centers Home Care Programs
Northwest Kidney Centers Hospital Services
Northwest Kidney Centers Blagg Pavilion, Burien Pavilion,
Burien Logistic Center, Haviland Pavilion, SeaTac Pavilion

Solely for purposes of complying with the federal privacy laws, Northwest Kidney Centers and its medical staff, which includes members of the Division of Nephrology from the University of Washington, characterize themselves as an "organized health care arrangement" and have agreed to follow this Notice for services provided by, at, or through Northwest Kidney Centers. These providers may share health information with each other for treatment, payment, and health care operations of the organized health care arrangement and as described in this Notice. Northwest Kidney Centers is not responsible for actions by independent medical staff members not employed by Northwest Kidney Centers. These independent medical staff

members will follow their own privacy practice policies when delivering care.

Personal Health Information About You

When you are first admitted, and each time you visit a center, a record of your visit is made. We are required to retain our records of the care that we provided to you. The following list/categories identify the different ways we use and disclose health information. Not every use or disclosure in a category will be listed. In most of these situations, we will use and disclose only the minimum health information necessary for the intended purpose.

Uses and Disclosures of Your Health Information for Treatment, Payment and Health Care Operations

To Treat You: We may use and share health information about you to give you care and to coordinate and manage your treatment or other services. For example, a doctor needing to perform surgery on you may need to know if you are on dialysis because this may affect the surgery care plan. Also, we will provide health information about you to a doctor who is seeing you in his or her office.

To Be Paid for Our Services: We may use and share health information about you to bill and collect payment from you or your health insurance plan for services received. We will get your authorization to disclose this information. For example, we may give information about your dialysis to your health plan or Medicare, so we can be paid. We also may share information about you with other providers who are involved in your care.

To Run Our Organization: We may use and disclose information about you for business operations. For example, our quality improvement teams may use health information about you to review the care and outcomes in your case.

Uses and Disclosures of Health Information Unless You Object

The following categories describe different ways we use and disclose health information about you, but we will give you an opportunity to object to any disclosures for these purposes unless otherwise permitted by law:

- To family and friends who are involved in your care or to notify family and friends of your condition or location.
- To provide directory information.
- For emergency and notification purposes, such as to a disaster relief agency to coordinate disaster relief efforts.

Other Uses and Disclosures of Health Information

The following categories describe the different ways we use and disclose health care information without your authorization. We may use and disclose health information about you:

- For public health and safety.
- For health and safety oversight activities.

- To other entities that we contract with to assist us. We require these entities to protect the privacy and confidentiality of your health information.
- As incidental disclosures that occur as a by-product of permitted uses and disclosures, such as someone in the waiting room hearing your name called.
- For education. We may send educational materials and newsletters to you to keep you informed about your care.
- For fundraising. We may contact you as part of a fundraising effort, but you have the right to opt-out of receiving fundraising communications.
- For research with your authorization and as permitted by law.
- To avert a serious threat to health or safety.
- For a court order, subpoena, search warrant, legal proceeding, or other law enforcement purpose.
- As de-identified information or limited data sets, by removing certain identifiers (for example your name and address) so you cannot be identified, as allowed by law.
- To organ procurement organizations or persons who obtain, store, or transplant organs for organ donation purposes.
- For specialized government functions, such as for national security purposes.
- To correctional institutions, if you are in prison or in police custody.
- To report suspected child abuse or neglect or other abuse or neglect
- To military or veteran's authorities if you are or were affiliated with the military.
- To coroners, medical examiners, or funeral directors to perform their duties.
- To comply with workers' compensation laws for workers' compensation claims.
- To personal representatives for minors and incapacitated adults. Personal representatives may be able to act on your behalf.
- As otherwise required by law.

Additional Protections

We provide additional protections to your health information and may need your permission, as required by law, to share information related to AIDS/HIV, sexually transmitted and another communicable disease, drug and alcohol abuse, and mental health services.

Authorization

Other uses and disclosures will be made only with your authorization. Generally, we need your authorization to use and disclose health information for marketing; if we are receiving something of value for the health information; or psychotherapy notes. In most cases, you have the right to revoke or cancel your authorization, in writing, at any time.

Your Rights

- You have personal rights concerning your health information. You may act on these rights by contacting your Northwest Kidney Centers Social Worker or the Northwest Kidney Centers privacy officer at:

Compliance & Privacy Officer
Northwest Kidney Center
12901 20th Avenue South
SeaTac, WA 98168
Phone: 206-720-8806
PrivacyOfficer@nwkidney.org

- You can file a complaint with at:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.,
Washington, D.C. 20201
Phone: 877-696-6775
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

- We will not retaliate against you for filing a complaint.

Additional Rights

Ask us to limit the information that we use and share: You have the right to ask us in writing to limit uses or disclosures of information about you for treatment, payment, and business purposes. We will consider your request, but we may deny your request in certain situations. If we do agree, then we will comply with your request except in certain circumstances, such as in an emergency. We will agree to a request if the disclosure is for payment or health care operations (and is not required by law), and the information is about a health care item or service for which you (or someone on your behalf other than the health plan) has paid in full.

Request confidential communications: You have the right to receive confidential communication in other ways or at other locations. This includes a different mailing address or an email address.

Inspect and copy: In most cases, you have the right to look at health information about you or request a paper or electronic copy of it. You also may ask us to send an electronic copy of your health information to another person if your request is in writing, signed by you, and clearly says who the person is where to send the health information. We usually respond within 30 days of your request. We may charge a reasonable, cost-based fee.

Request changes: You have the right to request that we correct information in the record that is incorrect or that we add information that you believe is missing. We will consider your request, but we may deny your request in certain situations.

Know about disclosures: You have the right to ask for and receive a list (called an accounting) of times where we have disclosed information about you, except for disclosures for treatment, payment, related business purposes, or other disclosures specified by law.

Receive a copy of this Notice: You have the right to receive a paper copy of this Notice, even if you received an electronic copy of this Notice.

Our Duties

We are required by law to keep health information about you private. We must give you this Notice of our legal duties and privacy practices, and we must follow the practices that are stated in the Notice. We will notify you if there is a breach of unsecured health information about you.

Changes to This Notice

We reserve the right to change this Notice. The revised Notice will be effective for information we already have about you as well as any information we receive in the future. Unless required by law, the revised Notice will be effective on the new effective date of the Notice. For a copy of the current Notice, please ask at one of our registration areas. The current Notice also is posted on our website (www.nwkidney.org) and in our facilities. The notice will state an effective date.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I am a patient of Northwest Kidney Centers. By signing this form, I acknowledge that I have been offered a copy of the Northwest Kidney Centers Joint Notice of Privacy Practices.

Name: _____
(Please Print)

Signature: _____

Date: _____

OR

I am the parent or legal guardian of:

(patient name)

I hereby acknowledge that I have been offered a copy of the Northwest Kidney Centers Joint Notice of Privacy Practices with respect to the above-named patient.

Name: _____
(please print)

Relationship to Patient (please check one):

☐ Parent ☐ Legal Guardian

Signature: _____

Date: _____