



Notice of Privacy Practices

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

PLEASE REVIEW IT CAREFULLY

Understanding Your Health Record

A record is made each time you are seen at Northwest Clinical Research Center (NWCRC). Your evaluation, test results, diagnosis, treatment participation, and care are recorded. This information is most often referred to as your Protected Health Information (PHI). It serves as a means of communication among any and all other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy and enable you to relate to who, what, when, where, and why others may be allowed access to your PHI. NWCRC uses PHI about you for treatment, to further clinical research, to evaluate the quality of care you receive, as well as for other administrative and operational purposes. Your PHI is contained in a medical record that is the physical property of NWCRC.

Our Responsibilities

NWCRC is required by law to maintain the privacy of your PHI, and to provide you with notice of our legal commitment and privacy practices (with respect to the information we collect and maintain about you). NWCRC is required to abide by the terms of this notice, (as currently in effect), and to notify you if we are unable to grant your requested restrictions, or reasonable desires to communicate your health information by alternative means or to alternative locations. NWCRC reserves the right to change its practices and effect the new provisions with respect to all PHI that it maintains (including such information that NWCRC had prior to implementation of the new provision). Other than for reasons described in this notice, **NWCRC agrees not to use or disclose your PHI without your authorization.**

Use or Disclosure of Your Health Information Without Your Authorization

NWCRC may use and disclose your PHI in order to provide treatment and perform our healthcare operations”, as well as other specific reasons as detailed below:

Treatment: We may use and disclose PHI about you to provide you with medical treatment or services. We may communicate with other healthcare providers regarding your treatment and coordinate and manage your healthcare with others. For example, information related to your treatment may be shared with a healthcare provider, such as your physician, or other person providing healthcare services to you. This information is necessary for NWCRC to determine what treatment you should receive. Healthcare providers also may record actions taken by them in the course of your treatment and note how you responded to the actions.

Payment: All visits and procedures related to clinical trials are provided **without** charge.



Healthcare Operations: We may use and disclose PHI about you for administrative and operational purposes. Risk management or quality improvement personnel may use PHI about you to assess the care and outcomes in your case and others like it. The results will be used internally to continually improve the quality of care for all patients.

We may also use and disclose your PHI to evaluate the performance of our staff and your satisfaction with our services; learn how to improve our services; determine how to continually improve the quality and effectiveness of the healthcare we provide; and conduct training programs for our healthcare professionals.

Individuals Involved in Your Care: We may release PHI about you to a family member, or friend, who is involved in your medical care (**only with your written authorization**). In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status, and location.

Business Associates: Our “Business Associates” are entities that provide services for us and that require access to certain PHI in order to provide those services. We provide some services, for instance, through contracts with business associates, including companies that receive phone calls from patients when we are closed and companies that store patient files for us. In addition, we also contract with medical imaging centers to provide us with services. When such services are contracted, we may disclose PHI about you to our business associates so that they can perform the tasks that we have assigned to them. To protect your PHI, we require the business associate to appropriately safeguard PHI about you in a written agreement.

Appointment Reminders/Feedback: We may use PHI about you to provide you with reminders about appointments or collect your feedback on satisfaction and experience with NWCRC.

Future Communications: We may communicate with you via voicemail, email, texts, mailings, or other means regarding treatment options and health-related information.

Required by Law: We may use and disclose PHI about you as required by federal, state, or local law. For example, we may disclose PHI for the following purposes:

Public Health: We may use or disclose PHI about you for public health activities, such as assisting public health authorities, or other legal authorities, to prevent or control disease, injury, or disability, or for other health oversight activities.

Food and Drug Administration (FDA): We may use or disclose PHI for purposes of notifying the FDA involving safety regulations and guidelines.

Health and Safety: We may use or disclose PHI about you to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Medical Examiners and Others: We may use or disclose PHI about you to medical examiners, coroners, or funeral directors to allow them to perform their lawful duties. If you are an organ or tissue donor, we may use or disclose PHI about you to organizations that help with organ, eye, tissue donation, and transplantation.



Workers Compensation: We may use or disclose PHI about you to comply with laws and regulations related to workers compensation.

Research: We may use or disclose PHI about you for research purposes under regulated guidelines. For example, we may disclose PHI about you to a research organization if an institutional review board or privacy board has reviewed and approved the research proposal, after establishing protocols to ensure the privacy of your PHI. **Authorization for clinical trials and release of PHI is included in your consent form.**

Information Not Personally Identifiable: We may use or disclose PHI about you in ways that do not personally identify you or reveal who you are.

Law Enforcement: We may disclose your PHI to law enforcement officials as required or permitted under state law or in response to a valid court order.

Victims of Abuse, Neglect, or Domestic Violence: If NWCRC reasonably believes you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to the appropriate governmental authority, authorized by law, to receive reports of such abuse, neglect, or domestic violence.

Use or Disclosure of Your Health Information with Your Authorization

Other uses and disclosures not described in this Privacy Notice will be made only with the individual's written authorization. You may revoke (take back) an authorization that you had previously provided by giving us written notice. In that case, we will cease using or disclosing your information for the purpose that you had authorized.

Sale of PHI or Health Information: NWCRC will **not** sell your health information to third parties for marketing purposes.

Your PHI Health Rights: You have the following rights with respect to PHI about you. To exercise any of your rights, please see the contact information at the end of this notice.

- **Right to Inspect and Copy:** You have the right to inspect and/or obtain a copy of your PHI that we maintain in certain groups of records that are used to make decisions about your care. Your request must be in writing. If you request a copy of your PHI, we may charge you a fee to cover the costs of copying and mailing the information. If you request a copy of your PHI electronically (such as a CD or USB drive), we may charge you for the cost of that media device. In certain very limited circumstances, we may deny your request to inspect and copy your PHI. If you are denied access to your PHI, we will explain our reasons in writing. You have the right to request that the decision be reviewed by another recognized authority.
- **Right to Amend:** If you feel that PHI about you that we maintain in certain groups of records is inaccurate or incomplete, you have the right to request that we amend the information. You have the right to request an amendment as long as we maintain the information. Your request must be in writing and include a reason supporting the request. In certain circumstances, we may deny your request to amend your PHI. If your request for an amendment is denied, we will explain our reasons in writing that is signed and dated. You have the right to submit a statement explaining



why you disagree with our decision to deny your amendment request. We will share your statement when we disclose PHI about you that we maintain in certain groups of records.

- **General Right to Request Restriction:** You have the right to request a restriction or limitation of your PHI about you that we use or disclose. Your request must be in writing. Please be aware that we are not required to agree to your request for restrictions. If we agree to your request for a restriction, we will comply with it, unless the information is needed for emergency treatment.
- **Right to Restrict Disclosure to a Health Plan:** You have the right to request that we not disclose any portion of your PHI developed during a study. This request must be in writing. We may not refuse this request.
- **Right to Request Alternative Communications:** You have the right to request that we communicate with you about medical matters in a certain way. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternative address for delivery or communication purposes.
- **Right to Revoke Authorization:** There are occasions when you may provide us written authorization to use or disclose your PHI. You have the right to revoke your authorization to use or disclose PHI, except to the extent that action has been taken in reliance upon your authorization.
- **Right to be Notified of a Breach:** In the event some portion of your PHI is lost, stolen, or otherwise improperly accessed, you have the right to be informed. You will be informed in writing unless you have previously established a preference for electronic communications.
- **Right to Copy of Notice of Privacy Practices:** You have the right to a paper copy of our Notice of Privacy Practices at any time. To obtain a copy of our current Notice of Privacy Practices, please ask a NWCRC medical provider or front office staff.

To Receive Additional Information or Report a Problem: If you have any questions, wish to obtain copies of your PHI, amend, request an accounting, or exercise any other rights identified in this notice, or would like to file or discuss a complaint regarding our privacy practices, please contact our NWCRC Privacy Officer, and/or file a complaint with the Secretary of the U. S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

NOTICE OF PRIVACY PRACTICES AVAILABILITY: The terms described in this notice will be posted where registration occurs. All individuals receiving care will be provided a hard copy upon request and asked to acknowledge receipt.

NWCRC makes every effort and has policies and procedures in place to protect your PHI and privacy.

Uses and disclosures of your Personal Health Information (PHI) not in this notice will be made only as allowed or required by law or with your written authorization.