

# Leah McNeill, ND

Ohana Wellness Center  
2340 130<sup>th</sup> Ave NE | Bldg D – Suite 200 | Bellevue, WA 98005

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## ~ NOTICE OF PRIVACY PRACTICES ~

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

### WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff, and other office personnel. The practices described in this notice will also be followed by health care providers with whom you may consult by telephone in Dr. McNeill's absence (for vacation or other reasons).

### YOUR HEALTH INFORMATION

This notice applies to the information and records we have regarding your health, health status, and the health care and services you receive at this office.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose your health information, and describes your rights and our obligations regarding the use and disclosure of that information.

### HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment: We may use your health information to provide you with medical treatment or services. We may disclose your health information to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that they can help determine the most appropriate care for you.

Different personnel in our office may share your information and disclose that information to people who do not work in our office in order to coordinate your care, such as calling prescriptions in to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office, and may require information about you.

For Payment: We may use and disclose your health information so that the treatment and services you receive at this office may be billed to - and payment may be collected from - you, an insurance company, or a third party. For example, we may need to give your health plan information about a service you received here so that said health plan will either pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose your health information in order to efficiently run our office and make sure that you and other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

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Appointment Reminders: We may contact you as a reminder that you have an appointment for treatment or medical care at the office. This contact may come in the form of a telephone call to your home or place of business - at which time we may leave a message on your home telephone answering machine or voice mail - to confirm an office visit on a particular day, or a post-card stating which routine medical service is due for your continuing care (ala, annual gynecological exams, vaccines, etc.).

Laboratory/Test Results: We may contact you in order to inform you of the results of laboratory or other tests you have had conducted. This contact may come in the form of a telephone call to your home or place of business, at which time we may leave a message on your home telephone answering machine or voice mail. Alternatively, we may mail copies of said test results to your home address.

Treatment Alternatives: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Products and Services: We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

You may revoke your *Consent* at any time by giving us written notice. Your revocation will be effective when we receive it, but will not apply to any uses and disclosures which occurred before that time.

If you do revoke your *Consent*, we will not be permitted to use or disclose your information for any purpose, including treatment, payment or health care operations, and we may, therefore, choose to discontinue providing you with health care treatment and services.

## SPECIAL SITUATIONS

We may use or disclose your health information without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety: We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law: We will disclose your health information when required to do so by federal, state or local law.

Research: We may use and disclose your health information for research projects that are subject to a special approval process. We will ask you for your permission if the researcher/s will have access to your name, address or other information that reveals who you are, or if said researcher/s will be involved in your care at the office.

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary, to facilitate such donation and transplantation.

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Military, Veterans, National Security and Intelligence: If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other governmental authority to release your health information for reasons unknown to us. We may also be required to release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose your health information for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, or problems with products.

Health Oversight Activities: We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose your health information in response to a subpoena.

Law Enforcement: We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death.

Information Not Personally Identifiable: We may use or disclose your health information in a way that does not personally identify you or reveal who you are.

Family and Friends: We may disclose your health information to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection; We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the exam room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to a family member or friend is in your best interest. In that situation, we will disclose only the health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to an emergency room that you have a history of heart disease, and may provide that person with updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf, for instance to pick up filled prescriptions, medical supplies, or X-rays.

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## OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose your health information, you may revoke that *Authorization*, in writing, at any time. -If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a signed, written authorization (specific to HIV information) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy your health information, such as medical and billing records. You must submit a written request to Dr. McNeill in order to inspect and/or copy your health information. If you request a copy of your information, we have a minimum of seven days in which to process your request and we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy your health information in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of that review.

Right to Amend: If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment Correction Form to Dr. McNeill. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information we keep.
- c) You would not be permitted to inspect and copy.
- d) is accurate and complete.

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Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of your medical information for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to Dr. McNeill, stating a time period of not longer than six years, and you may not include dates before April 14, 2003. We may charge you for the costs of providing this list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, such as a family member or friend. For example, you could ask that we not use or disclose information about a particular surgery you had.

We are Not Required to Agree to Your Request: If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must complete and submit a *Request for Restriction on Use/Disclosure of Medical Information* to Dr. McNeill.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must complete and submit a *Request for Restriction on Use/Disclosure of Medical Information and/or Confidential Communication* to Dr. McNeill. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain such a copy, contact Dr. McNeill.

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or changed Notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a summary of the current notice in our office with its effective date in the top right-hand corner. You are entitled to a copy of the Notice currently in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Steve Hiller at 206/930-2078. You will not be penalized for filing a complaint.