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**AMBASSADORS
HEALTH
ALLIANCE**

HIPAA AND PRIVACY POLICY NOTICE, AMBASSADORS HEALTH ALLIANCE,
TROUT LAKE, WA:

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.

AHA PLEDGE REGARDING MEDICAL INFORMATION: We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. It is our duty to safeguard your Protected Health Information (PHI). Your personal doctor or other community-based providers may have different policies or notices regarding their use and disclosure of your medical information or PHI created in their offices, clinics, or facilities.

In order to expedite good communication between AHA and you, with modern day dependence on email and electronic communication, with your permission we will use your own personal email for communicating your visit summaries and care plans unless you expressly request we not do so.

This Notice will tell you about ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. If AHA significantly changes the privacy practices we will revise this Notice and make it available to you at your next appointment.

I. Introduction to Notice and PHI

This Notice will tell you how we handle information about you. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family. We are also required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Each time you visit this practice or any doctor's office, hospital, clinic, therapist or any other "healthcare provider," information is collected about you and your physical and mental health. It may be information from your past, present, or future health and conditions. It may also be information of the treatment or other services you received from your healthcare provider or from others or about payment for healthcare. The information collected from you is called, in the law, Protected Health Information (PHI). This information goes into your medical or healthcare record or file. At this clinic, this PHI is likely to include these kinds of information:

- I. Your History – as a child, in school, at work, marital, and other personal history.
- II. Reasons you came for treatment (i.e., problems, complaints, symptoms, and/or goals).
- III. Diagnoses – medical terms for your symptoms.
- IV. A treatment plan.
- V. Progress notes – written account of what occurs during our sessions.

- VI. Records obtained from other providers.
- VII. Educational or Psychological testing – results and interpretations.
- VIII. Information about medications you took or are taking.
- IX. Billing information.

This information is used:

- To plan your care and treatment.
- To decide how well the treatments are working for you.
- To discuss your treatment with other healthcare providers who are also treating you.
- To show that you actually received the services for which you were billed.

HIPAA NOTICE OF PRIVACY PRACTICES

Your right to privacy in this medical practice is paramount and we will never disclose any of your personal information without your express consent, unless required to do so by law.

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. Please read it carefully.

The Provider will acquire private information about their patients. This is confidential and will not be discussed outside the office, except that the Provider may discuss patients with other healthcare professionals in terms that do not allow identification of the individual or to support care being transferred to another Physician, Provider or Specialist or Care provider, who is being consulted and/or agreeing to provide care for you as a patient, as well, to best and effectively provide you treatment.

Your protected health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment.

Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you. If you are not home to receive an appointment reminder or other related information, a voice message or text may be left on your phone or with a person in your household, but will not include medical specifics of your care or appointment. You have a right to confidential communications and to request additional restrictions relative to such contacts, or contact by alternative means.

Additionally, we may be required to disclose your health information in the following circumstances: In the event of an emergency; if required by law; if there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care; if ordered by the courts, government authorities, public health, law enforcement, coroners, or funeral directors; in the event of organ donations, research, military activity, or for national security.

Patients have the right to receive an accounting of any such disclosures made by our office.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

If you would like complete copies of records, you must submit a written request for copies of medical records at least 5 business days in advance. You will be charged in accordance with the state of Washington allowable fee/rate for the copying and retrieval of medical records.

Any complaints about these policies or requests for further information may be directed to Ambassadors Health Alliance, 4 Stoller Rd, Trout Lake, WA 98650.

Please sign the attestation of awareness form acknowledging that you have been given full opportunity to review and agree to Ambassador Health Alliance, Privacy Policy and are aware of HIPAA requirements, and return the signed form to Ambassador Health Alliance.

Signature

Date